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**State Health Advisory**  
**Assessment of Patients for Coronavirus Disease 2019**  
**(COVID-19)**  
**Coronavirus Disease 2019 Advisory #6**  
**Wyoming Department of Health**  
**March 10, 2020**

This Health Advisory contains updated recommendations for assessing and testing patients with potential COVID-19 and instructions for submitting laboratory samples. It also contains guidance for outpatient clinics seeing patients with potential COVID-19. [New and changed information from the previous Health Advisory dated March 4, 2020, is in blue.](#)

**Testing Recommendations**

Because there are currently no confirmed cases of COVID-19 in Wyoming, persons with specific travel or exposure histories are at higher risk than the general public for having COVID-19. 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.](#)

Our testing priority levels can be found on the following page. [All requests for testing at the WPHL needs to be approved by the Wyoming Department of Health \(WDH\).](#) Clinicians should call the WDH at 1-888-996-9104 to request COVID-19 testing.

[Testing is also available at LabCorp. Quest has developed a test but is currently only offering it to residents of several high-burden states, not including Wyoming. Other reference laboratories are expected to offer COVID-19 testing in the upcoming weeks.](#)

Priority	Clinical Features		Epidemiologic Risk
1	Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
2	Hospitalized patients with fever <b>or</b> signs/symptoms of lower respiratory illness <b>and</b> negative testing for influenza (and negative testing on a respiratory viral panel, if available)	AND	A history of travel from affected geographic areas <sup>5</sup> (countries with a level 3 or level 2 travel health notice) within 14 days of symptom onset
3	Hospitalized patients with fever <b>and</b> severe acute respiratory illness (e.g. pneumonia, ARDS) without alternative explanatory diagnosis (such as more likely infectious or cardiac etiologies) <b>and</b> 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 <b>and</b> signs/symptoms of lower respiratory illness <b>and</b> negative testing for influenza (and negative testing on a respiratory virus panel, if available)	----- AND	----- A history of travel from affected geographic areas <sup>5</sup> (countries with a level 3 or level 2 travel health notice) within 14 days of symptom onset  <b>OR</b>  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>

Based on the epidemiology of the outbreak, WDH considers patients who do not fall into one of the above priority levels to be at low risk for COVID-19. **While some states in the U.S. are reporting limited community transmission of COVID-19, domestic travel does not confer the same level of risk as international travel to countries with widespread transmission.** If providers wish to test patients who do not fall into one of these priority levels, they should contact WDH by calling 1-888-996-9104. We cannot guarantee turnaround times for testing among these patients because of the need to prioritize patients who are at higher risk.

**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](#)

### **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. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration. 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.

After calling WDH, clinicians should take the following steps to submit samples:

1. Fill out the WDH COVID-19 sample submission form at this link:

<https://redcap.health.wyo.gov/surveys/?s=LER783MFRM>.

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. We will provide a WY PUI Number for inclusion on the form. Clinicians DO NOT need to fill out the CDC PUI and Case Report forms.**

2. Clinicians should collect both a nasopharyngeal (NP) swab and an oropharyngeal (OP) swab. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Place swabs immediately into sterile tubes containing 2-3 mL of viral transport media. NP and OP specimens should be kept in separate vials. The 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 WY PUI number. Patient name and date of birth need to match exactly the patient name and date of birth on the 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.

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](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**

### **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 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. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration. Health care providers entering the room should wear gown, gloves, N95 respirator or equivalent, and eye protection

(e.g. face mask 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 ([Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities \(LTCF\)](#)) and CMS ([Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in nursing homes](#)).

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.**

If you have additional questions, please contact Dr. Alexia Harrist at 307-777-7716 or [alexia.harrist1@wyo.gov](mailto:alexia.harrist1@wyo.gov).

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/>.