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State Health Advisory
Assessment of Patients for Coronavirus Disease 2019
(COVID-19)
Coronavirus Disease 2019 Advisory #7
Wyoming Department of Health
March 13, 2020

This Health Advisory contains updated recommendations for assessing and testing patients with potential COVID-19, instructions for submitting laboratory samples, and updated infection control guidance. **Providers no longer need to call WDH for approval to send specimen samples to the WPHL, but still need to submit the online requisition form. Furthermore, only nasopharyngeal swabs are needed for testing; oropharyngeal swabs are no longer required.** New and changed information from the previous Health Advisory dated March 10, 2020, is in blue.

Testing Recommendations

Testing for SARS-COV-2 is now available at LabCorp, Quest, and ARUP. Current turnaround times are unknown, but if clinicians wish to test a patient who does not meet one of our priority criteria, we are recommending that they consider sending specimen samples to one of these reference labs. Our testing priority levels can be found on the following page. The Wyoming Public Health Laboratory (WPHL) will test samples from patients who do not meet one of our priority criteria, but turnaround times cannot be guaranteed. WPHL will not test samples for asymptomatic patients.

Wyoming has had one case of COVID-19 in Sheridan County. Based on the current epidemiology of the outbreak, testing will be prioritized for patients with increased risk of COVID-19 due to international travel or contact with a laboratory-confirmed COVID-19 patient and for patients hospitalized with severe illness to inform management and infection control. Testing will also be prioritized for other symptomatic individuals at higher risk of severe illness such as adults 65 years and older, and individuals with chronic medical conditions and/or immunocompromised state (e.g. diabetes, heart disease, chronic lung disease, etc.), especially if these individuals live in a communal or health care setting such as a Long Term Care Facility.

Testing at the WPHL no longer needs to be approved by the Wyoming Department of Health (WDH). All providers submitting a sample to WPHL must complete and submit the online requisition form found at 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.**

Priority	Clinical Features		Epidemiologic Risk
1	Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
2	Hospitalized patients with fever or signs/symptoms of lower respiratory illness and negative testing for influenza (and negative testing on a respiratory viral panel, if available)	AND	A history of travel from affected geographic areas ⁵ (countries with a level 3 or level 2 travel health notice) within 14 days of symptom onset
3	Hospitalized patients with fever and severe acute respiratory illness (e.g. pneumonia, ARDS) without alternative explanatory diagnosis (such as more likely infectious or cardiac etiologies) and negative testing for influenza (and negative testing on a respiratory virus panel, if available)	AND	No source of exposure has been identified
OR-----	----- Patients with fever and signs/symptoms of lower respiratory illness and negative testing for influenza (and negative testing on a respiratory virus panel, if available)	----- AND	----- A history of travel from affected geographic areas ⁵ (countries with a level 3 or level 2 travel health notice) within 14 days of symptom onset OR Persons >65 years and/or persons with underlying health conditions (e.g. diabetes, heart disease, chronic lung disease, etc.)

1. Fever may be subjective or confirmed.
2. For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.
3. Close contact is defined as:
 - 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) 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, eye protection), criteria for PUI consideration are met.
4. Documentation of laboratory confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.
5. Countries with a current level 3 or level 2 travel health notice include China, South Korea, Italy, Iran, and Japan. COVID-19-related travel notices can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

All outpatients who are tested for COVID-19 are required to self-isolate in their homes until negative test results are obtained. Guidance for home isolation for persons with suspected or confirmed COVID-19 can be found here: [Preventing 2019-nCoV from Spreading to Others](#)

If you have additional questions that can't be answered after reviewing this Health Advisory, our webpage, and CDC's webpage, please send an email to wdh.covid19@wyo.gov. Our 24/7 Public Health Emergency Line (1-888-996-9104) is meant for urgent patient care or public health concerns. Non-urgent questions should be sent by email to the address above.

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.

Patients in outpatient clinics who are medically stable to return home should not be referred to an emergency department for testing. Patients should be isolated in an examination room with the door closed. Health care providers obtaining samples should wear gown, gloves, N95 respirator or equivalent, and eye protection (e.g. face mask or goggles) when collecting samples.

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.

This is a secure, HIPAA-compliant system. **Once filled, 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.
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:

https://health.wyo.gov/wp-content/uploads/2019/03/Supply_Order_Form_Fillable-Version-1.8-.pdf

Guidance for collecting and shipping laboratory samples can also be found here:

<https://health.wyo.gov/publichealth/lab/>

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

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 face mask](#) and be evaluated and cared for in an airborne infection isolation room. 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.

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 and relevant travel or exposure history prior to clinic arrival. When patients with fever and respiratory symptoms and relevant travel or exposure history 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 gown, gloves, N95 respirator or equivalent, and eye protection (e.g. face shield or goggles). **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 ([Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#)) and CMS ([QSO-20-14-NH REVISED](#).)

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](#)

Management and Prevention

Clinical management guidance can be found here: [Management of Patients with Confirmed 2019-nCoV](#)

Recommended prevention measures for the public include non-pharmaceutical interventions such as frequent hand washing, staying home when sick, covering coughs and sneezes, and regular cleaning with household cleaning products according to label instructions. 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](#)).

Risk Assessment and Monitoring

Wyoming continues to monitor returning travelers from China. The Wyoming Department of Health is notified of travelers from China and takes the following actions:

1. Contacts the traveler upon his/her arrival in Wyoming and completes a risk assessment
2. Categorizes the traveler's risk of exposure to COVID-19
3. Based on the traveler's risk of exposure to COVID-19, recommends procedures for monitoring the traveler's health and limitations on public activities
4. Communicates with local public health officials about the traveler and our recommendations
5. Instructs the traveler to notify public health officials if they develop symptoms. Public health officials will then coordinate access to medical care with the traveler and the receiving medical facility

WDH is not notified of travelers returning from countries other than China. **Returning travelers from countries with level 3 travel health notices (currently China, South Korea, Iran, and Italy) are being instructed upon arrival at U.S. airports to self-quarantine at home for 14 days after their departure.**

Information about COVID-19, including links to clinical guidance, can be found at the following websites:

WDH:

<https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/>

CDC:

<https://www.cdc.gov/coronavirus/2019-nCoV/>.