



HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Update - COVID-19 | March 13, 2020

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners

RECIPIENT INSTRUCTIONS: Please distribute widely in your office

## HEALTH UPDATE | COVID-19 UPDATE | March 13, 2020

Health care providers: Please distribute widely in your office

### Key points:

- As of March 13, 2020 there are 77 patients in Colorado who have tested positive for COVID-19. An additional patient has had indeterminate results and is currently being treated as a presumptive positive. Colorado's first death due to COVID-19 was reported on March 13, 2020, in an El Paso County female in her 80s who had underlying health conditions.
- Confirmed cases of novel coronaviruses including COVID-19 are an **immediately reportable** condition by all laboratories and providers in Colorado. Please report positive tests by phone 24 hours a day. Suspect deaths due to COVID-19 should also be immediately reported.
- If you receive positive reports of COVID-19 from commercial laboratories, please notify your patients that they should isolate at home until they are contacted by public health. They will be contacted by public health within 24 hours.
- Testing at CDPHE laboratory will be prioritized for public health purposes; submissions that do not meet the criteria below will be sent to a commercial laboratory for testing and will be billed to the submitter for third party reimbursement.
- For submissions to commercial laboratories, please contact those labs directly. Reference the CDC guidance for evaluation of a patient with possible COVID-19 at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- Going forward, CDPHE is requesting only **one** (1) specimen per patient at the state public health laboratory. The nasopharyngeal (NP) is the preferred specimen but combined NP/OP specimens will still be processed.

## Recommendations / guidance

### Testing Recommendations and CDPHE Laboratory Testing Criteria

- Asymptomatic individuals should not be tested.
- CDPHE recommends providers follow CDC recommendations for prioritizing patients for testing and continue to test for other causes of respiratory illness (e.g., influenza). However, as community transmission increases in Colorado, travel criteria may no longer be relevant.  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- Mildly ill patients should be encouraged to stay home and call their health care provider or a nurse line for guidance about clinical management. Patients who are not at high risk of severe illness may not need to be evaluated in person or tested for COVID-19.
- CDPHE requests providers use commercial laboratory testing whenever possible.
- Testing at the CDPHE laboratory will be prioritized for public health purposes and urgent need:
  - Identification and monitoring for community transmission of COVID-19.
  - Investigation of outbreaks in health care and residential facilities.
  - Ensuring a safe workforce in health care and other facilities serving high-risk populations.
  - Testing critically ill patients for whom commercial testing will not provide timely enough results - contact CDPHE for prioritization.
- Beginning on Monday, March 16, 2020, specimens submitted to the CDPHE lab that do not meet these criteria will be sent to a commercial laboratory for testing and will be billed to the submitter for third party reimbursement. This will include specimens collected at public health operated collection sites. Testing for uninsured individuals can be arranged through CDPHE.
- Resources on specimen collection outside of health care settings is available on CDPHE's website  
<https://www.colorado.gov/pacific/cdphe/resources-local-public-health-agencies-and-healthcare-providers>

### Health care worker guidance

- Current CDC recommendations for worker exclusion following exposures can be found here.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- CDPHE recognizes that it will be increasingly challenging to exclude exposed health care workers (HCW). If excluding all medium and high-risk exposed HCWs is not feasible, consider prioritizing the exclusion of high risk exposed HCWs even if medium-risk exposed HCWs continue to work.
- When excluding HCWs interferes with a facility's ability to provide patient care, exposed HCWs (medium- and high-risk, if necessary) should work with a facemask during the 14-day period following their exposure.
- As community transmission increases, it may be prudent to consider most HCWs exposed. If there is a sufficient supply of facemasks, HCWs should routinely wear facemasks for all patient care activities. Facilities should shift emphasis to more routine practices, which include asking HCWs to report recognized exposures, regularly monitor themselves for fever and symptoms of respiratory infection and not report to work when ill.
- Facilities should develop a plan for how they will screen for symptoms and evaluate ill HCWs. This could include having HCWs report absence of fever and symptoms prior to starting work each day.

- HCWs that test positive for COVID-19 currently need to meet the following criteria to be removed from isolation and return to work:
  - Resolution of fever for at least 72 hours, without use of antipyretic medication AND improvement in illness signs and symptoms AND negative test results for COVID-19 from at least two consecutive tests at least 48 hours apart

### Clinical guidance update

- For hospitalized patients who might benefit from remdesivir (an antiviral currently in clinical trials) providers can contact Gilead to pursue one of two options:
  - Enroll in Gilead's clinical trial by emailing [gileadclinicaltrials@gilead.com](mailto:gileadclinicaltrials@gilead.com)
  - Ask for compassionate use for patients who qualify by emailing [compassionateaccess@gilead.com](mailto:compassionateaccess@gilead.com)
- Updated clinical guidance from CDC is available at:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
  - Please note that CDC continues to recommend that corticosteroids be avoided unless they are indicated for specific reasons such as chronic obstructive pulmonary disease (COPD) or refractory septic shock. This is because of their potential for prolonging viral replication.
- CDPHE is currently using the following criteria to release patients who have tested positive for COVID-19 from isolation. See above for criteria for release of HCWs. The period is extended for hospitalized patients to account for higher viral loads and prolonged shedding.
  - Non-hospitalized patients- Self-isolate at home until 10 days after symptoms began AND no fever for 72 hours, even if treated with antiviral medication AND symptoms improving.
  - Hospitalized patients - Self-isolate at home until 10 days after hospital discharge, even if treated with antiviral medication UNLESS cleared from isolation during hospitalization.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

### More information

- CDPHE COVID-19 web page: <https://www.colorado.gov/pacific/cdphe/2019-novel-coronavirus>.
- CDC COVID-19 web page: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- For questions about COVID-19 in Colorado, call the CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)