



# COLORADO

Department of Public  
Health & Environment

HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Update - COVID-19 Interim Guidance Update

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers

## HEALTH UPDATE | COVID-19 Interim Guidance Update | June 24, 2021

Health care providers: Please distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

### Key points

- CDPHE/CDC has updated guidance on quarantine and testing after vaccination in specific settings; please see below for additional details.
- CDC has updated its guidance for travel for vaccinated individuals; links below.
- CDC has updated its guidance on “Strategies for Optimizing the Supply of N95 Respirators,” including recommending that crisis strategies no longer be used due to increased availability of respirators. CDC’s optimization strategies for personal protective equipment (PPE) are meant to be temporary when PPE supplies are stressed, with the intent that facilities resume conventional capacity strategies when PPE availability improves.
- CDC has released a case definition for Multisystem Inflammatory Syndrome in Adults (MIS-A) at <https://www.cdc.gov/mis-c/mis-a/hcp.html>. Providers can report MIS-A cases to CDPHE via encrypted email to [shannon.obrien@state.co.us](mailto:shannon.obrien@state.co.us)
- CDC has updated a number of Science Briefs; details can be found below.

## Recommendations / Guidance

### 1. Quarantine and testing guidance for fully vaccinated individuals

This table applies ONLY to asymptomatic, fully vaccinated individuals. An individual is considered to be fully vaccinated for COVID-19  $\geq 2$  weeks after they have received the second dose in a two-dose series (Pfizer-BioNTech or Moderna), or  $\geq 2$  weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen). Travel restrictions, as described following the table, also apply.

Setting where fully vaccinated individual lives or works	Fully vaccinated individuals under consideration	Quarantine or work exclusion following exposure?	Testing recommended for fully-vaccinated?
Long Term Care Facility (LTCF)	Staff	Do not need to quarantine; no work restrictions*	<p><b>Surveillance testing</b> Fully vaccinated asymptomatic staff with no known exposure can be exempted from testing, unless symptomatic, following a higher-risk exposure**, or during an outbreak. Unvaccinated staff should be tested as per the Residential Care Facility (RCF) Comprehensive Mitigation Guidance (<a href="https://docs.google.com/document/d/1dnbwjNDuU8jWdBF0M2iQlPbNdXo7o3UrY-DLdB9J2Qo/edit">https://docs.google.com/document/d/1dnbwjNDuU8jWdBF0M2iQlPbNdXo7o3UrY-DLdB9J2Qo/edit</a>) and PHO 20-20 (<a href="https://covid19.colorado.gov/public-health-executive-orders">https://covid19.colorado.gov/public-health-executive-orders</a>). Please note this guidance has been updated. Facilities should have a process in place that ensures and maintains the required documentation (e.g., copy of the vaccination record) prior to exemption.</p> <p><b>When symptomatic</b> Yes</p> <p><b>Following exposure</b> After higher-risk exposure**, test immediately and, if negative, again in 5-7 days.</p> <p><b>During an outbreak</b> Yes, testing of staff regardless of vaccination status should occur at a frequency according to the RCF Comprehensive Mitigation Guidance (<a href="https://docs.google.com/document/d/1dnbwjNDuU8jWdBF0M2iQlPbNdXo7o3UrY-DLdB9J2Qo/edit">https://docs.google.com/document/d/1dnbwjNDuU8jWdBF0M2iQlPbNdXo7o3UrY-DLdB9J2Qo/edit</a>). Please note this guidance has been updated.</p>
	Resident	<p>Do need to quarantine following an exposure*</p> <p>Do not need to quarantine on admission if they have not had an exposure in the prior</p>	<p><b>Surveillance testing</b> Fully vaccinated asymptomatic residents with no known exposure can be exempted from testing. Exceptions include symptomatic residents, following an exposure, or during an outbreak. For more information, see the Residential Care Facility (RCF) Comprehensive Mitigation Guidance (<a href="https://docs.google.com/document/d/1dnbwjNDuU8jWdBF0M2iQlPbNdXo7o3UrY-DLdB9J2Qo/edit">https://docs.google.com/document/d/1dnbwjNDuU8jWdBF0M2iQlPbNdXo7o3UrY-DLdB9J2Qo/edit</a>) and</p>

		14 days	<p>PHO 20-20 (<a href="https://covid19.colorado.gov/public-health-executive-orders">https://covid19.colorado.gov/public-health-executive-orders</a>). Please note this guidance has been updated.</p> <p>Facilities should have a process in place that ensures and maintains the required documentation (e.g. copy of the vaccination record) prior to exemption.</p> <p><b>When symptomatic</b> Yes</p> <p><b>Following exposure</b> After exposure, test immediately and, if negative, again in 5-7 days.</p> <p><b>During an outbreak</b> Yes, testing of residents regardless of vaccination status should occur at a frequency according to the RCF Comprehensive Mitigation Guidance (<a href="https://docs.google.com/document/d/1dnbwjNDuU8jWdBF0M2iQlPbNdXo7o3UrY-DLdB9J2Oo/edit">https://docs.google.com/document/d/1dnbwjNDuU8jWdBF0M2iQlPbNdXo7o3UrY-DLdB9J2Oo/edit</a>). Please note this guidance has been updated.</p>
Acute Care (e.g., inpatient medicine)	Health care workers	Do not need to quarantine; no work restrictions*	<p><b>When symptomatic</b> Yes</p> <p><b>Following exposure</b> After higher-risk exposure** test immediately and, if negative, again in 5-7 days.</p> <p><b>Exposure during an outbreak</b> Yes, testing recommended for vaccinated and unvaccinated staff during an outbreak. During an outbreak, testing is recommended every 3-7 days until no new cases are identified for 14 days.</p>
	Patients	Do need to quarantine after exposure*	<p><b>When symptomatic</b> Yes</p> <p><b>Surveillance testing</b> Pre-procedure or pre-admission testing is at discretion of facility</p> <p><b>Following exposure</b> After exposure, test immediately and, if negative, again in 5-7 days.</p> <p><b>Exposure during an outbreak</b> Yes, testing recommended for vaccinated and unvaccinated patients during an outbreak. During an outbreak, testing is recommended every 3-7 days until no new cases are identified for 14 days.</p>
Outpatient	Health care workers	Do not need to quarantine; no work restrictions*	<p><b>Surveillance testing</b> Fully vaccinated asymptomatic staff with no known exposure can be exempted from testing, unless symptomatic, following a higher-risk exposure** or during an outbreak.</p>

			<p><b>When symptomatic</b> Yes</p> <p><b>Following exposure</b> After higher-risk exposure** test immediately and, if negative, again in 5-7 days.</p> <p><b>Exposure during an outbreak</b> Yes, testing recommended for vaccinated and unvaccinated staff during an outbreak. During an outbreak, testing is recommended every 3-7 days until no new cases are identified for 14 days.</p>
	Patients	Do not need to quarantine but health care workers should adhere to Standard and Transmission-Based Precautions based on anticipated exposures and suspected or confirmed diagnoses (health care workers wear appropriate PPE)	<p><b>Surveillance</b> When a facility is conducting surveillance testing, fully-vaccinated patients can be exempted from testing, unless symptomatic, following an exposure, or during an outbreak.</p> <p><b>When symptomatic</b> Yes</p> <p><b>Following exposure</b> After exposure, test immediately and, if negative, again in 5-7 days.</p> <p><b>Exposure during an outbreak</b> Yes, testing recommended 5-7 days after exposure.</p>
Non-health care congregate settings (e.g., correctional and detention facilities, homeless shelters)	Staff	Do not need to quarantine; no work restrictions	<p><b>Surveillance testing</b> Fully vaccinated asymptomatic people with no known exposure should be exempted from testing, if feasible.</p> <p><b>When symptomatic</b> Yes</p> <p><b>Following exposure</b> After exposure, test immediately and, if negative, again in 5-7 days.</p> <p><b>Exposure during an outbreak</b> Yes, testing recommended for vaccinated and unvaccinated staff per Outbreak Response Recommendations for Correctional Settings (<a href="https://drive.google.com/file/d/1JfMpoTSVxnm1t5EJ9yqQ4IzJCO9C2-pu/view">https://drive.google.com/file/d/1JfMpoTSVxnm1t5EJ9yqQ4IzJCO9C2-pu/view</a>), CDC’s Interim Health Recommendations for Fully Vaccinated People (<a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html</a>) and Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (<a href="https://www.cdc.gov/coronavirus/2019-ncov/comm">https://www.cdc.gov/coronavirus/2019-ncov/comm</a>)</p>

			<a href="#">unity/correction-detention/guidance-correctional-detention.html</a> ), and public health consultation
	Resident (or incarcerated/detained person)	Do not need to quarantine	<p><b>Surveillance testing</b> Fully vaccinated asymptomatic people with no known exposure should be exempted from testing, if feasible.</p> <p><b>When symptomatic</b> Yes</p> <p><b>Following exposure</b> After exposure, test immediately and, if negative, again in 5-7 days.</p> <p><b>Exposure during an outbreak</b> Yes, testing recommended for vaccinated and unvaccinated individuals per Outbreak Response Recommendations for Correctional Settings (<a href="https://drive.google.com/file/d/1JfMpoTSVxnm1t5EU9yqO4lzJCO9C2-pu/view">https://drive.google.com/file/d/1JfMpoTSVxnm1t5EU9yqO4lzJCO9C2-pu/view</a>), CDC's Interim Health Recommendations for Fully Vaccinated People (<a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html</a>) and Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (<a href="https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html">https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html</a>), and public health consultation.</p>
General public	N/A	Do not need to quarantine following an exposure (this includes exposures to variants of concern)	Testing is not needed unless there are symptoms. Continue to monitor for symptoms for 14 days following exposure.

\*As per CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>), health care facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing) when caring for fully vaccinated individuals with an immunocompromising condition. Facilities should consider work restrictions for fully vaccinated employees after a higher-risk exposure,\*\* and quarantine for patients/residents, when the individual has certain immunocompromising conditions such as organ transplantation or cancer treatment. Additionally, during testing, exclude those that have tested positive in the last 90 days and remain asymptomatic.

\*\*CDC defines higher-risk exposures as prolonged, close contact (generally an exposure within 6 feet for 15 minutes total over 24 hours, or any time period if exposure involves and aerosol-generating procedure) with a patient, visitor, or other health care personnel with confirmed SARS-CoV-2 infection when the health care personnel is not wearing a respirator or face mask, not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or face mask, or not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure. In general, exposure of health care personnel's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure, is considered a higher-risk exposure.

The recent emergence of the SARS-CoV-2 virus delta variant in certain parts of Colorado has highlighted that there may be times when changing patterns of COVID-19 transmission or severity warrant enhanced infection control measures to ensure resident safety. Such measures may be needed in situations including but not limited to: identification of variants of concern, increased transmission within a particular facility and/or increase in morbidity and mortality during a specific outbreak. Those residential care facilities that are required to follow the enhanced infection control procedures (for example, increased testing of staff and/or residents, changing in masking protocols, or quarantine procedures for new admissions) will be notified by letter. The letter will specify the additional measures that must be taken by each facility. Upon receipt of the letter, the facility is expected to follow all guidance provided. When facilities are able to resume following the CDPHE and CMS guidance, they will be notified in writing.

## 2. Updates to travel recommendations for fully-vaccinated individuals

CDC has updated travel guidance for fully-vaccinated individuals.

- Guidance for domestic travel within the US or to/from a US territory can be found here:  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>
  - Persons who are not fully vaccinated should get tested 1-3 days prior to travel. These persons should also be tested 3-5 days after travel and quarantine for 7 days; quarantine for 10 days if not tested. Take precautions and wear a mask while traveling, and monitor for symptoms following travel.
  - Fully vaccinated persons do not need to test prior to or after travel nor quarantine, but they should still take precautions and wear a mask while traveling, and monitor for symptoms following travel.
- Guidance for International travel can be found here:  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html>
  - Persons who are not fully vaccinated should get tested 1-3 days prior to travel. Testing is mandatory prior to returning to the US. These persons should also be tested 3-5 days after travel and quarantine for 7 days; quarantine for 10 days if not tested. Take precautions and wear a mask while traveling, and monitor for symptoms following travel.
  - Fully vaccinated persons do not need to test prior to travel. They do not need to quarantine after travel or upon return to the US. Testing is mandatory prior to returning to the US. These persons should also be tested 3-5 days after travel. Take precautions and wear a mask while traveling, and monitor for symptoms following travel.

CDC prevention measures continue to apply to all travelers, including those who are vaccinated. All travelers are required to wear a mask on all planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States, and in U.S. transportation hubs such as airports and stations (except for outdoor areas). More information on mask requirements on public transportation can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html>.

### 3. Optimization of Use of N95 Respirators

CDC has updated “Strategies for Optimizing the Supply of N95 Respirators”

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>), which includes a situational update on the supply of N95 respirators. In the U.S. overall, the supply and availability of NIOSH-approved respirators have increased significantly over the last several months. CDC states that health care facilities should not be using crisis capacity strategies at this time and should promptly resume conventional practices. Health care facilities should stop purchasing non-NIOSH approved respirators for use as respiratory protection and consider using any that have been stored for source control where respiratory protection is not needed. Respirators that were previously used and decontaminated should be discarded. Health care facilities should return to using only NIOSH-approved respirators where needed. A full list of NIOSH-approved respirators can be found at the NIOSH Certified Equipment List ([https://www2a.cdc.gov/drds/cel/cel\\_form\\_code.asp](https://www2a.cdc.gov/drds/cel/cel_form_code.asp)).

In some circumstances, health care facilities might need to implement CDC’s optimization strategies for personal protective equipment (PPE) when PPE supplies are stressed, running low, or absent. These strategies are, however, intended to be temporary with facilities resuming conventional capacity strategies when PPE availability improves. Any facility that is in need of additional PPE should contact their Local Public Health Agency or Office of Emergency Management to discuss its specific needs. Public health approval is not required to implement CDC’s optimization strategies. Facilities should, however, ensure the following:

- For N95 use, the employer has made a good faith effort to obtain other alternative filtering facepiece respirators, reusable elastomeric respirators, or PAPRs appropriate to protect workers.
- The employer has monitored their PPE supply/burn rate and is making every attempt to maintain adequate supply and prioritize their use according to CDC guidance.
- Facilities should maintain documentation which supports their efforts and the optimization strategy being used.
- Surgical masks and eye protection (i.e., face shields, goggles) were provided as an interim measure to protect against splashes and large droplets (note: surgical masks are not respirators and do not provide protection against aerosol-generating procedures).
- Other feasible measures, such as using partitions, restricting access, cohorting patients (health care), or using other engineering controls, work practices, or administrative controls that reduce the need for respiratory protection, were implemented to protect employees.
- When using PPE optimization strategies, training on PPE use, including proper donning and doffing procedures, must be provided to HCP before they carry out patient care activities.

PPE expense should not be a determining factor and should not interfere with use of conventional capacity. CDC strategies are available to assist facilities when supply availability is uncertain or during severe PPE shortages.

Facilities should implement administrative controls and prioritization of PPE to further limit PPE use.

#### 4. MIS-A Case Definitions

CDC has updated the case definition for Multisystem Inflammatory Syndrome in Adults (MIS-A), found here: <https://www.cdc.gov/mis-c/mis-a/hcp.html>. We encourage reporting of MIS-A cases if they are identified; cases can be submitted via encrypted email to [shannon.obrien@state.co.us](mailto:shannon.obrien@state.co.us)

#### 5. Updated CDC Science Briefs

CDC has updated several science briefs:

- CDC has updated information on recent studies demonstrating SARS-CoV-2 vaccine effectiveness in “Science Brief: COVID-19 Vaccines and Vaccination” (<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>). Updates include additional evidence for the effectiveness of vaccines against infection, symptomatic and severe disease, and hospitalization; evidence supporting the protection of mRNA vaccines against variants of concern; and evidence demonstrating mRNA vaccine protection against asymptomatic infection and lower viral loads among individuals who do become infected.
- CDC has provided updated information to provide additional clarification on how SARS-CoV-2 is transmitted, found in “Science Brief: SARS-CoV-2 Transmission” (<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html>). The principal mode of transmission is through exposure to respiratory fluids carrying infectious virus, including inhalation of air carrying very small fine droplets and aerosol particles that contain infectious virus, deposition of virus carried in exhaled droplets and particles onto exposed mucous membranes (i.e., “splashes and sprays,” such as being coughed on), and touching mucous membranes with hands soiled by exhaled respiratory fluids containing virus or from touching inanimate surfaces contaminated with virus.
- CDC has provided additional information on surface (fomite) transmission in “Science Brief: SARS-CoV-2 and Surface (Fomite) Transmission for Indoor Community Environments” (<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>).
- CDC has also updated the scientific brief entitled “Community Use of Cloth Masks to Control the Spread of SARS-CoV-2” (<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html>). Updates include additional data that support mask-wearing to reduce infections and that demonstrate the importance of mask fit as well as a new section on the health effects of mask wearing.

For more science briefs from CDC, please see:

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/index.html>.



## 6. New CDC Guidance: Post-COVID Conditions

CDC has added guidance for clinicians caring for patients with post-COVID conditions, an umbrella term for the wide range of physical and mental health consequences experienced by some patients that are present four or more weeks after SARS-CoV-2 infection. The new guidance, “Evaluating and Caring for Patients with Post-COVID Conditions: Interim Guidance,” can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-index.html>.

### More information

For more information on guidance for fully vaccinated individuals:

- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

**CDPHE Disease Reporting Line:** 303-692-2700 or 303-370-9395 (after hours)