Montana Health Alert Network

DPHHS HAN

UPDATE

Cover Sheet

DATE

March 2, 2020

SUBJECT Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

INSTRUCTIONS

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Epidemiology Section
1-406-444-0273

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Categories of Health Alert Messages:

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Montana Health Alert Network

DPHHS HAN

Information Sheet

DATE

March 2, 2020

SUBJECT

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

BACKGROUND

This CDC HAN supplements information released by DPHHS on February 28, 2020 regarding COVID-19 and testing of persons under investigation (PUIs) and selected updates from DPHHS. Please see the attached CDC HAN for complete details.

INFORMATION

Local or state health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-19. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about:

- Severe Acute Respiratory Syndrome (SARS):

  https://www.cdc.gov/sars/clinical/guidance.html

- Middle East Respiratory Syndrome (MERS):

  https://www.cdc.gov/coronavirus/mers/interim-guidance.html#evaluation

Please see the attached CDC HAN for detailed information on the latest testing algorithm.

Laboratory Testing

DPHHS currently has COVID-19 laboratory testing capability. Testing can be performed on individuals after consultation with local and state public health departments. Consultation is essential to ensure that limited testing capabilities are used efficiently, and public health measures can be implemented on suspected cases as test are performed.

RECOMMENDATIONS

Please share relevant information with your local partners. Collaboration is essential to minimize confusion in messaging and actions taken. Health care providers, schools, facilities such as long term care centers and hospitals are aske to stay in close contact with local and state public health officials as the situation evolves.

Local Health Departments

The attached document Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19) should be forwarded digitally. The document has active hyperlinks.

School Settings

CDC issued guidance for school settings. The PDF is attached to this HAN message. The guidance is also available on the CDC web-site at: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html

Foreign Travel for College Students

CDC issued guidance for foreign travel for college students. The guidance encourages schools and higher education programs to consider postponing or canceling student foreign exchange programs. Guidance for Student Foreign Travel for Institutions of Higher Education: https://www.cdc.gov/coronavirus/2019-ncov/community/student-foreign-travel.html

Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19).

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Health officials are currently taking steps to prevent the introduction and spread of COVID-19 into US communities. Schools can play an important role in this effort. Through collaboration and coordination with local health departments, schools can take steps to disseminate information about the disease and its potential transmission within their school community. Schools can prepare to take steps to prevent the spread of COVID-19 among their students and staff should local health officials identify such a need.

Schools should continue to collaborate, share information, and review plans with local health officials to help protect the whole school community, including those with special health needs. School plans should be designed to minimize disruption to teaching and learning and protect students and staff from social stigma and discrimination. Plans can build on everyday practices (e.g., encouraging hand hygiene, monitoring absenteeism, communicating routinely) that include strategies for *before*, *during*, and *after* a possible outbreak.

Who is this guidance for?

This interim guidance is intended to help administrators of public and private childcare programs and K-12 schools prevent the spread of COVID-19 among students and staff. Administrators are individuals who oversee the daily operations of childcare programs and K-12 schools, and may include positions like childcare program directors, school district superintendents, principals, and assistant principals. This guidance is intended for administrators at both the school/facility and district level.

Why is this guidance being issued?

Information provided should help childcare programs, schools, and their partners understand how to help prevent the transmission of COVID-19 within childcare and school communities and facilities. It also aims to help childcare programs, schools, and partners to react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of teaching and learning if there is community spread of COVID-19.

What is the role of schools in responding to COVID-19?

COVID-19 is a respiratory illness caused by a novel (new) virus, and we are learning more about it every day. There is currently no vaccine to protect against COVID-19. At this point, the best way to prevent infection is to avoid being exposed to the virus that causes it. Stopping transmission (spread) of the virus through everyday practices is the best way to keep people healthy. More information on COVID-19 is available here.

Schools, working together with local health departments, have an important role in slowing the spread of diseases to help ensure students have safe and healthy learning environments. Schools serve

students, staff, and visitors from throughout the community. All of these people may have close contact in the school setting, often sharing spaces, equipment, and supplies.

Guidance for **schools which do not have COVID-19** identified in their community

To prepare for possible community transmission of COVID-19, the most important thing for schools to do now is **plan and prepare**. As the global outbreak evolves, schools should prepare for the possibility of community-level outbreaks. Schools want to **be ready** if COVID-19 does appear in their communities.

Childcare and K-12 school administrators nationwide can take steps to help stop or slow the spread of respiratory infectious diseases, including COVID-19:

- **Review, update, and implement emergency operations plans (EOPs).** This should be done in collaboration with local health departments and other relevant partners. Focus on the components, or annexes, of the plans that address infectious disease outbreaks.
    - Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). Effective strategies build on everyday school policies and practices.
    - Ensure the plan emphasizes common-sense preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.
        - CDC has workplace resources such as posters with messages for staff about staying home when sickpdf icon and how to avoid spreading germs at workpdf icon.
        - Other health and education professional organizations may also have helpful resources your school can use or share. For example, the American Academy of Pediatrics provides information on germ prevention strategiesexternal icon and reducing the spread of illness in childcare settingsexternal icon.
    - Ensure handwashing strategies include washing with soap and water for at least 20 seconds or using a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
        - CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.
    - Reference key resources while reviewing, updating, and implementing the EOP:
        - Multiple federal agencies have developed resources on school planning principles and a 6-step process for creating plans to build and continually foster safe and healthy school communities *before*, *during*, and *after* possible emergencies. Key resources include guidance on developing high-quality school emergency operations planspdf iconexternal icon, and a companion guide on the role of school districts in developing high-quality school emergency operations planspdf iconexternal icon.

        - The Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's websiteexternal icon contains free resources, trainings, and TA to schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.

- **Develop information-sharing systems with partners.**
    - Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak.
    - Local health officials should be a key partner in information sharing.
- **Monitor and plan for absenteeism.**
    - Review the usual absenteeism patterns at your school among both students and staff.
    - Alert local health officials about large increases in student and staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to symptoms of COVID-19).
    - Review attendance and sick leave policies. Encourage students and staff to stay home when sick. Use flexibility, when possible, to allow staff to stay home to care for sick family members.
    - Discourage the use of perfect attendance awards and incentives.
    - Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
    - Determine what level of absenteeism will disrupt continuity of teaching and learning.
- **Establish procedures for students and staff who are sick at school.**
    - Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible.
    - Keep sick students and staff separate from well students and staff until they can leave.
    - Remember that schools are not expected to screen students or staff to identify cases of COVID-19. The majority of respiratory illnesses are not COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.
    - Share resources with the school community to help families understand when to keep children home. This guidance, not specific to COVID-19, from the American Academy of Pediatrics can be helpful for familiesexternal icon.

- **Perform routine environmental cleaning.**
    - Routinely clean frequently touched surfaces (e.g., doorknobs, light switches, countertops) with the cleaners typically used. Use all cleaning products according to the directions on the label.
    - Provide disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down by students and staff before each use.
- **Create communications plans for use with the school community.**
    - Include strategies for sharing information with staff, students, and their families.
    - Include information about steps being taken by the school or childcare facility to prepare, and how additional information will be shared.
- **Review CDC's guidance for businesses and employers**.
    - Review this CDC guidance to identify any additional strategies the school can use, given its role as an employer.

Childcare and K-12 administrators can also support their school community by sharing resources with students (if resources are age-appropriate), their families, and staff. Coordinate with local health officials to determine what type of information might be best to share with the school community. Consider sharing the following fact sheets and information sources:

- Information about COVID-19 available through state and localexternal icon health departments
- General CDC fact sheets to help staff and students' families understand COVID-19 and the steps they can take to protect themselves:
    - *What you need to know about coronavirus disease 2019 (COVID-19)*pdf icon
    - *What to do if you are sick with coronavirus disease 2019 (COVID-19)*
    - *Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19*pdf icon
- CDC Information on COVID-19 and children
- CDC information for staff, students, and their families who have recently traveled back to the United States from areas where CDC has identified community spread of coronavirus:
    - A list of countries where community spread of COVID-19 is occurring can be found on the CDC webpage: *Coronavirus Disease 2019 Information for Travel*

For questions about students who plan to travel, or have recently traveled, to areas with community spread of COVID-19, refer to CDC's FAQ for travelers. Schools can also consult with state and local health officials. Schools may need to postpone or cancel trips that could expose students and staff to potential community spread of COVID-19. Students returning from travel to areas with community

spread of COVID-19 must follow guidance they have received from health officials. COVID-19 information for travel is updated regularly on the CDC website.

Guidance for **schools with identified cases of COVID-19** in their community

If local health officials report that there are cases of COVID-19 in the community, schools may need to take additional steps in **response** to prevent spread in the school. The first step for schools in this situation is to talk with local health officials. The guidance provided here is based on current knowledge of COVID-19. As additional information becomes available about the virus, how it spreads, and how severe it is, this guidance may be updated. Administrators are encouraged to work closely with local health officials to determine a course of action for their childcare programs or schools.

Determine if, when, and for how long childcare programs or schools may need to be dismissed.

Temporarily dismissing childcare programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities. During school dismissals, childcare programs and schools may stay open for staff members (unless ill) while students stay home. Keeping facilities open a) allows teachers to develop and deliver lessons and materials remotely, thus maintaining continuity of teaching and learning; and b) allows other staff members to continue to provide services and help with additional response efforts.

Childcare and school administrators should work in close collaboration and coordination with local health officials to make dismissal and large event cancellation decisions. Schools are not expected to make decisions about dismissal or canceling events on their own. Schools can seek specific guidance from local health officials to determine if, when, and for how long to take these steps. Large event cancellations or school dismissals*** may be recommended for 14 days, or possibly longer if advised by local health officials. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.

If an ill student or staff member attended school prior to being confirmed as a COVID-19 case:

- **Local health officials may recommend temporary school dismissals if a student or staff member attended school prior to being confirmed as a COVID-19 case.** Local health officials' recommendations for the scope (e.g., a single school, a full district) and duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific cases in the impacted community.
- **Schools should work with the local health department and other relevant leadership to communicate the possible COVID-19 exposure**. This communication to the school community should align with the communication plan in the school's emergency operations plan. In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.
- **If a student or staff member has been identified with COVID-19, school and program administrators should seek guidance from local health officials to determine when students and staff should return to schools and what additional steps are needed for the school community.** In addition, students and staff who are well but are taking care of or share a home

with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to school.

If schools are dismissed, schools can consider the following steps:

- **Temporarily cancel extracurricular group activities and large events.**
    - Cancel or postpone events such as after-school assemblies and pep rallies, field trips, and sporting events.
- **Discourage students and staff from gathering or socializing anywhere.**
    - Discourage gatherings at places like a friend's house, a favorite restaurant, or the local shopping mall.
- **Ensure continuity of education.**
    - Review continuity plans, including plans for the continuity of teaching and learning. Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
    - Determine, in consultation with school district officials or other relevant state or local partners:
        - If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding;
        - How to convert face-to-face lessons into online lessons and how to train teachers to do so;
        - How to triage technical issues if faced with limited IT support and staff;
        - How to encourage appropriate adult supervision while children are using distance learning approaches; and
        - How to deal with the potential lack of students' access to computers and the Internet at home.
    - **Ensure continuity of meal programs.**
        - Consider ways to distribute food to students.
        - If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.
    - **Consider alternatives for providing essential medical and social services for students.**
        - Continue providing necessary services for children with special healthcare needs, or work with the state *Title V Children and Youth with Special Health Care Needs (CYSHCN) Program*.

This is an official

CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
February 28, 2020, 15:05 ET (3:05 PM ET)
CDCHAN-0428

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

Summary
The Centers for Disease Control and Prevention (CDC) continues to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2.

This CDC Health Alert Network (HAN) Update provides updated guidance on evaluating and testing persons under investigation (PUIs) for COVID-19. It supersedes guidance provided in CDC's HAN 427 distributed on February 1, 2020.

The outbreak that began in Wuhan, Hubei Province, has now spread throughout China and to 46 other countries and territories, including the United States. As of February 27, 2020, there were 78,497 reported cases in China and 3,797 cases in locations outside China. In addition to sustained transmission in China, there is evidence of community spread in several additional countries. CDC has updated travel guidance to reflect this information (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html).

To date, there has been limited spread of COVID-19 in the United States. As of February 26, 2020, there were a total of 61 cases within the United States, 46 of these were among repatriated persons from high-risk settings. The other 15 cases were diagnosed in the United States; 12 were persons with a history of recent travel in China and 2 were persons in close household contact with a COVID-19 patient (i.e. person-to-person spread). One patient with COVID-19 who had no travel history or links to other known cases was reported on February 26, 2020, in California. The California Department of Public Health, local health departments, clinicians, and CDC are working together to investigate this case and are identifying contacts with whom this individual interacted.

CDC, state and local health departments, other federal agencies, and other partners have been implementing measures to slow and contain transmission of COVID-19 in the United States. These measures include assessing, monitoring, and caring for travelers arriving from areas with substantial COVID-19 transmission and identifying cases and contacts of cases in the United States.

Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. With expanding spread of COVID-19, additional areas of geographic risk are being identified and PUI criteria are being updated to reflect this spread. To prepare for possible additional person-to-person spread of COVID-19 in the United States, CDC continues to recommend that clinicians and state and local health departments consider COVID-19 in patients with severe respiratory illness even in the absence of travel history to affected areas or known exposure to another case.

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19
Local or state health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-19. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) (https://www.cdc.gov/sars/clinical/guidance.html) and Middle East Respiratory Syndrome (MERS) (https://www.cdc.gov/coronavirus/mers/interim-guidance.html#evaluation). These criteria are subject to change as additional information becomes available.

Clinical Features		Epidemiologic Risk
Fever[1] **or** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	**AND**	Any person, including healthcare personnel[2], who has had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas[5], within 14 days of symptom onset
Fever[1] with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza).[6]	**AND**	No identified source of exposure

These criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

[1]Fever may be subjective or confirmed.

[2] For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

[3]Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated Interim Healthcare Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings, as described in

CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

[4]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. Current information is available in CDC's COVID-19 Travel Health Notices (https://www.cdc.gov/coronavirus/2019-ncov/travelers).

[6]Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) of unknown etiology in which COVID-19 is being considered.

Recommendations for Reporting, Testing, and Specimen Collection
Clinicians should immediately implement recommended infection prevention and control practices (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI for COVID-19. State health departments that have identified a PUI or a laboratory-confirmed case should complete a PUI and Case Report form through the processes identified on CDC's Coronavirus Disease 2019 website (https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html). State and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays. Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.

For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs). CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 (https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs (https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html).

For More Information
More information is available at the COVID-19 website: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert	Requires immediate action or attention; highest level of importance
Health Advisory	May not require immediate action; provides important information for a specific incident or situation
Health Update	Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service	Does not require immediate action; provides general public health information

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