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Wyoming Department of Health Policy on Monitoring Persons Potentially Exposed to 2019 Novel Coronavirus

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This document provides the updated Wyoming Department of Health (WDH) policy on monitoring and travel restrictions of persons who may have been exposed to the 2019 Novel Coronavirus (2019-nCoV). This policy is based on current epidemiological evidence and recommendations from the Centers for Disease Control and Prevention (CDC). If conditions change WDH will update this policy as needed. The goal of monitoring is to ensure that immediate actions are taken if these persons develop symptoms consistent with 2019-nCoV illness. These actions include immediate notification of the public health authority, ensuring the individual receives medical care as necessary, and implementing proper isolation and quarantine procedures as needed to protect others. The level of monitoring and of restrictions of the individual as well as others will depend on the person's risk level as described below. This policy is based on the CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019-nCoV Exposure in Travel-associated or Community Settings updated February 3, 2020. Per Wyoming Statute 35-1-240, The WDH State Health Officer is the lead public health authority for 2019-nCoV monitoring and response policy in Wyoming. It is imperative that local public health authorities and healthcare providers immediately contact WDH when situations arise that require action as directed in this policy. WDH may be contacted by calling 1-888-996-9104.

Definitions Used in this Guidance

Symptoms compatible with 2019-nCoV infection, for the purpose of these recommendations, include subjective or measured fever, cough, or difficulty breathing.

Self-observation means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, limit contact with others, and seek health advice by telephone from a healthcare provider or WDH to determine whether medical evaluation is needed.

Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever, cough, or difficulty breathing during the self-monitoring period to determine whether medical evaluation is needed.

Self-monitoring with delegated supervision means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the WDH. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and WDH. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur.

Self-monitoring with public health supervision means WDH assumes the responsibility for oversight of self-monitoring for certain groups of people. WDH will establish initial communication with these persons, provide a plan for self-monitoring and clear instructions for notifying the health department before a person seeks health care if they develop fever, cough, or difficulty breathing, and as resources allow, check in intermittently with these persons over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify WDH if the travelers' final destination is Wyoming.

Active monitoring means that WDH assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication will be coordinated by WDH and may include telephone calls or any electronic or internet-based means of communication.

Close contact is defined as in CDC's [Interim Guidance for Healthcare Professionals](#).

Public health orders are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. The list of [quarantinable communicable diseases](#) for which federal public health orders are

authorized is defined by Executive Order and includes “severe acute respiratory syndromes.” 2019-nCoV meets the definition for “severe acute respiratory syndromes” as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease. Wyoming State Statute 35-1-240 allows the State Health Officer to establish, maintain, and enforce isolation and quarantine for the protection of public health.

Isolation means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Conditional release defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by WDH. A conditional release order may also place limits on travel or require that a person self-quarantine at home.

Controlled travel involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or [federal public health travel restrictions](#) to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

Social distancing means remaining out of public places where close contact with others may occur (e.g., shopping centers, movie theaters, stadiums), workplaces (unless the person works in an office space that allows distancing from others), schools and other classroom settings, and local public conveyances (e.g., bus, subway, taxi, ride share) for the duration of the potential incubation period unless presence in such locations is approved by the state or local health department.

Recommendations for Evaluating 2019-nCoV Exposure Risk and Appropriate Public Health Actions

Exposure risk categories are defined below. All exposures apply to the 14 days prior to assessment and recommendations apply until 14 days after the exposure event.

High Risk

- Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection *without using recommended precautions* for [home care](#) and [home isolation](#)
 - The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.
- Travel from Hubei Province, China

Medium Risk

- Close contact with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition.
 - The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing.
 - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction.
- Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed 2019-nCoV infection *while consistently using recommended precautions* for [home care](#) and [home isolation](#)
- Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition

Low Risk

- Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact

- On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) AND not having any exposures that meet a medium- or a high-risk definition.

No Identifiable Risk

- Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

Recommendations for Evaluating Exposure Risk and Appropriate Public Health Actions

At this time, WDH recommends:

- 1. Symptomatic people in the high risk category** should be clinically assessed. If the person under investigation (PUI) is categorized as having a high-risk exposure, WDH will guide diagnostic testing for 2019-nCoV. If medical evaluation is needed, it should occur with pre-notification to the receiving health care facility (HCF) and emergency medical services (EMS), if EMS transport is indicated, and with all recommended [infection control precautions](#) in place. WDH, in coordination with medical facilities and patient transport services, will determine the timing and the means of patient transport, and to which facility the patient will be sent for evaluation. Person being monitored for possible 2019-nCoV must only be transported under the direction of WDH, unless there are immediate, life-threatening circumstances. These patients should be immediately isolated in an Airborne Infection Isolation Room if available at the HCF.
- 2. Symptomatic people in the medium risk category** should be clinically assessed. If the PUI is categorized as having a medium-risk exposure, WDH will guide diagnostic testing for 2019-nCoV. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport is indicated, and with all recommended [infection control precautions](#) in place. WDH, in coordination with medical facilities and patient transport services, will determine the timing and the means of patient transport, and to which facility the patient will be sent for evaluation. Person being monitored for possible 2019-nCoV must only be transported under the direction of WDH, unless there are immediate, life-threatening circumstances. These patients should be immediately isolated in an Airborne Infection Isolation Room if available at the HCF.
- 3. Symptomatic people in the low risk category** should seek health advice from WDH to determine if medical evaluation is needed. If sought, medical evaluation and care

should be guided by clinical presentation. WDH will guide diagnostic testing for 2019-nCoV if indicated. These patients should avoid contact with others and public activities while symptomatic.

4. **Symptomatic people in the no risk category** should receive routine medical care. There are no restrictions on those who fall into the no risk category.
5. **Asymptomatic people in the high risk category** will receive daily active monitoring by WDH. Persons in this category should remain quarantined in a location determined by public health authorities.
6. **Asymptomatic people in the medium risk category** will conduct self-monitoring with WDH supervision. To the extent possible, asymptomatic persons in this category are to remain home or in a comparable setting. These persons should avoid congregate settings, limit public activities, and practice social distancing.
7. **Asymptomatic people in the low risk category** will conduct self-observation without WDH supervision. There are no movement restrictions for low-risk, asymptomatic persons.
8. **Asymptomatic people in the no risk category** require no monitoring or intervention by public health officials.

Recommendations for specific groups and settings

Healthcare workers and others at risk of occupational exposure

Healthcare facilities should refer to the 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 2019 Novel Coronavirus (2019-nCoV)* which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.

Emergency Medical Services

Emergency Medical Services should refer to the CDC's *Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for 2019-nCoV in the United States* which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>.

Airline Crew

Crew members who are based in Wyoming and who have been on layovers in mainland China outside Hubei Province within the previous 14 days, and who have no known exposure to persons with 2019-nCoV, are assessed as low risk. These crew members

should self-monitor under the supervision of the airline's occupational health program in coordination with WDH. These crew members have no movement restrictions while in the United States and may continue to work on commercial flights as long as they remain asymptomatic. This recommendation is based on US-based airline crew having limited interaction with the local population in China during a typical layover. If they develop fever, cough, or difficulty breathing, crew members should self-isolate and be excluded from work on commercial flights immediately until cleared by WDH. Airlines have the authority to choose to adopt occupational health policies for their own employees that exceed CDC recommendations.

Crew members who are based in mainland China outside Hubei Province and who are in the United States for layovers are assessed as medium risk. These crew members should self-monitor under the supervision of the airline's occupational health program. These crew members are also recommended to remain in their hotels, limit activities in public, practice social distancing, and avoid congregate settings while in the United States. The airline should coordinate with WDH for the airport to establish a plan for managing crew members identified as symptomatic while in Wyoming. If they develop fever, cough, or difficulty breathing, crew members should self-isolate and be excluded from work on commercial flights immediately until cleared by public health authorities. Airlines have the authority to adopt occupational health policies that exceed CDC recommendations for their own employees.

Crew members who are based in countries other than the United States or mainland China are assessed as low risk. These crew members should be managed as for US-based crew members

SYMPTOMATIC¹

Table: Summary of CDC Recommendations for Management of Persons with Potential 2019-nCoV Exposure by Risk Level and Symptoms

Risk Category	Movement Restrictions and Public Activities	Medical Evaluation	Travel
High risk	Immediate isolation.	<p>Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition but is recommended for symptomatic people with a known high-risk exposure.</p> <p>If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.</p>	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Medium risk	Immediate isolation.	<p>Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition</p> <p>If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.</p>	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Low risk	Recommendation to avoid contact with others and public activities while symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition	Recommendation to not travel on long-distance commercial conveyances or local public transport while symptomatic
No known risk ²	No restriction	Routine medical care	No restriction

ASYMPTOMATIC

Table: Summary of CDC Recommendations for Management of Persons with Potential 2019-nCoV Exposure by Risk Level and Symptoms

Risk Category	Movement Restrictions and Public Activities	Monitoring	Travel
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision All others in this category: Active monitoring	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.
Low risk	No restriction	Self-observation	No restriction
No known risk	No restriction	None	No restriction

EMS = Emergency medical services

HCF = healthcare facility

PUI = Patient Under Investigation for 2019-nCoV

¹For the purpose of this document: subjective or measured fever, cough, or difficulty breathing.

²No restrictions on travel, movement, or activities due to 2019-nCoV concerns; however, restrictions might be recommended if the person is known or reasonably believed to have another communicable disease that poses a public health threat if others are exposed in community or travel settings.