



Public Health Division
122 West 25th Street, 3rd Floor West
Cheyenne, WY 82002
(307) 777-6004 • 800-599-9754
Fax (307) 777-8687 • www.health.wyo.gov



Michael A. Ceballos
Director

Mark Gordon
Governor

State Health Advisory

Updated Guidance for Coronavirus Disease 2019 (COVID-19)

Coronavirus Disease 2019 Advisory #12

Wyoming Department of Health

August 21, 2020

TABLE OF CONTENTS

[SITUATION SUMMARY](#)

COVID-19 TESTING

- [Multiplex SARS-CoV-2 and Influenza Assay](#) **NEW**
- [Tests Accepted at the Wyoming Public Health Laboratory \(WPHL\)](#)
- [Requesting Specimen Collection Supplies for SARS-CoV-2 Testing](#)
- [Laboratory Web Portal](#) **NEW**
- [Testing Procedures at the WPHL](#) **UPDATED**
- [Test Results](#)
- [Provider Testing Recommendations](#) **UPDATED**

REPORTING PERSONS WITH SUSPECTED OR CONFIRMED COVID-19 TO WDH

CLINICAL MANAGEMENT

- [Remdesivir](#)
- [Multisystem Inflammatory Syndrome in Children \(MIS-C\) Associated with Coronavirus Disease 2019 \(COVID-19\)](#)
- [Reporting](#)
- [Case Definition for Multisystem Inflammatory Syndrome in Children \(MIS-C\)](#)

CONTROL MEASURES (ISOLATION/QUARANTINE)

- [Duration of isolation and subsequent testing and quarantine for individuals with laboratory-confirmed COVID-19](#) **UPDATED**
- [Hospitalized Patients With Confirmed COVID-19](#) **UPDATED**
- [Healthcare Workers](#)
- [Close Contacts of Laboratory-Confirmed COVID-19 Cases](#) **UPDATED**

INFECTION PREVENTION AND CONTROL RECOMMENDATIONS

[General Measures](#)

[Caring for Suspected or Confirmed SARS-CoV-2 Patients](#)

[Collection of Diagnostic Respiratory Specimens](#)

[Hospitalized Patients](#)

[Long Term Care Facilities](#) **UPDATED**

[CONTACT INFORMATION](#)

SITUATION SUMMARY

As of Friday, August 21, 2020, there are 2,994 reported laboratory-confirmed and 530 probable COVID-19 cases in Wyoming in 23 counties and the Wind River Reservation. There have been 37 COVID-19-associated deaths. Community transmission and outbreaks are occurring in multiple locations. 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 and testing information can be found here: [Coronavirus Disease 2019 \(COVID-19\)](#)

COVID-19 TESTING

Multiplex SARS-CoV-2 and Influenza Assay

Beginning on August 24, 2020, the Wyoming Public Health Laboratory (WPHL) will change SARS-CoV-2 testing methods to an RT-PCR-based method that allows for the simultaneous detection of influenza A, influenza B, and SARS-CoV-2. This new method is called the CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay.

Flu SC2 Multiplex Assay result reports will display results for each analyte:

Analyte	Possible Results
SARS-CoV-2	Detected or Not Detected
Influenza A	Detected or Not Detected
Influenza B	Detected or Not Detected

The Flu SC2 Multiplex Assay is validated for use on nasopharyngeal swabs. Additional specimen types are acceptable, but the performance characteristics of the Flu SC2 Multiplex Assay on these specimen types has not been evaluated. Other acceptable specimens include the following:

- Oropharyngeal swabs
- Nasal swabs
- Lower respiratory tract aspirates
- Bronchoalveolar lavage
- Nasopharyngeal wash or nasal aspirate

The process for ordering testing will not change. The Flu SC2 Multiplex Assay will be the default SARS-CoV-2 assay beginning on August 24, 2020. Submitters who use the REDCap submission process will follow the same process for SARS-CoV-2 test ordering; the laboratory will automatically order the Flu SC2 Multiplex Assay. The Flu SC2 Multiplex Assay will be the only option for SARS-CoV-2 testing for submitters who use the Laboratory Web Portal.

Tests Accepted at the Wyoming Public Health Laboratory (WPHL)

The WPHL will accept all samples from symptomatic patients, close contacts of persons with SARS-CoV-2 infection, neonates born to women with COVID-19, and post-mortem swabs from individuals suspected to have COVID-19. In addition, WPHL will accept samples requested by public health officials through epidemiological investigations in congregate and other high-risk settings. WPHL continues to recommend that providers send samples from patients who test negative on the Abbott ID Now platform to WPHL for testing. Note that a sample used on the Abbott platform cannot be sent to WPHL; a second nasopharyngeal swab must be collected, placed in viral transport media, and be submitted to the WPHL.

Requesting Specimen Collection Supplies for SARS-CoV-2 Testing

Healthcare facilities can request nasopharyngeal swabs, nasal swabs, and viral transport media from WPHL. WPHL can also supply infectious disease canisters, FedEx Lab Paks, and ice packs for shipping to WPHL. Instructions for requesting specimen collection supplies for COVID-19 can be found here: [WPHL COVID-19 Specimen Collection and Shipping Information](#).

Laboratory Web Portal

WPHL has a new online test ordering and resulting system. This system allows submitters to electronically order tests and receive WPHL test results electronically and for download. **We highly encourage submitters to transfer from using REDCap to the Laboratory Web Portal System.** WDH plans to transition from REDCap to the Laboratory Web Portal completely starting Tuesday, September 1, 2020. There will be a brief overlap of REDCap and the Laboratory Web Portal, but we ask submitters to adopt the Laboratory Web Portal. The Laboratory Web Portal can be reached at www.tinyurl.com/WYETOR.

For submission of specimens from facilities not yet registered with the WPHL Laboratory Web Portal system, 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. Providers and laboratories using the Laboratory Web Portal do not need to fill out a REDCap form.**

For more information about the Laboratory Web Portal, please email WDH-ETOR@wyo.gov.

Testing Procedures at the WPHL

Clinicians should take the following steps to submit samples:

1. Clinicians should collect only one nasopharyngeal (NP) swab, or other accepted specimen. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Please ensure the swab you are using is appropriate for NP samples. 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.

2. 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.
3. Specimen Transport:
 - WDH has established courier services to support daily specimen transport between multiple healthcare facilities across Wyoming. The list of supported facilities can be found here: [WPHL Courier Services](#).
 - Healthcare facilities not supported by the courier can be shipped overnight to WPHL via FedEx or UPS.
 - **FedEx:** The WPHL provides FedEx labels for shipments going to WPHL as priority overnight; labels can be requested at this link: [FedEx Priority Overnight labels for shipping specimens to WPHL](#).
 - Note: Specimens shipped via FedEx on Friday require special labels marked for Saturday Delivery. To obtain a Saturday delivery label, email WPHL@wyo.gov and include your name, address, package type, weight, and whether the package includes dry ice in the email.
 - **UPS:** The WPHL also provides UPS labels for shipments going to WPHL; labels can be obtained by logging into UPS (www.ups.com; username: ClientWPHL, password: Bluebird208) and creating a shipment. Specimens should be shipped overnight to the WPHL at 208 S. College Dr., Cheyenne, WY, 82007.
 - Note: UPS does not deliver to WPHL on Saturday. Thus, as specimens must be received at WPHL within 72 hours of collection, healthcare facilities who cannot ship FedEx should plan to only collect specimens Sunday - Thursday.
 - FedEx and UPS do not deliver on to WPHL on Sunday.
 - WPHL is seeing a number of overnight UPS and FedEx deliveries that arrive with a warm ice pack and warm specimens. Given the increased temperatures, please ensure you put enough ice packs in with your package to last 24-48 hours.
 - Long-term care facilities shipping to National Jewish Health can request a FedEx label at: <https://tinyurl.com/WYLTCE>.

- 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.
4. 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 or Laboratory Web Portal COVID-19 sample submission form. Samples submitted by the Laboratory Web Portal will be reported on that portal, and submitters may track the progress of their samples in real-time. WDH will not report back negative results to patients on behalf of providers. If your facility needs results on a specimen you submitted, please email wdh-covid-results@wyo.gov. Please make sure your email includes enough identifying information on your patient and on the requester so we can comply with HIPAA.

Provider Testing Recommendations

- WDH recommends that providers test all patients with symptoms consistent with COVID-19 for SARS-CoV-2 infection with an authorized nucleic acid detection assay. Symptoms of COVID-19 are found on CDC's website: [Symptoms of Coronavirus](#). Authorized diagnostic assays can be found on FDA's website: [Coronavirus Disease 2019 \(COVID-19\) Emergency Use Authorizations for Medical Devices](#)
- All close contacts of persons with SARS-CoV-2 infection should be tested, regardless of symptoms. WDH recommends testing close contacts twice during their quarantine period. The ideal timing for the first test is at 4-5 days after the initial exposure, and if the initial test is negative, again at day 11 or 12 of their 14-day quarantine period. If this timing isn't practical, WDH recommends that providers test contacts as soon as possible after they are identified and, if the first test is negative, again approximately a week later. Contacts with negative results must still remain in quarantine for the full 14 days, since it can take up to 14 days to develop illness.
- All neonates born to women with COVID-19 should be tested, regardless of whether there are signs of infection in the neonate.
- Serologic assays should not be used as the sole basis for diagnosis of acute infection and are not approved by the FDA for diagnostic purposes. Serologic tests cannot be used to determine if a person is immune. Serologic tests cannot be used to make decisions about grouping persons residing in or being admitted to congregate settings, about returning persons to the workplace, or to change clinical practice or use of personal protective equipment (PPE). Symptomatic individuals should receive a molecular test to determine if they are currently infected with SARS-CoV-2.
- Antigen tests have lower sensitivity than RT-PCR for SARS-CoV-2 RNA. The FDA's authorization of these tests indicates that positive results are indicative of the presence of SARS-CoV-2 nucleocapsid protein antigen. Negative results, however, should be treated as presumptive, do not rule out SARS-CoV-2 infection, and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. Negative results should be confirmed with a molecular assay if necessary to inform patient management or infection control decisions. Because of these test

characteristics, antigen tests are most appropriate for symptomatic individuals in whom COVID-19 is suspected. WDH recommends against using these tests for testing asymptomatic patients or for surveillance purposes.

- Outpatients who are tested for COVID-19 should be instructed to self-isolate until test results are obtained.
- Detailed testing guidance from the Infectious Diseases Society of America (IDSA) can be found at this link: [Infectious Diseases Society of America Guidelines on the Diagnosis of COVID-19](#).

REPORTING PERSONS WITH SUSPECTED OR CONFIRMED COVID-19 TO WDH

The WDH receives positive test results directly from WPHL. **Providers and laboratories must report positive laboratory tests from commercial reference laboratories or from in-house diagnostic platforms to WDH by faxing copies of the laboratory report form to 307-777-5573 within 24 hours of result.** 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.

The WDH is utilizing the following case definitions for COVID-19 patients:

- Confirmed- a patient with detection of SARS-CoV-2 in a clinical specimen using a molecular amplification detection test
- Probable- a person with illness consistent with COVID-19 and close contact to a laboratory-confirmed case of COVID-19 OR a person with detection of SARS-CoV-2 antigen.

CLINICAL MANAGEMENT

Clinical management guidance is available from the CDC ([Management of Patients with Confirmed 2019-nCoV](#)), the NIH ([Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#)), and the IDSA ([Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19](#)). CDC's Clinical Outreach and Communication Activity (COCA) calls and webinars offer the most up to date information and guidance for clinicians. 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](#).

Remdesivir

WDH continues to receive limited shipments of Remdesivir. WDH has distributed limited supplies to hospitals around the state that indicated they would use the medication. Providers at hospitals that have received a stock of Remdesivir do not have to request permission from WDH to use the medication. **However, WDH asks that providers or hospitals with stock notify WDH about medication use to allow us to track the available Remdesivir in Wyoming and patient outcomes.** Please notify WDH by faxing the patient's name, date of birth, date of admission, and expected dosing to our secure fax line at 307-777-7753.

Hospital pharmacies that would like to request doses of Remdesivir to restock their supply should call 1-888-996-9104.

Providers at facilities without Remdesivir stock can request a course of the medication by calling WDH's 24/7 Public Health Emergency Line at 1-888-996-9104. The provider will be asked a series of questions to ensure the patient meets criteria for treatment with Remdesivir. WDH will then supply the hospital with the requested course. The WDH will make every effort to deliver the requested course within 12 hours of the request.

The FDA authorizes the use of Remdesivir for the treatment of suspected or laboratory-confirmed COVID-19 among adults and children hospitalized with severe disease. Severe disease is defined as patients with an oxygen saturation (SpO₂) ≤ 94% on room air or requiring supplemental oxygen or requiring mechanical ventilation or requiring extracorporeal membrane oxygenation (ECMO). The EUA for Remdesivir can be found here: [remdesivir EUA Letter of Authorization](#). The FDA's Fact Sheet for Health Care Providers can be found here: [Fact Sheet for Healthcare Providers: Emergency Use Authorization of Remdesivir](#). Providers treating COVID-19 patients with Remdesivir must report all medication errors and all serious adverse events to the FDA. For patients that receive Remdesivir, providers must document in the medical record that the patient or caregiver has been given the [Fact Sheet for Patients and Parent/Caregivers: Emergency Use Authorization \(EUA\) of Remdesivir for COVID-19](#), informed of alternatives to receiving Remdesivir, and informed that Remdesivir is an unapproved drug that is authorized for use under an EUA.

Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19)

Clinicians in the United Kingdom and the United States have reported an increase of previously healthy children presenting with a severe inflammatory syndrome with Kawasaki disease-like features. The cases occurred in children who had tested positive for current or recent COVID-19 infection, based on reverse-transcriptase polymerase chain reaction (RT-PCR) or serologic assay. The patients presented with a persistent fever and a constellation of symptoms including hypotension, multiorgan involvement (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic, and neurologic), and elevated inflammatory markers. Respiratory symptoms were not present in all cases. It is currently unknown if multisystem inflammatory syndrome is specific to children or if it also occurs in adults. There is limited information currently available about risk factors, pathogenesis, clinical course, and treatment for MIS-C. The Centers for Disease Control and Prevention (CDC) and the Wyoming Department of Health (WDH) are requesting that healthcare providers report suspected cases to better characterize this newly recognized condition in the pediatric population.

Reporting

Healthcare providers who have cared for or are caring for patients younger than 21 years of age who meet the MIS-C case definition (below) should report suspected cases to WDH by completing the Wyoming Department of Health Confidential Disease Report Form and faxing it to our secure fax line at 307-777-7753. The form can be found here:

https://health.wyo.gov/wp-content/uploads/2016/04/22-12940_FillinDiseaseReportForm_2012.pdf.

Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C. MIS-C should be considered in any pediatric death with evidence of SARS-CoV-2 infection

Case Definition for Multisystem Inflammatory Syndrome in Children (MIS-C)

- An individual aged <21 years presenting with fever¹, laboratory evidence of inflammation², and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
- No alternative plausible diagnoses; AND
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the four weeks prior to the onset of symptoms

1. Fever >38.0°C or >100.4°F for ≥24 hours, or report of subjective fever lasting ≥24 hours

2. Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin

For more information on MIS-C, please refer to CDC's Health Advisory ([HAN Archive - 00432 | Health Alert Network \(HAN\)](#)) and CDC's website ([Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children \(MIS-C\)](#)).

CONTROL MEASURES (ISOLATION/QUARANTINE)

Duration of isolation and subsequent testing and quarantine for individuals with laboratory-confirmed COVID-19

Based on recent evidence, the Centers for Disease Control and Prevention (CDC) has updated guidance related to the duration of isolation precautions and need for subsequent testing and quarantine among individuals with laboratory-confirmed COVID-19. The complete guidance can be found here: [Duration of Isolation and Precautions for Adults with COVID-19](#).

Available data indicate that persons with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. Persons with more severe to critical illness or who are severely immunocompromised, likely remain infectious no longer than 20 days after symptom onset. Recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely. The etiology of this persistently detectable SARS-CoV-2 RNA has yet to be determined. Studies have not found evidence that clinically recovered persons with persistence of viral RNA have transmitted SARS-CoV-2 to others. These findings strengthen the justification for relying on a symptom-based, rather than test-based, strategy for ending isolation of these patients, so that persons who are by current evidence no longer infectious are not kept unnecessarily isolated and excluded from work or other responsibilities.

Reinfection with SARS-CoV-2 has not been confirmed in any recovered persons to date. If, and if so when, persons can be reinfected with SARS-CoV-2 remains unknown and is a subject of investigation. Persons infected with related endemic human betacoronavirus appear to become susceptible again at around 90 days after onset of infection. Thus, for persons recovered from SARS-CoV-2 infection, a positive PCR during the 90 days after illness onset more likely represents persistent shedding of viral RNA than reinfection.

Correlates of immunity to SARS-CoV-2 reinfection have not yet been established. Specifically, the utility of serologic testing to establish the absence or presence of infection or reinfection remains undefined.

Recommendations

1. Duration of isolation and precautions:

For most persons with COVID-19 illness, isolation and precautions can be discontinued 10 days after symptom onset AND resolution of fever for at least 24 hours, without the use of fever-reducing medications, AND with improvement of other symptoms.

A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, warranting extending the duration of isolation and precautions for up to 20 days after symptom onset. CDC does not provide a definition of severe illness. The Wyoming Department of Health (WDH) recommends consultation with public health officials in any individual who may have severe illness requiring a longer duration of isolation.

For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of collection of their first positive RT-PCR test for SARS-CoV-2.

2. Role of PCR testing to discontinue isolation or precautions

For the majority of individuals, **a test-based strategy is no longer recommended**, with the exception of using a test-based strategy to discontinue precautions earlier than would occur using the symptom-based strategy above.

For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with public health officials. CDC does not provide a definition of “severely immunocompromised.”

Because of the substantial morbidity and mortality that can result from the spread of COVID-19 in long-term care or assisted living facilities, **WDH recommends that a 20-day isolation period be used to determine when hospitalized patients can be discharged to these facilities**, if the accepting facility cannot implement appropriate infection control procedures.

3. Role of PCR testing after discontinuation of isolation or precautions

For persons previously diagnosed with laboratory-confirmed COVID-19 who remain asymptomatic after recovery, **retesting is not recommended** within 3 months after the

date of symptom onset for the initial COVID-19 infection, if the infection was associated with symptoms, or 3 months after the date of collection of the first positive RT-PCR test, if the infection was asymptomatic. **Testing individuals with a history of laboratory-confirmed COVID-19 as part of screening programs during these three months is unlikely to provide useful information and is not recommended.**

Persons previously diagnosed with laboratory-confirmed COVID-19 are not required to quarantine after close contact with an infected person during the three months after symptom onset or date of collection of the first positive RT-PCR test, depending on whether the infection was symptomatic or asymptomatic.

For persons who develop new symptoms consistent with COVID-19 during the three months after the date of initial symptom onset or date of collection of the first positive RT-PCR test, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting. Isolation and contact tracing can be considered, especially in the event that symptoms develop within 14 days after close contact with an infected person. WDH recommends consultation with public health officials in these situations.

4. Role of serologic testing

Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

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

CDC recommends using the symptom-based strategy described above for determining when transmission-based precautions can be discontinued. A test-based strategy could be considered for some patients, such as those who are severely immunocompromised, in consultation with public health officials and infectious disease experts if concerns exist for the patient being infectious for more than 20 days. 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 \(Interim Guidance\)](#)

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 they meet the criteria for symptom-based release described above. However, special considerations should be taken when

discharging patients to a long term care facility or other communal settings. Specifically, **WDH recommends that a 20-day isolation period be used to determine when hospitalized patients can be discharged to these facilities**

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 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 10 days have passed *since symptoms first appeared*. Healthcare providers who are asymptomatic but have laboratory-confirmed SARS-CoV-2 infection should isolate themselves until at least 10 days have passed since the date of their first positive COVID-19 diagnostic test if they have had no subsequent illness. 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.

Close Contacts of Laboratory-Confirmed COVID-19 Cases

Close contact is defined as being within 6 feet of an individual with infectious SARS-CoV-2 for at least 15 minutes. Individuals who had close contact with symptomatic, laboratory-confirmed COVID-19 patients while they were symptomatic or in the 48 hours prior to symptom onset must quarantine for 14 days after their last contact with the infectious individual. Quarantine is also required for individuals with close contact with a person with asymptomatic COVID-19 infection during the 48 hours prior to specimen collection through the end of their isolation period.

CDC recommends testing of all close contacts of persons with SARS-CoV-2 infection ([Overview of Testing for SARS-CoV-2](#)). In order to optimize testing of contacts to both rapidly identify individuals with COVID-19 to inform transmission control efforts, and to ensure

detection of individuals that develop COVID-19 during their quarantine period, WDH recommends testing contacts twice during their quarantine period. The ideal timing for the first test is at 4-5 days after the initial exposure, and if the initial test is negative, again at day 11 or 12 of their 14 day quarantine period. If this timing isn't practical, WDH recommends that providers test contacts as soon as possible after they are identified and, if the first test is negative, again approximately a week later.

WDH reminds providers that individuals who test negative for COVID-19 during their quarantine period **must still complete 14 days of quarantine** because it can take up to 14 days to develop illness. Healthcare providers cannot alter public health orders.

INFECTION PREVENTION AND CONTROL RECOMMENDATIONS

General Measures

CDC makes the following recommendations for healthcare facilities of all types to limit COVID-19 transmission:

- Actively screen and triage anyone entering a healthcare facility for signs and symptoms of COVID-19, including patients, visitors, and staff
- Screen admitted patients daily for signs and symptoms consistent with COVID-19
- Implement universal source control measures. Patients and visitors should wear cloth face coverings. Healthcare providers should wear face masks.
- Patients with confirmed or possible SARS-CoV-2 infection should wear a facemask when being evaluated medically. Health care personnel should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection.
- Encourage physical distancing whenever possible, including in waiting rooms, family meeting rooms, and common areas
- Consider limiting visitors to the facility to those essential for the patient's physical or emotional well-being
- Remind healthcare providers that the potential for SARS-CoV-2 transmission is not limited to direct patient care interactions, but can occur in common areas and break rooms. Physical distancing and source control measures should be applied in non-patient care areas.
- Healthcare providers working in facilities located in areas with moderate to substantial community transmission should consider the universal use of personal protective equipment. This includes eye protection at all times in addition to the facemask, and wearing an N95 respirator or equivalent during aerosol-generating procedures and surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, and respiratory tract).
- For healthcare providers working in areas with minimal to no community transmission, universal eye protection and respirator recommendations are optional.

Caring for Suspected or Confirmed SARS-CoV-2 Patients

The following PPE is recommended for providers caring for a patient with suspected or confirmed COVID-19:

- N95 or higher respirators are recommended; facemasks are an acceptable alternative if N95 respirators are unavailable or in short supply. N95 respirators should be worn instead of a facemask when performing or present for an aerosol-generating procedure
- Eye protection (goggles or disposable face shield that covers the front and side of the face)
- Gloves
- Isolation gown

Collection of Diagnostic Respiratory Specimens

Specimen collection should be performed in a normal examination room with the door closed. Healthcare providers in the room should wear an N95 or equivalent, eye protection, gloves, and a gown. A facemask is an acceptable alternative to an N95 respirator if N95 respirators are unavailable or in short supply.

Hospitalized Patients

Admitted patients with suspected or confirmed SARS-CoV-2 infection should be placed in a single-person room with the door closed. The patient should have a dedicated bathroom. Airborne Infection Isolation Rooms should be prioritized for patients who will be undergoing aerosol-generating procedures. Limit transport of the patient outside of the room to medically essential purposes. Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room.

Long Term Care Facilities

Infection control and prevention are 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](#)). In order to proactively detect COVID-19 cases among staff or members of long-term care facilities, WDH is conducting surveillance testing in nursing homes and assisted living facilities. Facilities without active cases or outbreaks will test 20% of staff and residents every two weeks. Facilities with active cases or outbreaks will test 100% of staff and residents every week until it is determined that transmission has not or is no longer occurring.

Long-Term Care Facilities should follow WDH guidance for limiting visitation and communal activities. Limited outdoor visitation is permissible under certain conditions. Guidance has been sent to all licensed nursing homes and assisted living facilities in the state and can be found at the WDH Healthcare Licensing and Surveys Website: [HLS COVID-19 Information](#)

WDH does not require that individuals be tested for COVID-19 prior to being admitted to a nursing home or assisted living facility. However, facilities should create a plan for managing new admissions and readmissions whose COVID-19 status is unknown, such as placement in a single-person or separate observation area so the resident can be monitored for evidence of COVID-19 by healthcare providers in appropriate PPE. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. WDH recommends that nursing homes and assisted living facilities

take similar precautions if residents have left the facility for activities that likely resulted in close contact with others, with the exception of medical visits.

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 or WPHL@wyo.gov.
- **Please use the WDH Public Health Emergency Line (1-888-996-9104) for urgent questions about a specific patient, healthcare personnel exposure, Remdesivir requests, 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).