

HEALTH ADVISORY: Updated Guidance for COVID-19 March 26, 2020

Background

The United States and Texas are experiencing the spread of the novel coronavirus, SARS-CoV-2, which causes the disease COVID-19. Widespread transmission is expected. Healthcare professionals are essential for the evaluation of patients who may be ill with COVID-19 or who may have been exposed to the COVID-19 virus. This advisory provides guidance for healthcare providers on community exposures, testing criteria, infection control, and disease reporting.

Community Exposures:

Given community transmission of COVID-19, the San Antonio Metropolitan Health District (Metro Health) recommends members of the general public who have a low-risk exposure to COVID-19, and who have no symptoms, do not need to self-quarantine. They can work if they are essential personnel and should monitor their temperatures twice a day and self-isolate if they develop a fever or symptoms. Please see "**Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases,**" updated by the Centers for Disease Control & Prevention (CDC) on March 22, 2020, and linked [here](#).

People who are mildly ill (fever and/or cough only) are asked to stay home until their symptoms have completely resolved and are fever-free for 72 hours without the use of fever-reducing medications and at least 7 days have passed from the illness onset. See "**Discontinuation of Home Isolation for Persons with COVID-19 (Interim Guidance),**" updated by the CDC, March 16, 2020, and accessible [here](#).

All household contacts of an individual diagnosed with COVID-19 are considered as high-risk exposure. Individuals that had prolonged close contact with an individual diagnosed with COVID-19 are considered medium-risk exposure. High- and medium-risk exposures will be contacted by Metro Health and instructed to self-quarantine for 14 days. Low-risk is defined as being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period but not meeting the definition of close contact. Anyone who has not been contacted by Metro Health has at most a low-risk exposure. Because of community transmission, everyone going out in public is at low risk for exposure to COVID-19—this is why social distancing is critical at this phase in the pandemic. This is also, why the general public is asked to [Stay Home, Work Safe](#) through April 9.

Healthcare Providers and Exposures:

Health care providers (HCP) who had prolonged exposure to COVID-19 should continue to self-quarantine for 14 days. See "**Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19),**" updated March 7, 2020, by the CDC. You can reference this guidance [here](#).

Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work and monitor their temperature in the middle of their shift to ensure symptoms do not develop. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior



to leaving work.

Health care providers with any symptoms of COVID-19, regardless of whether an exposure is known or not, should stay home from work. This includes body aches after all other symptoms of an upper respiratory infection have resolved.

COVID-19 Testing Priorities:

CDC has updated the testing priorities on March 24, 2020. Please see “Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)” [here](#).

Based on local community transmission of COVID-19 infections in our jurisdiction, Metro Health will utilize the following priorities for testing:

PRIORITY 1

Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system

- Hospitalized patients
- Symptomatic healthcare workers
- First responders with symptoms
- Symptomatic staff working in high-risk congregate settings (i.e. correctional facilities, homeless shelters)

PRIORITY 2

Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- Critical infrastructure workers with symptoms (i.e. SAWS, CPS energy, airport, VIA)

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Individuals who do not meet any of the above categories with symptoms
- Health care workers and first responders
- Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations

NON-PRIORITY

- Individuals without symptoms

Infection Control Including Personal Protective Equipment (PPE):

PPE is in critical demand. The CDC has guidance on optimizing your PPE supply and the guidance can be found at www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. Given the current limited availability of PPE, the following guidelines have been developed after review of the CDC guidance documents at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#adhere>.

Reporting of Cases:

As a reminder, all suspected cases are to be reported to the local health department. Please submit the lab results, demographics, and clinical progress notes via fax to:

San Antonio Metropolitan Health District
Epidemiology Program
Phone: (210) 207-8876
Fax: (210) 207-8807