



Public Health Division  
6101 Yellowstone Road, Suite 420  
Cheyenne, WY 82002  
(307) 777-6340 • 866-571-0944  
Fax (307) 777-8264 • [www.health.wyo.gov](http://www.health.wyo.gov)



---

Michael A. Ceballos  
Director

Mark Gordon  
Governor

---

**State Health Advisory**  
**Assessment of Patients for Coronavirus Disease 2019**  
**(COVID-19)**  
**Coronavirus Disease 2019 Advisory #8**  
**Wyoming Department of Health**  
**March 18, 2020**

This Health Advisory contains updated testing recommendations and priorities, and COVID-19 reporting instructions.

- Testing priorities have been updated to reflect the changing epidemiology of the outbreak in Wyoming. The Wyoming Public Health Laboratory (WPHL) will prioritize testing that informs clinical management or public health actions; priorities for testing include healthcare workers, hospitalized patients, patients in communal living settings, persons at risk for severe disease or their contacts, and contacts of confirmed cases.
- Providers no longer need to call the Wyoming Department of Health (WDH) for approval to send specimen samples to the WPHL, but still need to submit the online requisition form.
- All “SARS-CoV-2 Detected” results from the WPHL are now considered ‘confirmed’ and will not be sent to the CDC for additional testing.
- WPHL will only accept nasopharyngeal swabs for testing; oropharyngeal swabs are no longer required.
- Several commercial testing options for COVID-19 are now available; utilize these testing options for non-priority COVID-19 testing. Test results from reference labs will not be confirmed at the WPHL. Do not send specimens to the WPHL for additional testing.
- Preserve personal protective equipment supplies
  - Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- Healthcare facilities should enact plans for enhanced surge capacity.
- Patients with confirmed COVID-19 who are self-isolating at home should 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*.

- The WDH Public Health Emergency Line (1-888-996-9104) is intended to receive calls from healthcare providers. Do not share this number with the public.

### **Situation Summary**

Wyoming currently has fifteen reported cases of COVID-19. While the number of lab-confirmed cases of COVID-19 remains low in Wyoming, findings from our contact tracing investigations indicate community spread. The number of COVID-19 cases in Wyoming is likely to grow in the days ahead. 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.

### **Testing for COVID-19**

#### **TESTING RECOMMENDATIONS**

Testing for SARS-COV-2 is now available at LabCorp, Quest, ARUP and BioReference Laboratories, and other reference laboratories. See the FDA's website for a list of commercial labs providing testing for SARS-COV-2 ([list of commercial labs providing testing for SARS-COV-2](#)). If clinicians wish to test a patient who does not meet one of our priority criteria, please utilize these commercial laboratories for this testing. Our testing priority levels can be found on the following page. WPHL will test samples from patients who do not meet the priority criteria, but turnaround times cannot be guaranteed. WPHL will not test samples for asymptomatic patients.

Testing at the WPHL no longer needs to be approved by the WDH. All providers submitting a sample to WPHL must complete and submit the online requisition form found at [https://is.gd/wdh\\_covid19/](https://is.gd/wdh_covid19/). If you do not complete the online form your sample will not be tested. This form must be submitted, printed, and sent with the specimen to the WPHL.

**All outpatients who are tested for COVID-19 are required to self-isolate in their homes until negative test results are obtained.** See the section below on Isolation and Quarantine Guidance for additional information on home isolation for persons with suspected or confirmed COVID-19.

### TESTING PRIORITIES

Priority	Clinical Features		Epidemiologic Risk
1	Fever <sup>1</sup> <b>or</b> signs/symptoms of respiratory illness <sup>2</sup>	AND	Healthcare workers <sup>3</sup> who performed patient care while symptomatic <b>OR</b> who had close contact <sup>4</sup> with a laboratory-confirmed <sup>5</sup> COVID-19 patient within 14 days of symptom onset
2	Hospitalized patients or patients living in communal healthcare settings (such as nursing homes, assisted living facilities, or shelters) with fever <sup>1</sup> <b>or</b> signs/symptoms of respiratory illness without alternative explanatory diagnosis <b>and</b> negative testing for influenza (and negative testing on a viral respiratory panel, if available)	AND	No source of exposure has been identified
3	Patients with fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness <sup>2</sup> <b>and</b> negative testing for influenza (and negative testing on a viral respiratory panel, if available) <sup>6</sup>	AND	Persons $\geq 65$ years and/or persons with underlying health conditions (e.g. diabetes, heart disease, chronic lung disease, etc.)  OR  A person who has continued close contact with persons $\geq 65$ years and/or persons with underlying health conditions (e.g. diabetes, heart disease, chronic lung disease, etc.)  OR  Close contact <sup>4</sup> with a laboratory-confirmed <sup>5</sup> COVID-19 patient within 14 days of symptoms onset.

1. Fever may be subjective or measured ( $\geq 100.4^{\circ}\text{F}$  or  $38.0^{\circ}\text{C}$ ).

2. Signs of respiratory illness include cough or shortness of breath or sore throat.

3. For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.
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 personal protective equipment or 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**

Testing for hospitalized patients should be performed in an airborne infection isolation room by health care personnel adhering to standard, contact, and airborne precautions, including the use of eye protection. If an airborne infection isolation room is not available, then patients should be isolated in an examination room with the door closed. Healthcare providers obtaining samples should wear a gown, gloves, N95 respirator or equivalent, and eye protection (e.g. goggles or face shield) when collecting samples. If an N95 respirator or equivalent is not available due to supply chain issues, then a facemask is an acceptable alternative.

**Patients in outpatient clinics who are medically stable to return home should not be referred to an emergency department for testing.**

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](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 2-3 mL of viral transport media. Specimens should be refrigerated at 2-8°C and shipped to the WPHL with sufficient ice packs to keep the specimen cold until it arrives.
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, UPS shipping may be available. Specimens must be shipped as a Category B (Biological Substance) shipment.

5. **\*\*\*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.**
6. Samples collected on Saturday should be shipped on Sunday to arrive at the WPHL on Monday.
7. 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 dry ice. Do not place dry ice in the orange-top shipping canisters.

**The WPHL does not provide swabs or viral transport media.** The WPHL will provide shipping containers, FedEx Lab Paks, and ice packs that can be used for shipping. To request these, please mark “Others”, specify what you need sent, and follow the submission instructions under: [WPHL Requisition Form](#). 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**

The ordering provider will be notified of positive results by phone at the phone number provided in the WDH COVID-19 sample submission form. All WPHL test reports will be delivered by fax to the fax number provided in the WDH 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**

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.** 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. Reports can be made by calling the WDH Public Health Emergency Line (1-888-996-9104).

## **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 \(SARS-CoV-2\)](#).

**With potential community transmission 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.**

## **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.

## **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](#)

### **Clinical Management and Prevention**

Clinical management guidance 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 <https://emergency.cdc.gov/coca/calls/index.asp>.

Recommended prevention measures for the public include non-pharmaceutical interventions such as frequent hand washing, staying home when sick, covering coughs and sneezes, regular cleaning with household cleaning products according to label instructions, and avoiding crowds. The public is also urged to avoid travel to countries with level 3 travel health notices ([COVID-19 information for Travelers](#)) and to avoid cruise ship travel.

Individuals at higher risk of severe illness such as adults 65 years and older, and individuals with chronic medical conditions and/or immunocompromised state, should consider taking additional precautions, including avoiding crowded places and non-essential air travel ([People at Risk for Serious Illness from COVID-19](#)).

### **Self-Isolation at Home**

Persons who are not hospitalized but who have COVID-19 should 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*. Patients who are not tested for COVID-19 but are instructed to self-isolate at home because of fever or respiratory illness should be given the same guidance for when they can discontinue self-isolation.**

**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 use the guidelines above to determine when they can discontinue their isolation.**

Persons staying at home because of confirmed or possible COVID-19 infection should not attend work or school and should avoid public settings and other situations that may permit close contact with others. This guidance applies to any person, regardless of whether they have received a laboratory-confirmed COVID-19 diagnosis, including healthcare workers. Healthcare workers should check with their employer before returning to work as the employer may have a different policy regarding COVID-19.

**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](mailto: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 mater. 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](mailto:wdh.covid19@wyo.gov)).**