CDC Guidance for Healthcare Personnel Monitoring for COVID-19

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COVID-19 Resources
Objectives

• Assist with assessment of risk, monitoring, and work restriction decisions for healthcare personnel (HCP) with potential exposure to COVID-19.
• Recognize broader signs and symptoms when assessing exposures in individuals working in healthcare environments
• Highlight CDC new recommendations on return-to-work criteria for HCP with suspected or confirmed COVID-19.
Because recommendations change frequently, it is advisable to check the CDC website for new updates. Links to specific recommendations are provided throughout this presentation.
Definitions

- **PPE**: personal protective equipment
- **PUI**: person under investigation
- **HCP**: healthcare personnel
- **Self-monitoring**: HCP should self-monitor by taking their temperature twice daily and remaining alert for symptoms of COVID-19 (eg, cough, shortness of breath, sore throat, myalgias, malaise). Anyone self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms.
- **Self-monitoring with delegated supervision**: HCP self-monitor with oversight by healthcare facility’s occupational health or infection control program in coordination with the health department of jurisdiction.
- **Active monitoring**: State or local public health authority assumes responsibility for establishing regular communications with potentially exposed people to assess for fever or symptoms of COVID-19.
- **Close contact**: 
  - Being within 6 feet (about 2 meters) of a person with confirmed COVID-19, or
  - Having unprotected direct contact with infectious secretions or excretions of a person with confirmed COVID-19
Prolonged Exposure

• ≥ 15 minutes
• Any duration should be considered prolonged if the exposure occurs during performance of an aerosol-generating procedure.
Common Symptoms

- Fever
  - Measured temperature ≥ 37.7°C (100°F) or subjective fever
  - Fever may be intermittent or may not be present in some patients.
- Cough
- Shortness of breath
- Sore throat
- Chills
- Myalgias/malaise
- Abdominal pain, vomiting, diarrhea
- Headache
- New loss of taste or smell
Return to Work Criteria Changes: CDC, April 30, 2020

- Changed name from “non-test-based strategy” to:
  - “symptom-based strategy” for those with symptoms
  - “time-based strategy” for those without symptoms
- Duration of exclusion from work from at least 10 days since symptoms first appeared
- Removed specifying use of nasopharyngeal swab collection for test-based strategy
Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances.

Options include 3 strategies:

1. Symptom-based (non-test) for those with symptoms
2. Time-based (non-test) for those without symptoms
3. Test-based
Exclude from work until:

• **At least 3 days** (72 hours) have passed since recovery
  
  • **Recovery** is defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (eg, cough, shortness of breath), **and**

• **At least 10 days** have passed since symptoms first appeared
Test-Based Strategy

Exclude from work until:

• Resolution of fever without the use of fever-reducing medications, and
• Improvement in respiratory symptoms, and
• **2 negative tests** from 2 respiratory specimens* collected ≥ 24 hours apart

• *FDA Emergency Use Authorization (EUA) for COVID-19 molecular assay for detection of SARS-CoV-2 RNA

Coronavirus Disease 2019 (COVID-19) Emergency Use Authorizations for Medical Devices
<table>
<thead>
<tr>
<th>Symptom-Based: Exclude from work until</th>
<th>Test-Based: Exclude from work until</th>
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<tbody>
<tr>
<td><strong>At least 3 days</strong> since recovery</td>
<td>Resolution of fever</td>
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<td>plus</td>
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<tr>
<td>Improvement in respiratory symptoms</td>
<td>Improvement of respiratory symptoms</td>
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<tr>
<td>plus</td>
<td>plus</td>
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<tr>
<td><strong>At least 10 days</strong> have passed</td>
<td>2 negative tests*</td>
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<tr>
<td>since symptoms appeared</td>
<td>from at least 2 consecutive</td>
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<td>respiratory specimens collected ≥ 24 hours apart</td>
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<td><a href="https://www.fda.gov">Coronavirus Disease 2019 (COVID-19) Emergency Use Authorizations for Medical Devices</a></td>
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### Asymptomatic plus Laboratory-Confirmed COVID-19

<table>
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<tr>
<th>Time-Based: Exclude from work until</th>
<th>Test-Based: Exclude from work until</th>
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<tbody>
<tr>
<td><strong>10 days</strong> since date of first positive COVID-19 diagnostic test</td>
<td><strong>2 negative</strong> COVID-19 molecular assays* from at least 2 consecutive respiratory specimens collected ≥ 24 hours apart</td>
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*FDA EUA for COVID-19 molecular assay

**Coronavirus Disease 2019 (COVID-19) Emergency Use Authorizations for Medical Devices**

Because of absence of symptoms, it is not possible to estimate where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.
Interim Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19

• Intended to assist with assessment of risk and application of work restrictions for asymptomatic HCP with potential exposure to patients, visitors or other HCP with confirmed COVID-19

• Separate guidance is available for travel-and community related exposures
  Public Health Guidance for Community-Related Exposure (updated June 4, 2020)
  Public Health Guidance for Potential COVID-19 Exposure Associated with International Travel or Cruise Travel

Update:

The interim guidance was updated on May 29, 2020. Updates include:

- **Any duration** of exposure should be considered prolonged if the exposure occurred during performance of an aerosol-generating procedure.
- The time period that should be used for contact tracing after exposure to asymptomatic individuals who test positive for SARS-CoV-2 was shortened.
  - The time period was changed from 10 days before obtaining the specimen that tested positive for COVID-19 to **2 days** to accommodate pragmatic and operational considerations for the implementation of case investigation and contact tracing programs.
  - Recent data suggest that asymptomatic persons may have a lower viral burden at diagnosis than symptomatic persons. Thus, the longer contact elicitation window (10 days) may have limited impact in identifying new COVID-19 cases.
  - The recommendation for the shorter contact elicitation window (2 days) will help focus case investigation and contact tracing resources toward activities most likely to interrupt ongoing transmission.
  - This time period is also now in alignment with recommendations from the World Health Organization, European CDC, and Public Health Canada.

COVID-19 Resources

## Risk Assessment

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<th>Exposure</th>
<th>PPE Used</th>
<th>Work Restrictions</th>
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| HCP who had **prolonged close contact** with a patient, visitor, or HCP with **confirmed COVID-19**  | • HCP not wearing a **respirator or face mask**  
• HCP not wearing **eye protection** if the person with COVID-19 was not wearing a cloth mask or facemask  
• HCP not wearing **all recommended PPE** (gloves, eye protection, respirator) while performing an aerosol-generating procedure | • Exclude from work 14 days after last exposure.  
• Self-monitor for fever or symptoms consistent with COVID-19.  
• Any HCP who develops **fever or symptoms** consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing |
| HCP other than those with exposure as described above | N/A | • No work restrictions  
• Self-monitoring  
• If HCP develops **fever or symptoms** consistent with COVID-19 should self-isolate and contact point of contact as above. |
Determining Time Period When Patient, Visitor, or HCP Could Have Been Infectious

- **Symptomatic plus confirmed COVID-19**
  - Consider the exposure window to be **2 days before symptom onset** through the time period the individual meets criteria for **discontinuation of transmission-based precautions**
• Asymptomatic plus confirmed COVID-19
  • In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after exposure until they meet criteria for discontinuation of transmission-based precautions
  • If exposure date cannot be determined, use 2 days before positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing [https://www.cdc.gov/coronavirus/2019-ncov/downloads/case-investigation-contact-tracing.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/case-investigation-contact-tracing.pdf)
After Returning to Work, HCP Should:

• Wear a facemask (not a cloth mask) for source control at all times until all symptoms are completely resolved or at baseline.

• A facemask for source control does **not** replace the need to wear N95 or higher level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.

• Self-monitor symptoms and seek reevaluation from occupational health if respiratory symptoms recur or worsen.
Respiratory Specimen Type

• For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing an upper respiratory specimen. Acceptable specimens include:
  • Nasopharyngeal specimen collected by a healthcare provider, or
  • Oropharyngeal specimen collected by a healthcare provider, or
  • Nasal mid-turbinate swab collected by a healthcare provider or by a supervised on-site self-collection (using a flocked tapered swab), or
  • Anterior nares (nasal swab) specimen collected by a healthcare provider or by on-site or home self-collection (using a flocked or spun polyester swab), or
  • Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare provider

Useful Links

- Risk Assessment
- Return-to-work criteria
- Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19
- Strategies to mitigate HCP staffing shortages
- Factsheet for HCPs
- Discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings