

Montana Health Alert Network  
**DPHHS HAN**  
Information Sheet



**DATE**

April 29, 2020

**SUBJECT**

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

**SITUATION UPDATE**

COVID-19 case reports have declined for the third consecutive week with 12 cases confirmed in the most recent week. Gradual reopening of selected businesses is occurring, in most instances under guidelines limiting the number of customers and/or services allowed as we monitor for potential impacts.

Up to date information on our state COVID-19 cases, Governor Directives and related information can be found at: <https://montana.maps.arcgis.com/apps/MapSeries/index.html?appid=7c34f3412536439491adcc2103421d4b>

Please see the appropriate section below for updated information pertaining to your area of interest.

**Epidemiology Update**

The number of reported cases in the United States continued to increase over the past week. To date, over 981,000 cases of COVID-19 including 55,258 deaths have been reported in the U.S., with community wide transmission identified in many states across the nation.

Montana is reporting 451 cases of COVID-19 as of 10:00 am 4/28/2020. Of these, 61 individuals have been hospitalized and fifteen have died. The median age of reported cases is 48 years (range: 1 – 98 years). Approximately half of Montana COVID-19 cases are female. To date five counties in Montana have declared that they are experiencing community-wide transmission (Flathead, Gallatin, Lewis and Clark, Missoula, and Yellowstone).

This week the latest COVID-19 Epi Analysis report on the state can be found here:

[https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/DiseasesAtoZ/2019-nCoV/COVID-19EpiProfile4\\_24.pdf](https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/DiseasesAtoZ/2019-nCoV/COVID-19EpiProfile4_24.pdf)

For the latest Montana updates including a map of cases (updated once per day by 10:00 am):

<https://covid19.mt.gov>

For additional Montana COVID-19 case demographic tables and epi curve:

<https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt/demographics>

CDC case counts are found here: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

WHO case counts can be viewed here: <https://www.who.int/emergencies/diseases/novel-coronavirus2019/situation-reports/>

**Laboratory Update**

The primary focus of the Montana State Public Health Laboratory (MTPHL) remains providing timely COVID-19 testing (viral PCR) for providers whose patients have signs and symptoms consistent with COVID-19 infection. Although the

MTPHL has been able to provide quick turnaround for all specimens up to this point, testing capacity is not unlimited and specimens from asymptomatic individuals, such as healthcare workers and patients prior to elective surgeries, are not a priority and may not be tested on a timely basis. The Department has previously provided the criteria that the MTPHL is using to prioritize testing (see attached) to support the public health response to the pandemic in Montana. As your clinic makes decisions to offer elective procedures or to test other asymptomatic patients again please recognize this is not a high priority for the MTPHL. There are several reference laboratories (e.g., LabCorp, Quest, Mayo, ARUP, National Jewish) that are providing testing services for Montana, which may be able to provide testing for asymptomatic individuals. If a priority is not marked on the MTPHL request form, it will be assumed that the patient specimen falls under the non-priority category, as an individual without symptoms. Thank you for adhering to this guidance and understanding our role in supporting the public health response to the pandemic in Montana.

The MTPHL received another shipment of nasopharyngeal swabs and is expecting to receive a shipment of viral transport media soon. Please let us know your current needs and we will do our best to help you out. You can reach us at 800-821-7284.

## HEALTHCARE & LONG-TERM CARE

### COVID-19Surge

COVID-19Surge is a spreadsheet-based tool that hospital administrators and public health officials can use to estimate the surge in demand for hospital-based services during the COVID-19 pandemic.

COVID-19Surge:

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/covidsurge.html?deliveryName=USCDC\\_425-DM26746](https://www.cdc.gov/coronavirus/2019-ncov/hcp/covidsurge.html?deliveryName=USCDC_425-DM26746)

### CDC Information for Hospitals

Recognizing that COVID-19 can be spread to other people by people who do not have symptoms (asymptomatic) or who eventually develop symptoms (pre-symptomatic), CDC has recommended all U.S. healthcare facilities put policies into place requiring everyone entering the facility to practice source control, regardless of symptoms. This includes all healthcare personnel, patients, and visitors. Healthcare personnel caring for patients with confirmed or suspected COVID-19 should adhere to CDC's recommendations for infection prevention and control. CDC has posted a large amount of helpful and science-based information for hospitals at its COVID-19 site for healthcare professionals.

### Key Resources for Hospitals

These are some key resources CDC developed to help hospitals confront issues arising from COVID-19:

- Hospital Preparedness Tool and Checklist:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>
- Strategies to Mitigate Healthcare Personnel Staffing Shortages:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- Healthcare Personnel with Potential Exposure in a Healthcare Setting:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Clinical management of COVID-19 patients:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
- Infection prevention and control recommendations for COVID-19:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>
- Information for Healthcare Professionals about Coronavirus (COVID-19):  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

- Personal protective equipment (PPE) optimization strategies:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- PPE burn rate calculator:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- Strategies for Optimizing the Supply of N95 Respirators:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
- Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- Online training for healthcare providers on a variety of areas including clinical care, infection control, personal protective equipment support, potential exposure mitigation and more:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html>
- Public Health Communicators Guidance for healthcare communications professionals to assist hospitals in developing and executing communications plans before, during, and after COVID-19:  
<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-communicators-get-your-community-ready.html>

CDC has recommended that all U.S. healthcare facilities put policies into place requiring everyone entering the facility to practice source control, *such as universal mask use*, regardless of symptoms.

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC updated their guidance page for U.S. healthcare facilities:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>

Understanding the Use of Imported Non-NIOSH-Approved Respirators:

<https://blogs.cdc.gov/niosh-science-blog/2020/04/23/imported-respirators/>

- NIOSH-approved respirator models, regardless of their country of origin, are still encouraged for healthcare workers. However, buyers should beware that there are an unprecedented number of falsified claims of NIOSH approval of products on the market due to the current demand, many of which originate from China.
- Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not be capable of providing appropriate respiratory protection to workers. Inspect the respirator and/or its packaging for the required labeling.
- The most important marking to verify NIOSH approval is the respirator's approval number, called its "TC Number." This number can be verified on the NIOSH:
  - List of Approved Filtering Facepiece Respirators:  
[https://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/default.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html)
  - NIOSH Certified Equipment List:  
<https://www.cdc.gov/niosh/npptl/topics/respirators/cel/default.html>

## Dental Clinics

Dental Settings (Revision April 27, 2020): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

- To address asymptomatic and pre-symptomatic transmission, implement source control (require facemasks or cloth face coverings) for everyone entering the dental setting (dental healthcare personnel [DHCP] and patients), regardless of whether they have COVID-19 symptoms.
- Actively screen everyone on the spot for fever and symptoms of COVID-19 before they enter the dental setting.
- Actively screen DHCP on the spot for fever and symptoms before every shift.

## Cyber

The FBI's Weapons of Mass Destruction Directorate in coordination with the Office of Private Sector is providing this LIR to inform state and local government first responders and public healthcare professionals of potential increased threats to medical facilities. The FBI is issuing this report due to recent incidents in which a racially motivated violent extremist (RMVE) targeted a medical facility and the Islamic State of Iraq in ash-Sham (ISIS) endorsement of attacks in countries impacted by the coronavirus disease 2019 (COVID-19). These incidents, as well as other RMVEs and other social media users advocating for violence against critical infrastructure, religious centers, and minority communities in response to the COVID-19 outbreak may entice violent extremists to target medical facilities. In the event your facility or personnel are targeted, please report information promptly to local law enforcement.

## PPE

The state has taken possession of a system that will be able to decontaminate N95 masks and will be making the service available to Montana providers. All healthcare facilities and other users of such masks will be eligible for the N95 decontamination at no cost. Additionally, non-medical personnel participating in an emergency response due to COVID-19 also qualify as a healthcare professional under the Battelle Emergency Use Authorization. More information on the system will be shared soon.

Battelle Emergency Use Authorization:

<https://www.battelle.org/docs/default-source/commercial-offerings/industry-solutions/battelle-eua.pdf>

## LOCAL PUBLIC HEALTH DEPARTMENTS

We have implemented a new investigation page in MIDIS for COVID-19 case reporting to be used by local health departments. The new page collects all data on the Persons Under Investigation (PUI) form and sends COVID case reports to CDC. We are asking that local health jurisdictions update all open and closed COVID-19 investigations in MIDIS and enter data from the PUI forms (i.e., symptoms, pre-existing conditions, respiratory symptoms, etc.). CDEpi understands the burden that this poses, so if your jurisdiction needs assistance with entering data from the PUI forms into MIDIS, please reach out to your CDEpi contact and we can assist.

Additionally, local health jurisdictions no longer need to fax or epass PUI forms since the information is collected in MIDIS. CDEpi is responsible for assigning and entering the "CDC 2019-nCoV ID" into MIDIS, so you may leave that field blank.

## Recommendations

Contact your CD/Epi contact if you need assistance.

## SCHOOLS

As Montana begins Phase 1 of reopening the state, your department and local partners may have questions surrounding reopening schools for in-person instruction. Schools will need to formulate plans surrounding management of students and staff in conjunction with their local health department. This will largely be a local decision, and plans will depend on a number of variables.

For schools considering returning to classroom instruction on or after May 7th, public health considerations include:

- Local restrictions put into place that are still in effect or put into place that are more restrictive than the statewide directives
- Local COVID-19 case activity
- Public health and healthcare resources available on the local level
- Needs of at-risk populations of students and staff

Collaborate with public health to ensure each school has a plan for reporting, contact tracing and both short short-term or extended closures in the case of a positive COVID-19 case related to the school or community. You may have existing reporting protocols with your schools that can be expanded to suit this requirement. However, a number of jurisdictions have had issues with schools reporting information from a reportable condition in the past. It is recommended to rectify these issues with your schools prior to reopening.

A specific limit to a number of individuals within a school building at one time has not been set. Class sizes should be limited, and your partners may elect to alternate days for students or break larger classes into smaller classes as resources allow. Social distancing guidelines should still be utilized, and include:

- Consider use of face coverings by all staff and students over the age of 2.
- Keep students with the same group and in the same classroom, with teachers rotating when practical.
- Consider students eating lunch in the classroom to help limit mixing of students.
- Cancel extracurricular activities.
- Prevent any non-school staff, including parents, from entering school buildings.
- Consider reducing bus loads to allow for one student per seat.

There have been a number of questions regarding graduation ceremonies and how those events can be allowed to proceed. The general guidelines are:

- Provide a live stream of graduation
- Consider limiting spectator attendance and move events outside to provide greater room and air flow for social distancing
- For larger schools, consider grouping graduates or providing multiple ceremonies
- Follow social distancing between families

School districts may be creative in how conduct graduation ceremonies under these guidelines, and these plans should be formed in conjunction with the local board of health and health officer. Some schools are close to graduation as of May 7th. More information for schools is available in the updated CDC School Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

## GENERAL INFORMATION

### PPE Distribution

PHEP Staff along with the Montana National Guard continue to distribute PPE to county and tribal DES, health care facilities, and other entities. The Governor along with State staff procured 244,200 KN95 masks, 110,000 surgical masks, 54,500 face shields and 55,000 gloves from private vendors to be distributed across the State. The current items are being used to fill resource requests that have been submitted to the SECC. Shipments are now being sent via UPS, which should speed up the delivery and tracking process.

In the next month FEMA will be distributing PPE directly to all long-term care facilities within Montana. The facilities that will be receiving PPE are currently certified by Medicaid and Medicare. The distribution was based on the level of staffing. Each facility will receive a 7-day supply of surgical masks, gowns, eye protection, and gloves.

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Thank you for adhering to this guidance and understanding our role in supporting the public health response to the pandemic in Montana.

**Priority 1 (High):**

**Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system**

- Hospitalized patients
- Healthcare facility workers with symptoms

**PRIORITY 2 (Moderate)**

**Ensures those 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
- First responders with symptoms

**PRIORITY 3 (Low)**

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

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare facility workers and first responders
- Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations

**NON-Priority**

- Individuals without symptoms