



# COLORADO

## Department of Public Health & Environment

HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Update - COVID-19 Update

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

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers. This information is for the public health and health care community. Do not post this document on a public web or social media site

## HEALTH UPDATE | COVID-19 UPDATE | March 17, 2020

Health care providers: Please distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

### Key points

- Based on emerging evidence of sustained transmission in Colorado's mountain resort communities, CDPHE has recommended that people who have traveled to Eagle, Gunnison, Pitkin, or Summit counties since March 9, 2020 stay home and minimize contact with others for 14 days. Health care workers who have traveled to these counties should be assessed by occupational health or their clinic manager to determine their risk of exposure and whether they need to be excluded from work (see below for additional details). If allowed to work, they should wear a facemask (surgical mask) while in the facility. Any health care workers who develop **any** symptoms or fever should be tested and excluded from work immediately.
- Health care facilities should consider scheduling meetings and academic activities remotely whenever feasible.
- CDPHE continues to ask providers to prioritize testing based on CDC guidance (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>).
- Facilities and providers should use internal or commercial lab testing for diagnostics. The CDPHE lab will prioritize testing for surveillance and testing for high risk patients when other labs are not available.
- Any health care worker with symptoms consistent with COVID-19 should be considered potentially exposed and should be tested for COVID-19 when feasible and excluded from work while testing is pending. Other people who work with vulnerable populations should also be prioritized for testing. CDPHE requests that healthcare facilities that have the ability to do testing provide testing to symptomatic healthcare workers, including healthcare workers that do not work at their facility.
- CDPHE, El Paso County Public Health and several other local public health agencies are investigating a cluster of COVID-19 cases associated with a tournament held at the Colorado

Springs Bridge Center from Feb. 27 through Mar. 3. People who attended this tournament should be considered potentially exposed to COVID-19 and have been asked to call their provider if they develop symptoms.

- Please do not direct patients to the CO-HELP line for anything other than general questions about COVID-19. CO-HELP operators are unable to recommend whether or where patients get tested, provide medical advice, help with prescriptions, provide testing results, or clear them to go back to work. If you are using an on-hold message to direct people to CO-HELP, please ensure it is clear that CO-HELP cannot resolve these issues.
- CDPHE is working with local public health agencies to respond to potential outbreaks in long-term care facilities. There is one confirmed outbreak in a facility, with a staff member and a resident having tested positive. Other confirmed cases with links to facilities are under investigation. Additional outbreaks in long-term care and other residential facilities are anticipated.
- Please see below for updated courier guidance for laboratories.

## Background information

As of March 17, 2020 CDPHE has reported 183 cases of COVID-19 and 2 deaths. CDC confirmation is no longer required to confirm a positive result. Updated case counts can be found at [covid19.colorado.gov](https://www.colorado.gov/covid19) under “Cases in Colorado: Data visualization.”

## Recommendations / guidance

### Travel to Eagle, Gunnison, Pitkin and Summit counties

On March 15, 2020, CDPHE announced that anyone who has been in Eagle, Summit, Pitkin, or Gunnison counties in the past week (since Mar. 9) should minimize all contact with other people, whether or not they are experiencing symptoms. This is based on evidence of sustained transmission in these communities. People who live in or have returned recently from these communities and are experiencing symptoms (such as cough, fever, and shortness of breath) are asked to self-isolate for at least 7 days after symptom onset, at which point isolation can be discontinued if the individual has also had no fever for 72 hours and symptoms are improving. Those who are hospitalized with severe disease or work in high-risk occupations such as health care should follow CDPHE guidance on release from isolation for these groups. Additional recommendations for the public can be found at:

<https://www.colorado.gov/covid19/press-release/cdphe-strongly-advises-all-visitors-and-residents-eagle-summit-pitkin-and-gunnison>

Health care workers (HCWs) who have traveled to these counties in the past week should be evaluated by occupational health (or if a facility does not have occupational health, by their clinical manager) to determine their risk level. This should be based on the activities and degree of contact they had with others while in these communities. If occupational health or management does allow a HCW to work despite travel, they should ideally wear a facemask while working for 14 days from the time they returned. All HCW who were in these counties and are allowed to work

should also self-monitor, and if any symptoms develop, they should be excluded from work immediately. For larger facilities, occupational health may choose to do active monitoring for these HCWs (for example daily reporting of temperature and absence of symptoms).

HCWs who live in these counties should be allowed to work with a facemask, unless they are determined to have a specific high risk exposure which would require their exclusion based on the health care exposure guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>) or the community exposure (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).

#### Updated guidance on release from isolation

	Test-based strategy	Non-test-based strategy
<b>Most members of general public with confirmed or suspected COVID-19 (non-HCW*, not hospitalized)</b>	Not recommended	-At least 3 days (72 hours) after <i>recovery</i> 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 <i>since symptoms first appeared</i>
<b>HCWs with confirmed or suspected COVID-19*</b>	-Resolution of fever without the use of fever-reducing medications and -Improvement in respiratory symptoms (e.g., cough, shortness of breath), and -Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected $\geq 24$ hours apart (total of two negative specimens)	-At least 3 days (72 hours) after <i>recovery</i> 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 <i>since symptoms first appeared</i>
<b>Hospitalized patients with confirmed COVID-19</b>	-Resolution of fever, without use of antipyretic medication -Improvement in illness signs and symptoms; AND -Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal specimens collected $\geq 24$ hours apart	-Isolation for 7 days after discharge from the hospital***

\*Health care worker or other professional that works with high-risk patients or in a group residential facility

\*\*7 days could be considered in setting of HCW shortage; preliminary data suggest **most** shedding of live virus ends around 7 days

\*\*\*Patients with more severe illness may have prolonged viral shedding

#### Return to work guidance for health care workers

When HCW with confirmed or suspected COVID-19 do return to work, CDC recommends the following additional precautions (<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>):

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).  
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

### **Guidance on Colorado Springs bridge tournament participants**

Participants in the Colorado Springs Bridge Center Tournament Feb. 27 - March 3, 2020 may have been exposed to COVID-19. Public health is investigating a cluster of cases associated with the event as well as a large number of exposures. The following games were attended by a symptomatic individual later diagnosed with COVID-19; however, other exposures could also have occurred during the tournament:

- 2/27/2020 Thursday Evening Unit Pairs
- 2/28/2020 Friday Morning Pairs
- 2/29/2020 299er Pairs
- 2/29/2020 299er Pairs
- 3/1/2020 299er Swiss
- 3/3/2020 499'rs

### **Guidance for long-term facilities and other group residential settings**

- Any resident of a long-term care facility or other group residential setting who develops fever [ $> 100^{\circ}$  F] OR respiratory symptoms (e.g. new cough and shortness of breath) with presumed infectious origin, should be isolated immediately (implement droplet and contact precautions including eye protection) and tested for COVID-19. Residents should also be evaluated and tested for influenza (RSV, and other respiratory pathogens can also be considered) according to clinical suspicion and facility protocols.
- Interim guidelines for preparation and response to single cases and outbreaks of COVID-19 in long-term care settings was issued on March 14, 2020 and can be found on the CDPHE COVID-19 web page ([covid19.colorado.gov](https://covid19.colorado.gov)).

### **Updated guidance on courier pick-up**

Due to concerns for CDPHE courier safety, the CDPHE laboratory now requires that all couriers going to CDPHE receive all specimens (including newborn screening) from medical facilities and health departments in one of two ways: specimens are delivered to the courier in their vehicle OR courier is allowed access to the laboratory send-out area via a route that does not involve areas with patient traffic.

COVID-19 specimens going to CDPHE are being handled with the following packaging requirements: UN3373 - Biological Substance, Category B

- Can be picked up in specimen bag or cooler.
- Must be triple packaged, at pick up (primary receptacle, secondary layer, rigid outer packaging).
- Must have proper labeling on package
  - UN3373 Biological Substance, Category B label.
    - Mass in kilograms must be included on label.
  - Class 9 Miscellaneous Hazard (if containing dry ice).

### More information

- CDPHE COVID-19 web page: [covid19.colorado.gov](https://covid19.colorado.gov)
- 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)