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State Health Advisory
Updated Guidance for Coronavirus Disease 2019 (COVID-19)
Coronavirus Disease 2019 Advisory #9
Wyoming Department of Health
March 28, 2020

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SITUATION SUMMARY

As of Saturday, March 28, 2020, there are 82 reported cases in Wyoming in 15 counties and the Wind River Reservation. Community transmission is occurring in multiple locations. Testing availability and personal protective equipment (PPE) remain limited. Providers should manage any persons with acute febrile or respiratory illness that cannot be attributed to other causes as being potentially infected with SARS-CoV-2. Updated epidemiologic information can be found here: COVID-19 Map and Statistics

TESTING FOR COVID-19

- Providers should manage any persons with acute febrile or respiratory illness that cannot be attributed to other causes as being potentially infected with SARS-CoV-2. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (cough, difficulty breathing, sore throat).
- Sampling, testing, and reagent supplies remain limited nationally and in Wyoming.
- Whether any specific patient should be tested for COVID-19 is at the discretion of the provider; however, because of the shortage of these supplies, not every person with compatible symptoms can be tested for SARS-CoV-2. Please consider the shortage of these supplies when deciding who to test.
- The Wyoming Public Health Laboratory (WPHL) will prioritize testing specimens from patients with the most implications for clinical management, conservation of PPE, and public health control activities. The WPHL testing priorities can be found on the following page.
- Providers should send samples from patients who do not fall into the WPHL testing priorities to commercial laboratories. This ensures that the WPHL is able to process priority samples and deliver results to providers in a timely manner. See the FDA's website for a list of commercial laboratories providing testing for SARS-CoV-2: FAQs on Diagnostic Testing for SARS-CoV-2.
- Based on current influenza epidemiology, and to conserve testing supplies, testing for influenza before testing for COVID-19 is no longer required.
- Close contacts of confirmed COVID-19 patients who become ill with COVID-19 symptoms **do not** need to be tested unless they require hospitalization or testing has public health control implications; it should be assumed that ill close contacts have COVID-19, and appropriate control measures, including isolation and quarantine recommendations, should be implemented (see section on CONTROL MEASURES).
- **The WPHL cannot accept post-mortem specimens for testing.** Post-mortem specimens must be sent to the Centers for Disease Control and Prevention (CDC) for testing. Instructions for the collection and submission of post-mortem specimens can be found here: COVID-19 Guidance Postmortem Specimens

Testing Priorities

Priority	Clinical Features		Epidemiologic Risk
1	Hospitalized patients or patients living or working in communal settings (such as nursing homes, assisted living facilities, or shelters) with fever[1] **or** signs/symptoms of respiratory illness without alternative explanatory diagnosis	AND	No source of exposure has been identified
	---	---OR--	---
	Fever[1] **or** signs/symptoms of respiratory illness[2]	AND	Healthcare workers[3] who performed patient care while symptomatic **OR** who had close contact[4] with a laboratory-confirmed[5] COVID-19 patient within 14 days of symptom onset
2	Patients with fever[1] **or** signs/symptoms of lower respiratory illness[2]	AND	Persons ≥65 years and/or persons with underlying health conditions (e.g. diabetes, heart disease, chronic lung disease, immunocompromised, etc.) OR A person who has continued close contact with persons ≥65 years and/or persons with underlying health conditions (e.g. diabetes, heart disease, chronic lung disease, immunocompromised, etc.).

1. Fever may be subjective or measured (≥100.4°F or 38.0°C).
2. Signs of respiratory illness include cough or shortness of breath or sore throat.
3. A healthcare worker is defined as someone with direct patient care responsibilities.
4. Close contact is defined as:
    a. a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; 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. 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 PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator or facemask, and eye protection).
5. Documentation of laboratory confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries or U.S jurisdictions

Testing Procedures

Clinicians should take the following steps to submit samples:

1. Fill out the WDH COVID-19 sample submission form at this link: https://is.gd/wdh_covid19. This is a secure, HIPAA-compliant system. **Once filled out, the information should be printed out and included with the shipped samples. Be sure to "submit" the form after printing. Samples will not be tested if the form is not completed and sent with the specimen to the WPHL. Clinicians DO NOT need to fill out the CDC PUI and Case Report forms.**

2. Clinicians should collect only one nasopharyngeal (NP) swab. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Place the swab immediately into a sterile tube containing 1-3 mL of viral transport media. Specimens that will arrive within 72 hours of collection should be refrigerated at 2-8°C and shipped to the WPHL with sufficient ice packs to keep the specimen cold until it arrives. If 72 hours or more will elapse between specimen collection and arrival at the WPHL, samples should be frozen at -70°C or below and shipped on enough dry ice to ensure samples arrive frozen. Do not place dry ice in the orange-top shipping canisters.

3. Specimen tubes should be labeled with the patient name, date of birth, sample type, date of sample collection, and patient medical record number (MRN). Patient name, date of birth, and MRN need to match exactly the patient name, date of birth, and MRN on the online form submitted to WDH to avoid delays.

4. Specimens should be shipped overnight to the WPHL at 208 S. College Dr., Cheyenne, WY, 82007. The WPHL provides Federal Express labels for shipments; labels can be requested at this link: https://health.wyo.gov/publichealth/lab/. In areas where Federal Express is not an option, you may print a UPS label by logging into UPS (www.ups.com; username: ClientWPHL, password: Bluebird208) and creating a shipment. Specimens must be shipped as a Category B (Biological Substance) shipment.

   Laboratory personnel at healthcare facilities should be familiar with how to properly package and label a Category B shipment. If assistance is required, please contact the WPHL at 307-777-7431.

   Samples shipped on Friday cannot be shipped using the labels available on the WPHL website. These samples need to be shipped via Federal Express Priority Overnight Shipping and clearly marked Saturday Delivery. Please use the WPHL account number 103094976 to ship samples on Friday. Samples collected on Saturday should be shipped on Sunday to arrive at the WPHL on Monday.

5. Beginning Saturday, March 28, WYDOT will be picking up samples from locations across the state and driving them to Cheyenne. Sample pick-up will occur once per day and will occur on Saturdays, Sundays, and Mondays only. Pick up times and locations have been shared with hospitals and will be posted to the WPHL website within the next several days (Public Health Laboratory).

The WPHL does not provide swabs or viral transport media upon request due to limited supply availability. The WPHL will continue to work to obtain sample collection supplies. If available, WPHL will continue to distribute sample collection kits containing swabs and viral transport media through county and tribal health offices.

The WPHL will provide shipping orange-top infectious disease canisters, FedEx Lab Paks, and ice packs that can be used for shipping. These supplies should only be used for shipping specimens to WPHL. To request these, please complete WPHL's Supply Order Form. Mark "Others", specify what you need sent, and follow the submission instructions. Guidance for collecting and shipping laboratory samples can also be found here: WPHL. For additional questions about COVID-19 testing procedures, please contact the WPHL at 307-777-7431.

Test Results
All WPHL test reports will be delivered by fax to the fax number provided in the WDH REDCap COVID-19 sample submission form. WDH will not report back negative results to patients on behalf of providers.

REPORTING PERSONS WITH SUSPECTED OR CONFIRMED COVID-19 TO WDH
The Wyoming Department of Health (WDH) receives positive test results directly from WPHL. **Providers should report positive laboratory tests from commercial reference laboratories to WDH by calling 1-888-996-9104. Copies of the laboratory report form should be faxed to 307-777-5573.** Providers should also report persons who are part of a cluster of 3 or more possible or confirmed cases in a residential congregate setting that serves more vulnerable populations such as a long term care facility, assisted living facility, group home, homeless shelter, or correctional settings.

CLINICAL MANAGEMENT
Clinical management guidance from CDC can be found here: Management of Patients with Confirmed 2019-nCoV. CDC's Clinical Outreach and Communication Activity (COCA) calls and webinars offer the most up to date information and guidance for clinicals. COCA calls can be accessed at Calls/Webinars | Clinician Outreach and Communication Activity (COCA). The Wyoming Medical Society website contains clinical resources from the University of Washington, including treatment guidelines and algorithms: COVID-19.

CONTROL MEASURES (ISOLATION/QUARANTINE)
Outpatients With COVID-19 Symptoms Who Are Not Tested
Outpatients with symptoms compatible with COVID-19 who are not tested due to testing supply shortages and are recovering at home should be instructed by providers to isolate themselves until at least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), AND at least 7 days have passed *since symptoms first appeared*. Household contacts of these patients should be asked to limit their public activities as much as possible for 14 days after incorporating precautions in the home, to monitor for symptoms, and to isolate themselves should symptoms develop. If household contacts are required to go to work, they

should be asked to monitor their symptoms at least daily and to leave work immediately if symptoms develop.

Outpatients With Confirmed COVID-19
Outpatients who are tested for COVID-19 should be instructed to self-isolate until test results are obtained.

WDH or local health departments will contact patients with confirmed COVID-19 to conduct an interview, identify close contacts, and to provide isolation recommendations. Persons who are not hospitalized but who have COVID-19 will be instructed to isolate themselves in a private residence until at least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), AND at least 7 days have passed *since symptoms first appeared*. Household and close contacts of symptomatic patients identified by WDH or local health departments will be asked to strictly quarantine themselves for 14 days since last contact with the symptomatic patient or 14 days after incorporating precautions within the home.

Guidance for preventing the spread of COVID-19 in homes can be found here: Preventing 2019-nCoV from Spreading to Others

CDC's guidance for discontinuation of home isolation for persons with COVID-19 can be found here: Disposition of Non-Hospitalized Patients with COVID-19 | CDC

Hospitalized Patients With Confirmed COVID-19
Providers should follow CDC's Interim Infection and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Patients with COVID-19 can be discharged from healthcare facilities when clinically indicated. Meeting criteria for discontinuation of transmission-based precautions is not a prerequisite for discharge in most circumstances. Patients still on transmission-based precautions being discharged to home should continue to self-isolate in the home until symptoms resolve, as defined for outpatients. However, special considerations should be taken when discharging patients to a long term care facility or other communal setting, as described below.

CDC states that a test-based strategy is the preferred strategy to determine when transmission based precautions should be discontinued in hospitalized and severely immunocompromised patients. CDC's recommended test-based strategy involves obtaining negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least 2 consecutive nasal swabs collected ≥ 24 hours apart from COVID-19 patients with fever resolution and improvement in respiratory symptoms. WDH recognizes that testing is not readily available; therefore a non-test-based strategy based on symptom resolution, as used for outpatients, is acceptable in most situations.

Because of the substantial morbidity and mortality that could result from the spread of COVID-19 in long term care or assisted living facilities, WDH recommends that a test-based strategy involving obtaining at least 1 negative nasal swab be used whenever possible when discharging COVID-19 patients to these facilities. WPHL will consider samples taken from hospitalized patients to determine whether transmission-based precautions can be discontinued as high priority, due to the implications for conserving PPE and preventing spread in communal settings.

CDC's guidance for discontinuation of transmission-based precautions among hospitalized patients can be found here: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

Healthcare Workers

With community transmission occurring in Wyoming, all healthcare workers may be at some risk for exposure to SARS-CoV-2, whether in the workplace or in the community. Therefore, the WDH is asking ALL healthcare workers, regardless of whether they have had a known SARS-CoV-2 exposure, to monitor their health. If healthcare workers develop any signs or symptoms consistent with COVID-19 (for healthcare workers, fever cutoff is 100.0°F), they should NOT report to work. If any signs or symptoms occur while working, healthcare workers should immediately leave the patient care area, inform their supervisor per facility protocol, and isolate themselves from other people.

Healthcare workers who are self-isolating because of a COVID-19 diagnosis or who were not tested for COVID-19 but self-isolating because of a respiratory illness should follow the same guidance as for other outpatients to determine when they can discontinue their isolation. Healthcare workers should remain in isolation until at least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), AND at least 7 days have passed *since symptoms first appeared*. Healthcare facility occupational health may recommend longer durations of isolation.

Healthcare workers with potential exposure to COVID-19 in a healthcare setting should be assessed and given monitoring and work restriction recommendations according to CDC guidance: Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) | CDC. If removal of healthcare workers from the workforce would result in discontinuation of patient care services, healthcare facility occupational health should consider allowing potentially exposed healthcare workers to continue to work. In this situation, healthcare workers should limit their movement and public activities except to go between home and work, should wear at minimum a facemask and gloves when performing patient care, and should undergo at least daily monitoring for fever or respiratory symptoms.

INFECTION PREVENTION AND CONTROL RECOMMENDATIONS

As described in the recommendations below, N95 respirators are recommended for providers caring for patients with suspected or confirmed COVID-19. If N95 respirators are unavailable or

in short supply, facemasks (e.g. surgical masks) are an acceptable alternative. If N95 respirators are in short supply, they should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to providers. Complete updated infection control guidance can be found at Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Hospitals
Clinicians should notify infection control personnel immediately if they identify a patient with potential COVID-19. Patients with suspected COVID-19 infection should be asked to wear a facemask. Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures. Healthcare personnel caring for the patient should follow standard, contact, and airborne precautions with eye protection. Personal protective equipment should include gloves, gowns, respiratory protection (N95 respirator or equivalent), and eye protection (goggles or face shield). Hospitals should be prepared to identify, triage, and implement appropriate infection control measures for patients with potential or confirmed COVID-19. Establish procedures for monitoring and managing all hospital visitors. Visitors to the most vulnerable patients (e.g., oncology and transplant wards) should be limited; visitors should be screened for symptoms prior to entry to the unit.

WDH recommends that hospitals and ambulatory surgical centers follow Centers for Medicare and Medicaid Services (CMS) recommendations to limit all adult non-essential planned surgeries and procedures until further notice. These measures are important to preserve PPE as well as staffing, bed, and ventilator availability. CMS guidance can be found here: CMS Adult Elective Surgery and Procedures Recommendations:

Clinics
WDH recognizes that most clinics do not have airborne isolation capabilities. WDH encourages clinics to develop phone triage protocols to identify patients with fever and respiratory infection symptoms. When patients with fever and respiratory symptoms arrive at the clinic, they should not be allowed to stay in the waiting room, but should be immediately isolated in an examination room with the door closed. Health care providers entering the room should wear a gown, gloves, N95 respirator or equivalent, and eye protection (e.g. goggles or face shield). **Patients who do not require emergency care or hospitalization should not be sent to Emergency Departments.** Clinics should consider implementing strategies to ensure that patients with respiratory symptoms are separated from other patients, if possible.

Long Term Care Facilities
Infection control and prevention is critical in long term care facilities because of their vulnerable resident population. Guidelines for long-term care facilities to prevent and control COVID-19 are available from CDC (Preparing for COVID-19 in Long Term Care Facilities) and CMS (QSO-20-14-NH REVISED.) It is likely that COVID-19 will be identified in more communities, including areas where cases have not yet been reported. As such, long term care facilities should assume it could already be in their community and move to restrict all visitors and unnecessary healthcare personnel from the facility; cancel group activities and communal dining; and

implement active screening of residents and healthcare personnel for fever and respiratory symptoms.

More detailed recommendations for Infection Prevention and Control can be found here: Infection Control: COVID-19. Preparedness checklists for healthcare professionals and hospitals can be found here: Resources for Healthcare Professionals with COVID-19 Patients

CONTACT INFORMATION

Wyoming healthcare providers and facilities are reminded to check COVID-19 resources available from WDH and CDC. Healthcare providers or facilities can contact WDH through the following channels:

- Please email questions about preparedness, PPE, infection control, or other non-urgent topics to wdh.covid19@wyo.gov. This email address is monitored 7 days a week and replies will come within 24 hours.
- Please contact WPHL with questions about specimen collection, storage, or shipping at 307-777-7431.
- **Please use the WDH Public Health Emergency Line (1-888-996-9104) for urgent questions about a specific patient, healthcare personnel exposure, or other urgent matter. This line is intended ONLY for healthcare providers. Do not share this number with the public.**

Please refer questions from the general public to 211 or to the WDH email box (wdh.covid19@wyo.gov**).**