

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Updated COVID-19 Guidance for Healthcare Providers (MDs, APRNs, PAs, & RNs)- June 11, 2020

We continue to learn more about COVID-19 and the SARS-CoV-2 virus every day. The Centers for Disease Control and Prevention (CDC) remains the best source for the most recent evidence-based recommendations to prevent and control COVID-19. As Connecticut continues to reopen, the following updates and clarifications can assist healthcare providers in their efforts to prevent and diagnose new cases of COVID-19. This document supplements prior guidance provided by DPH.

No requirement for quarantine after out-of-state travel

There was previous language on the Connecticut Coronavirus website urging a 14-day quarantine following out-of-state travel. This is not a formal recommendation, and that language has been removed from the website.

At this time, there is no requirement for routine quarantine of individuals coming to Connecticut from another US state or for Connecticut residents returning from domestic travel. CDC recommends domestic travelers take into consideration potential risks of travel including: rates of community transmission at the destination, ability to physically distance from others, medical risk factors of travelers and contacts, and infection control considerations by mode of transportation.¹ For international travel, CDC currently recommends self-quarantine after coming to the US from another country.²

Significant (community) exposures and 14-day quarantine

CDC recently updated their guidance for individuals exposed to someone with known or suspected COVID-19 or possible COVID-19.³ This guidance is important for contact tracing, which identifies close contacts beginning 2 days prior to symptom onset (or 2 days prior to specimen collection for asymptomatic people who test positive for COVID-19) until the person with known or suspected COVID-19 meets criteria for discontinuation of home isolation⁴ is met.

While data to inform the definition of a "significant" exposure is limited CDC defines a "close contact" as exposure < 6 feet for \geq 15 minutes of a persons with known or suspected COVID-19.

Those who had an exposure to a person with known or suspected COVID-19 should self-quarantine at home for 14 days after the last exposure, stay at least 6 feet away from others, avoid contact with people at higher risk for severe illness, and self-monitor for symptoms. The 14-day period for quarantine reflects the 14-day maximum incubation period for COVID-19.

- If symptoms develop during the 14-day quarantine, the individual should follow home isolation guidance for cases and seek medical care and testing.
- A person who tests negative during their 14-day quarantine period should continue to self-quarantine until the end of their 14-day quarantine period.
- If an individual does not develop symptoms during the 14-day quarantine period, then they may be released from self-quarantine.



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Healthcare Personnel with Potential Exposure to COVID-19

CDC has updated its guidance on risk assessment and work restrictions for healthcare personnel (HCP) with potential exposure to COVID-19.⁵ The contact tracing period is consistent with community contact investigation (2 days prior to symptom onset until criteria for home isolation met). A 14-day exclusion from work is recommended for exposures to patients with *confirmed* COVID-19 IF appropriate PPE was not used for aerosol-generating procedures and routine care.

Return-to-Work and 10-day Infectious Period

Live virus has not been isolated from persons beyond day 10 post-symptom-onset and PCR-positive specimens beyond this period have been associated with higher cycle threshold (Ct) values (i.e. fewer RNA copies).^{6,7} Duration of infectivity has not been definitively established, however, based on the information above and experience with other viruses, **it is unlikely that people who meet the symptom-based or time-based criteria for discontinuation of isolation precautions pose an infectious risk to others.**

Below are CDC's non-test-based criteria of healthcare personnel return-to-work,⁸ discontinuation of transmission-based precautions in the healthcare setting,⁹ and discontinuation of isolation of persons with COVID-19 in the community.¹⁰ There are test-based strategies and non-test-based strategies for people with symptoms of COVID-19 that test positive and for people that are asymptomatic and test positive for COVID-19. It is recommended that only one strategy be chosen for determining when a patient can be released from isolation.

Symptom-based strategy for individuals with symptoms of COVID-19 that test positive:

- 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*.

Time-based strategy for persons that test positive for COVID-19 but are asymptomatic:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- If they develop symptoms, then the symptom-based or test-based strategy should be used.

DPH generally encourages the use of the symptom-based and time-based strategies given the limitations of PCR testing described above. Unless there is a clinical need to retest patients who have previously tested positive (e.g. recurrence of symptoms, concern for prolonged infectivity), repeat testing should be avoided, as any new identification of COVID-19 should be treated as a new case (re-isolate, contact tracing based on new case).

- There is no need for a test-of-cure when using the symptom-based strategy
- Individuals who develop symptoms consistent with COVID-19 after recovery should be isolated and retested.
- We do not know the degree to which individuals develop immunity and the ability to be re-infected, so new identifications of COVID-19 in individuals previously diagnosed with COVID-19 should be considered a new case.

CDC's Clinical FAQs for "Patients with Persistent or Recurrent Positive Tests" answers common questions about persistently and recurrently positive COVID-19 patients (Reference #6).

Respirator ("N95") Use and Respiratory Protection Programs

On May 27, DPH issued guidance about the use of Filtering Facepiece Respirators (FFRs) and Fit Testing.¹¹ "N95" respirators are to be used as part of an occupational Respiratory Protection Program. For medical practices that have Respiratory Protection Programs that are not OSHA-complaint, plans should be made to move towards OSHA compliance. Please refer to the DPH guidance document (Reference #11) for more information.

Reminder: Provider Order Required for COVID-19 Testing

On May 14, 2020, Acting Commissioner Deidre S. Gifford, MD, MPH, reinstated the requirement that SARS-CoV-2 testing be ordered by a licensed provider (e.g., a physician, physician assistant, advanced practice registered nurse, and pharmacist), and reinstated the obligation to report COVID-19 results to the licensed provider who ordered testing.¹²

DPH requests organizations that manage COVID-19 sample collection sites (e.g. Federally Qualified Healthcare Facilities, CVS or other rapid test facilities, etc.) provide a way for persons who do not have an order in advance to be given an order for SARS-CoV-2 testing at COVID-19 sample collection sites by a licensed provider. It is important that testing for COVID-19 be easy to obtain quickly and by as many people as possible. How the test is ordered should not be an impediment to testing.

Please remember that patients should be told to self-isolate until they receive the result of their SARS-CoV-2 test.

References

¹CDC. Considerations for Travelers—Coronavirus in the US: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

²CDC. Returning from International Travel: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

³CDC. Public Health Guidance for Community-Related Exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

⁴CDC. Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

⁵CDC. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

⁶CDC. Clinical Questions about COVID-19: Questions and Answers, Patients with Persistent or Recurrent Positive Tests: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests>

⁷CDC. Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

⁸CDC. Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

⁹CDC. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

¹⁰CDC. Discontinuation of Isolation Persons with COVID-19 Not in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

¹¹DPH Blast Fax 2020-60. Respiratory Protection and Filtering Facepiece Respirator (FFR) Fit Testing: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-202060-FFR-Fit-Testing.pdf>

¹²DPH Order modifying the May 6, 2020 order on the reporting of COVID-19 testing: <https://portal.ct.gov/-/media/Coronavirus/20200514-DPH-Order-modifying-the-May-6-2020-order-on-the-reporting-of-COVID19-testing.pdf>