

MARCH 13, 2020

HEALTH ADVISORY

First Case of COVID-19 in North Dakota

On March 11, 2020, the North Dakota Department of Health (NDDoH) reported the [first case of COVID-19 in North Dakota in a Ward County resident](#). Prior to becoming ill, the individual who tested positive for COVID-19 had traveled out of state where he had contact with a person who has since tested positive for the disease. The Ward County man, who is in his 60s, has not been hospitalized and is currently self-isolating and recovering at home. The NDDoH is investigating the case and identifying close contacts. Close contacts will be quarantined for 14 days since last exposure and actively monitored for symptoms of COVID-19. **For questions related to COVID-19, the public can call the NDDoH health hotline at 1-866-207-2880 from 7 a.m. to 7 p.m. Monday through Friday.** Individuals who need medical advice are being encouraged to contact their health care provider; individual patients should not be referred directly to the NDDoH for questions about testing.

Updated COVID-19 Testing Guidance

The NDDoH is providing this updated information regarding which patients should be tested for COVID-19. **Health care providers no longer need to call the NDDoH Division of Disease Control prior to testing. Providers should follow testing guidance (below) and complete a [COVID-19 Evaluation and Testing Criteria Form](#). This form must be included with the specimen, along with a [NDDoH Test Request Form](#).** For questions related to COVID-19, healthcare providers can call the NDDoH Division of Disease Control at 1-800-472-2180 or 701-328-2378.

The NDDoH recommends that the following individuals be considered a [person under investigation \(PUI\) and tested for COVID-19](#):

Clinical Features		&	Epidemiologic Risk and Transmission Risk
1	Fever OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) <u>without</u> an alternative explanatory diagnosis (e.g., influenza)	AND	History of travel from a geographic area* (international or domestic) with confirmed COVID-19 cases or close contact with a COVID-19 patient within the past 14 days
2	Fever WITH signs/symptoms of lower respiratory illness (e.g., cough or	AND	No source of exposure has been identified

	shortness of breath) requiring hospitalization		
3	Signs/symptoms of respiratory illness (may be mild with symptoms such as fever/chills, sore throat, cough, headache and runny nose) <u>without</u> an alternative explanatory diagnosis (e.g., influenza)	AND	History of exposure as described in number 1 AND works in a facility that serves a highly-susceptible population (e.g., Long-term care, hospital, basic care)
4	Fever WITH signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) <u>without</u> an alternative explanatory diagnosis (e.g., influenza, RSV)	AND	Resides in an institutional setting (e.g., Long-term care facility, basic care facility, group home)
Asymptomatic patients will NOT be tested for COVID-19 at the NDDoH.			

* See the CDC website for areas with sustained community COVID-19 transmission:

- International - www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
- Domestic - www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
- Cruise ships are unique environments where close person-to-person contact occurs. Providers may consider exposure on a cruise ship as an epidemiologic geographical risk, especially if there has been documented associated COVID-19 cases.

Health care providers should continue to ask their patients about travel history, both internationally (including cruises) and domestic. **Please note that the CDC has added most of Europe to its list of areas with widespread, sustained spread of COVID-19. CDC also lists states with community transmission on their website.** Asymptomatic patients should not be tested for COVID-19. Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

For initial diagnostic testing for COVID-19, the **CDC recommends collecting and testing nasopharyngeal specimens.** Oropharyngeal specimens will no longer be tested. Please see [CDC's Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation \(PUIs\)](#).

Although COVID-19 testing is available at the NDDoH, the number of tests that the NDDoH is able to complete on a daily basis is currently limited. Additionally, influenza continues to be widespread in North Dakota, so not every individual with respiratory symptoms should be tested for COVID-19. Health care providers should use their best judgement when evaluating patients and consult the NDDoH if testing is warranted. Once the NDDoH Division of Microbiology has received the specimen, the turnaround time for results is one business day. In addition to traditional shipping methods, the NDDoH Division of Microbiology utilizes a [courier system](#) for specimen transport. Health care providers and/or laboratories should contact the NDDoH Division of Disease Control about high priority patients in order to facilitate transport of the specimen to the NDDoH in a timely manner. This is especially important on the weekends. **If a specimen is determined by the NDDoH to be a high priority, the NDDoH will facilitate pick up of the specimen. High priority patients are those highlighted in blue on the [COVID-19 Evaluation and Testing Criteria Form](#)** and include patients who are severely ill (being

admitted to ICU), health care workers, those who reside in group settings (i.e., long term care), and those reporting contact with a confirmed COVID-19 case.

All patients being tested for COVID-19 will need to be isolated (at home or in a hospital) while awaiting test results. Patients with confirmed COVID-19 should remain under isolation precautions until the risk of secondary transmission to others is thought to be low. **The NDDoH recommends that COVID-19 cases be isolated for 14 days from symptom onset and be fever free (without the use of fever-reducing medications) for 72 hours.** Please see [CDC's Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 \(COVID-19\) in Homes and Residential Communities](#) for additional information about preventing COVID-19 transmission in the home. If COVID-19 testing is negative, individuals should stay home until well and fever free (without fever-reducing medications) for 24 hours. Please provide your patients with the [NDDoH fact sheet for people being tested for COVID-19](#).

Interim Guidance for COVID-19 Personal Protective Equipment

Appropriate [personal protective equipment \(PPE\) and isolation precautions](#) should be adhered to during specimen collection. Additionally, providers should notify infection control personnel in their facility immediately if they are testing someone for COVID-19. Please see CDC's recently updated recommendations regarding PPE.

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
 - Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
 - Facemasks protect the wearer from splashes and sprays.
 - Respirators, which filter inspired air, offer respiratory protection.
 - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
 - Eye protection, gown, and gloves continue to be recommended.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units. Updated recommendations regarding need for an airborne infection isolation room (AIIR).
 - Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section)

- Updated information in the background is based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.
 - Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

PPE supplies are still available from the NDDoH medical cache and may be ordered at hanassets.nd.gov.

Updated Guidance for International Travelers

Today, the CDC added most of Europe to the list of countries with Level 3 travel warnings. Travelers to countries with Level 3 travel notices are asked to practice social distancing, including staying home from work or school for 14 days after returning to the United States. These travelers should be advised to monitor themselves for symptoms of COVID-19 and take their temperature twice daily. If symptoms develop, these travelers should contact their health care provider, prior to seeking health care (unless an emergency). The NDDoH has developed a [self-report form](#) for recent international travelers to complete online. After completion of the online form, these individuals will receive guidance on social distancing and self-monitoring. Travelers to countries with Level 2 travel notices (Japan) are also advised to monitor themselves for symptoms of COVID-19 and avoid public settings, however, these individuals may attend work and/or school, as long as asymptomatic. Travelers to other countries are also encouraged to complete the self-report form and will receive appropriate guidance from the NDDoH. Providers should routinely monitor [CDC's COVID-19 travel page](#) for updated guidance for travel risks.

Categories of Health Alert Network messages:

- Health Alert** Requires immediate action or attention; highest level of importance
- Health Advisory** May not require immediate action; provides important information for a specific incident or situation
- Health Update** Unlikely to require immediate action; provides updated information regarding an incident or situation
- HAN Info Service** Does not require immediate action; provides general public health information