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Coronavirus Disease 2019 (COVID-19) Outbreak, Update # 18

Key Points and Recommendations:

- Non-pharmaceutical interventions remain the cornerstone of COVID-19 prevention while relaxing restrictions and re-opening businesses.
- [Visitation guidance for long-term care facilities \(LTCF\)](#) has been developed allowing for limited visitation of LTCF residents.
- [Employee travel, screening, and exclusion guidance](#) has been developed by the NH Division of Public Health Services (DPHS) with travel recommendations and screening guidance for employees.

Viral (PCR) Testing:

- The U.S. Centers for Disease Control and Prevention (CDC) has updated their general [guidance on testing for SARS-CoV-2](#), the novel coronavirus which causes COVID-19.
- The CDC has also updated their [testing guidelines for nursing homes](#).
- As previously recommended, providers should continue to test any patient presenting with even mild [symptoms of COVID-19](#) using a PCR-based test. Use clinical judgement regarding testing for other potential causes; co-infection with SARS-CoV-2 and other respiratory pathogens has been documented.
- We recommend PCR testing for close contacts of people with suspected or confirmed COVID-19 in order to detect asymptomatic or pre-symptomatic infection to prevent spread of COVID-19. As part of the public health response to outbreaks or clusters, NH DPHS will recommend viral PCR testing for both symptomatic and asymptomatic persons.
- Long-term care facilities (LTCFs) and other congregate living facilities should continue to test all residents and staff in units where COVID-19 is identified, in consultation with DPHS. This testing should inform resident cohorting, isolation of infected and quarantine of exposed individuals, and the use of personal protective equipment (PPE).
- Hospitals and healthcare facilities can consider implementing additional SARS-CoV-2 testing processes, such as testing for patients undergoing a procedure, operation, or prior to/on admission as [recommended by the Centers for Medicare & Medicaid Services \(CMS\)](#). Any such testing should be performed as close to the procedure or admission as possible; however, the benefits of these testing strategies likely varies by region with greater benefit in areas seeing greater community transmission. Ensure other infection control recommendations are implemented to create layers of protection and mitigation.
- Patients can access COVID-19 testing through a variety of [specimen collection sites](#) in NH; testing is open for any asymptomatic person who wishes to be tested at State-run sites or contracted facilities (e.g., ConvenientMD, ClearChoiceMD).

Personal Protective Equipment (PPE) & Infection Control:

- All healthcare staff should continue to wear a surgical facemask when within any healthcare facility in order to provide protection to the staff wearing the mask, and help prevent COVID-19 transmission (source control) in the event the staff wearing the mask is asymptotically shedding infectious virus.
- All visitors to a healthcare facility should wear, at a minimum, a cloth face covering when within the healthcare facility; this includes patients and caregivers presenting to outpatient settings. If patients and visitors do not have a cloth face covering, they should be provided a face mask on entry to the facility.
- CDC's [infection prevention and control recommendations for patients with suspect or confirmed COVID-19 in healthcare settings](#) continue to express a preference for a N95 or higher-level respirator when caring for patients with suspect or confirmed COVID-19 to protect against possible close-range droplet and aerosol transmission, and because these higher level respirators are routinely recommended for emerging respiratory pathogens.
- Long-range airborne transmission (such as occurs with measles and tuberculosis) has not been demonstrated to routinely occur with SARS-CoV-2.
- Therefore, for outpatient evaluations of patients with suspect COVID-19, including for specimen collection for COVID-19 testing (e.g., nasopharyngeal swab acquisition), DPHS continues to recommend a surgical face mask in addition to other recommended PPE (e.g., eye protection, gown, and gloves). N95 or higher-level respirators should be used when performing an aerosol-generating procedure.
 - If available, outpatient providers should consider using an N95 or higher-level respirator when evaluating patients with confirmed COVID-19, or for symptomatic suspect patients who may be at higher risk of aerosolizing respiratory droplets (e.g., patients with significant frequent coughing, sneezing, etc.).
- For patients hospitalized with suspect or confirmed COVID-19 we continue to recommend N95 or higher-level respirators in addition to other recommended PPE, because of the frequency and intensity of healthcare contact and the potential need for aerosol generating procedures.
- Patients being evaluated for COVID-19 can be managed in a single room with the door closed. Airborne infection isolation rooms (AIIR) are not routinely recommended unless an aerosol-generating procedure is performed.
- For routine care of patients who are NOT suspected to have COVID-19, all providers should routinely wear a surgical facemask, and patients should wear a cloth face covering. Additionally, the [CDC recommends](#) that healthcare providers working in areas with moderate to substantial COVID-19 community transmission should wear eye protection (e.g., goggles or face shield) with all patient encounters.
 - We do not believe the current epidemiology in NH warrants universal eye protection for providers evaluating patients who are not suspected to have COVID-19, but providers can still consider eye protection given a [recent systematic review and meta-analysis](#) which found eye protection was associated with less transmission.

Communication and Partner Engagement:

- In partnership with the New Hampshire Health Care Association, we continue to have weekly calls every **Wednesday** from **12:00 – 1:00 pm** for LTCFs and other congregate living settings:
 - Zoom link: <https://zoom.us/j/511075725>
 - Call-in phone number: (929) 205-6099
 - Meeting ID: 511 075 725
- We continue to host weekly calls every **Thursday** from **12:00 – 1:00 pm** for healthcare providers and local partners:
 - Zoom link: <https://zoom.us/s/94841259025>
 - Call-in phone number: (646) 558-8656
 - Meeting ID: 948 4125 9025
 - Password: 003270

Reporting:

- Providers and laboratories should continue to submit a completed [COVID-19 Case Report Form](#) to NH DPHS for the following people:
 - Any new COVID-19 laboratory positive test regardless of test type (e.g. PCR, antibody, etc.).
 - Any new laboratory-confirmed COVID-19 hospitalization, even if the patient was a previously reported positive as an outpatient.
 - Any suspected or confirmed COVID-19 death.

Situation:

Community transmission of COVID-19 is decreasing in New Hampshire – the total number of daily confirmed COVID-19 cases is declining, the percentage of PCR-based viral tests that are positive is currently at 2-3% test positivity, and the number of hospitalizations is decreasing. Over the course of the outbreak, Hillsborough and Rockingham Counties have had the majority (~80%) of COVID-19 related hospitalizations.

The burden of new COVID-19 cases continues to be localized in the Southern and Southeast part of NH. Out of approximately 1,000 total persons with recent infection (i.e., persons currently in isolation and undergoing public health monitoring for COVID-19), the majority are from Hillsborough County (65%), followed by Rockingham (19%), Merrimack (7%), and Strafford (4%) counties. The remaining six NH counties each have around 1% or less of the total number of recent COVID-19 cases.

See the new COVID-19 data dashboard for updated numbers:

<https://www.nh.gov/covid19/dashboard/summary.htm>.

Despite the evidence of decreasing community transmission, NH communities remain at risk for a resurgence of COVID-19. Based on a convenience sample of self-selected individuals who had SARS-CoV-2 antibody testing, only 598 out of 16,868 total NH residents tested (3.5%) were positive for antibodies, indicating a low prevalence of past SARS-CoV-2 infection.

In the absence of a COVID-19 vaccine, non-pharmaceutical interventions remain the cornerstone of prevention to limit further spread of COVID-19 while relaxing restrictions and re-opening business operations. All persons need to continue to follow public health guidance:

- Keep a safe distance of 6 feet or more from other people when out in public places.
- Wear a cloth face covering or mask when out in public places (indoor or outdoor) where even brief close contact interactions with others may occur (e.g., passing other people in a grocery store aisle). A recent [modeling study](#) found that facemask use may substantially reduce transmission and play an important role in controlling community spread of COVID-19. As [recommended by the CDC](#), certain people should not wear a cloth face covering/mask.
- Older adults and other [people who are at higher risk for severe illness](#) from COVID-19 should continue to stay at home as much as possible.
- Practice frequent hand hygiene.
- Businesses, employees and customers should follow the universal and industry-specific [re-opening guidance](#).

Additional Information

- NH DHHS COVID-19 website: <https://www.nh.gov/covid19/>
- CDC COVID-19 website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - CDC Information for Healthcare Professionals:
<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- World Health Organization COVID-19 website:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).

If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.

To change your contact information in the NH Health Alert Network, contact Adnela Alic at (603) 271-7499 or email Adnela.Alic@dhhs.nh.gov.

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From: Benjamin P. Chan, MD, MPH, State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: None