

# DPHHS HAN

## Information Sheet



### DATE

March 17, 2020

### SUBJECT

Update to Montana COVID-19

### BACKGROUND

To date, the Centers for Disease Control & Prevention (CDC) is reporting nearly 4300 cases of COVID-19 in the United States, with community wide transmission identified in four states (Washington, New York, Illinois, and California). All but West Virginia have confirmed at least one case. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

Montana is reporting 9 cases of COVID-19, including a part-time resident\* who was not in the state at the time of their exposure or after diagnosis.

- Case 1\*: Female in 70s who is a part time resident of Montana and Maryland. This individual had travel to the west coast of the U.S. prior to onset of symptoms and no recent Montana connections were identified.
- Case 2: Male in 40s from Gallatin County. Not hospitalized. International travel to Europe.
- Case 3: Female in 50s from Yellowstone County. Not hospitalized. International travel to Africa.
- Case 4: Male in 50s from Broadwater County who sought care in Lewis and Clark County. Not hospitalized. Travel to the west coast of the U.S.
- Case 5: Male in 50s from Silver Bow County. Not hospitalized. Travel to the west coast of the U.S.
- Case 6: Female in 30s from Missoula County. Not hospitalized. Travel to east coast of the U.S.
- Case 7: Male in 50s from Missoula County. Not hospitalized. At this time, no travel outside of Montana has been reported and the individual was at an event attended by another Montana case.
- Case 8: Female in their 20s from Yellowstone County. Additional information is being collected at this time.
- Case 9: Male in their 20s from Missoula County. Additional information is being collected at this time.

All counties are working on contact investigations with assistance from the state health department. Early information collected from the investigations indicates that most had self-isolated once symptoms began, as had their household members. In addition, early indications are that health care providers and patients made every effort to minimize risks in health care settings.

### INFORMATION

Local and state public health jurisdictions are working closely with health care providers throughout Montana to assess, test symptomatic individuals and investigate reports. Please see additional information in this message for current guidance.

## RECOMMENDATIONS

### Laboratory Guidance

The Montana Public Health Laboratory (MTPHL) has expanded their testing services to include Saturday and Sunday testing for COVID-19. Tests received by 11:00 will be tested within 1-3 days depending on the volume we receive.

Please indicate in the “comment” section of the MTPHL requisition form if the patient *is hospitalized, a contact to a known case, or other any other factors* that would indicate high risk status. This information may be used by MPHL to prioritize testing orders.

In addition, we are working to expand the courier service to include seven day a week pickup at the currently designated route sites. We are working to add additional stops to the underserved areas in the Northeastern part of the state.

If you have any questions, please contact the MTPHL at 800-821-7284.

### Local Public Health Department and Clinician Guidance

Montana continues to follow recent guidance from CDC regarding testing for COVID-19. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals such as, older adults (age  $\geq$  65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
3. Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas (see below) within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

### Local Public Health Departments

Local public health departments are asked to:

1. Be in contact with providers ordering test to ensure reporting of highly suspect, such as hospitalized patients, and/or highly sensitive cases (e.g. health care worker, teacher, etc.).
2. It may not be feasible to report each test ordered on a patient as a suspect COVID-19 in all areas. Contacting key providers or laboratories for daily listings may offer an alternative if high volumes are an issue.

3. All providers are notified by the MTPHL of test results. In addition, state staff will notify local contacts immediately of any positive results. We are still determining the best system for sharing negative results with appropriate jurisdictions, given the regional method of care delivery. If you have PARTICULAR INDIVIDUALS OF HIGH INTEREST that you would like to be notified of please contact CD/Epi or work with your provider/laboratory.
4. It is NOT necessary to consult with CD/Epi on testing. A provider may order a test according to the CDC guideline and while testing for influenza and related conditions is encouraged, it is not mandatory. Please contact CD/Epi if additional advice is needed regarding the suspect or investigation.

### Clinicians

Clinicians are asked to report highly suspect cases, such as hospitalized patients, and/or highly sensitive cases (e.g. health care worker, teacher, etc.) to their local public health department. This allows the local health department to assess potential risks in the event of a positive test as well as address rumor control issues that are happening.

We wish to express our thanks to local providers, laboratories and public health departments. We hope to continue close collaboration with all partners as this event moves forward.

# This is an official **CDC HEALTH UPDATE**

Distributed via the CDC Health Alert Network  
March 15, 2020, 5:45 PM ET  
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CDCHAN-00430

## **Information and Guidance about Global Travel on Cruise Ships, Including River Cruises, due to Coronavirus Disease 2019 (COVID-19)**

### **Summary**

**The Centers for Disease Control and Prevention (CDC) recommends all persons defer any travel on cruise ships, including river cruises, worldwide because of the increased risk of SARS-CoV-2 transmission onboard ships.** Deferring travel is especially important for older adults and all people with serious chronic medical conditions (such as heart disease, diabetes or lung disease), because of their increased risk for severe disease. This health update provides information to clinicians and state and local health departments about the current coronavirus disease 2019 (COVID-19) situation and the risks associated with travel on cruise ships, including river cruises.

### **Background**

Cruise ship passengers, including those who take river cruises, are at increased risk of exposure to SARS-CoV-2, the virus that causes COVID-19. In the past month, there have been reports of outbreaks of COVID-19 among passengers and crew on cruises. Recent examples include 696 cases and 8 deaths on the *Diamond Princess* cruise ship in Japan, 28 cases on the *Grand Princess* cruise ship in the United States, and at least 60 cases in 15 states associated with multiple Nile River voyages in Egypt as of March 14, 2020. Illness onset occurred both onboard ships and after passengers returned to the United States. The proximity of passengers and crew on small ships and boats traveling on rivers may result in an even higher number of COVID-19 infections.

### **Recommendations for Clinicians**

Ask all patients about their planned or recent cruise ship travel, including river cruises.

1. Pre-travel advice
  - a. Advise patients to defer all cruise ship travel, including river cruises, worldwide.
  - b. Explain that their return travel to the United States may be impacted, and formal quarantine procedures may be implemented if confirmed cases are identified on board.
  - c. Explain that appropriate medical care or medical evacuation may not be available internationally.
  - d. Explain that some countries may refuse docking or disembarkation if there are known or suspected cases on board.
  - e. For patients who still intend to cruise, advise them to
    - i. Stay in their cabin and notify the onboard medical center immediately if they get sick with fever, new or worsening cough, or trouble breathing during their cruise.
    - ii. Stay home for 14 days after returning from travel, practice social distancing, and monitor their health both during travel and after they return. Social distancing means staying out of crowded places, avoiding group gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others, when possible.
2. Post-travel management
  - a. Tell patients to follow CDC's guidance on steps to prevent the spread of COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>) if they develop acute febrile or respiratory illness after travel.

- b. Implement recommended infection prevention and control practices (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) if you suspect a patient has COVID-19.
- c. Immediately notify the local health department (<https://www.naccho.org/membership/lhd-directory>) if a patient meets clinical and epidemiologic criteria for a person under investigation (PUI) (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>) for COVID-19 and test as appropriate.

### **Recommendations for State and Local Health Departments**

Check *The Epidemic Information Exchange (Epi-X)* notification system for information on COVID-19 cases on cruise ships and river cruises. In accordance with the Level 3 travel warning (<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-cruise-ship>) for cruise ships, cruise travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing.

### **For More Information**

State and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours, weekends, or holidays.

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

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#### **Categories of Health Alert Network messages:**

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

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##