

COVID-19 Based Health Alerts, Advisories and Updates

If you have questions about this guidance, please call your local health department or 1- 877-PA-HEALTH (1-877-724-3258) or online at health.pa.gov

3/30/2021

PA-HAN Number	Date	Type Alert, Advisory, Update	Title	Brief Summary of Contents	Replaces Previous PA-HAN (yes/no) If yes HAN Number listed
562	3/24/2021	ADVISORY	Quarantine Recommendations After SARS-CoV-2 Antibody Test 2021-PAHAN-562-3-24-ADV - Quarantine.pdf	The Centers for Disease Control and Prevention (CDC) updated its quarantine recommendations to include use of SARS-CoV-2 antibody test results. • Persons who test positive for SARS-CoV-2 antibodies do not need to quarantine following a known exposure if the following criteria are met: 1. The person is in a low risk situation (e.g., no contact with persons at high risk of COVID-19 severe illness for 14 days); AND, 2. The person remains asymptomatic; AND, 3. The person had a known exposure and has had a positive antibody test during the 3 months prior to the exposure; OR, 4. The person receives a positive antibody test within 7 days following an exposure. • This guidance does NOT apply to healthcare facility patients, residents, and staff. • Regardless of antibody test results, persons who exhibit new or unexplained symptoms of COVID-19 still need to isolate and be evaluated for COVID-19 testing. • DOH continues to recommend COVID-19 prevention measures such as masking, physical distancing, avoiding nonessential travel, and hand hygiene for all people regardless of vaccination status or past history of COVID-19 infection.	NO
561	3/18/2021	ADVISORY	Identification of Risk for Novel and High Concern Healthcare-associated Organisms as Part of a Comprehensive Travel History 2021-PAHAN - 561- 03-18-ADV- Optimiz.pdf	The collection of a complete and accurate travel history is currently an integral part of our response to the COVID-19 pandemic and outbreaks of EVD are ongoing in the Democratic Republic of the Congo and Guinea. A growing list of healthcare-associated infections has also been linked to medical care in other states and abroad including Candida auris infection or colonization, and carbapenemase-producing Carbapenem-resistant organisms. The Department asks that all healthcare facilities: • Develop travel history collection procedures that include elements specific to the risk of highly transmissible healthcare-associated organisms; • Optimize functionality in electronic health records to rapidly implement necessary infection prevention and control interventions; • Routinely evaluate travel history assessment process to adequately assess new or emerging threats.	NO
560	3/16/2021	UPDATE	UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19 2021-PAHAN - 560- 03-16-UPD- Work Restrictions for HCP with Exposure to COVID-19.pdf	The existing guidance on how to evaluate and respond to exposure of healthcare personnel (HCP) to COVID-19 in the healthcare setting has not changed, but additional items have been added to this guidance to clarify the post-exposure recommendations. Guidance has also been expanded to address HCP with community and household exposures. Highlights of this guidance include: 1. A definition of a higher-risk exposure is outlined and includes exposures in the community, household, or healthcare setting. 2. Work restriction of asymptomatic HCP with a higher-risk exposure who have recovered from SARS-CoV-2 infection in the prior 3 months and asymptomatic HCP who are fully vaccinated is not necessary in most circumstances. However, this guidance outlines situations in which work restriction may be appropriate for these HCP. 3. Options to allow exposed HCP to continue to work as part of strategies to mitigate staffing shortages are given based on a risk spectrum to aid in decision-making and development of emergency management plans.	YES, PA-HAN-478, 479, 480, 481, 484, 499 and 510
559	3/16/2021	UPDATE	Updated Quarantine Recommendations for Persons Exposed to COVID-19 2021-PAHAN-559-3-16-UPD - Updated Quarantine full vac.pdf	This guidance replaces PA-HAN-538 and PA-HAN-551 and provides clarification on quarantine recommendations for person exposed to COVID-19. • This guidance provides information about the need for quarantine for both individuals who are and are not fully vaccinated. • Quarantine guidance for health care personnel can be found in PA-HAN-560, however, some quarantine guidance for inpatients and residents in healthcare settings can be found in PA-HAN-559. • If you have questions about this guidance, please call your local health department or 1- 877-PA-HEALTH (1-877-724-3258). 1. Recommendations for Individuals Who Are Not Fully Vaccinated 2. Recommendations for Asymptomatic Fully Vaccinated Individuals 3. Recommendations for Residents and Patients in Healthcare Settings.	YES, PA-HAN-488, 489, 538 and 551

557	3/9/2021	ADVISORY	<p>Call for Cases: Multisystem Inflammatory Syndrome in Adults (MIS-A)</p> <p>2021-PAHAN-557-03-09-ADV -Multisyste.pdf</p>	<p>Clinicians should consider Multisystem Inflammatory Syndrome in Adults (MIS-A) with compatible signs and symptoms to the pediatric Multisystem Inflammatory Syndrome. MIS-C Clinical features in children and young adults (aged 18-20 years) have varied but predominantly include shock, cardiac dysfunction, abdominal pain, and elevated inflammatory markers. These patients might not have positive SARS-CoV-2 PCR or antigen test results; therefore, antibody testing might be needed to confirm previous SARS-CoV-2 infection. Reporting: Healthcare providers must report suspect cases of MIS-A which meet the case definition criteria and with onsets on or after Jan 1, 2021.</p> <p>Multisystem Inflammatory Syndrome Associated with COVID-19 Case Report Form (pa.gov)</p>	NO
556	3/28/2021	ADVISORY	<p>Change in Pfizer-BioNTech COVID-19 Vaccine Transportation and Storage Conditions</p> <p>2021-PAHAN-556-2-28-Change in Pfizer.pdf</p>	<p>Undiluted frozen vials of the Pfizer-BioNTech COVID-19 vaccine may now be transported using proper transport and temperature monitoring devices and stored at -25°C to -15°C (-13°F to 5°F). Total cumulative time that the vials are stored at -25°C to -15°C (-13°F to 5°F) should not exceed 2 weeks.</p>	NO
554	2/23/2021	UPDATE	<p>Discontinuation of Transmission-Based Precautions for Patients with COVID-19</p> <p>2021-PAHAN-554-2-23-UPD -Discontinua.pdf</p>	<p>The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using a symptom-based strategy as described in HAN. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility. A test-based strategy is not recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS CoV-2 RNA but are no longer infectious.</p>	YES, PA-HAN-502 and 517
553	2/22/2021	UPDATE	<p>Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19</p> <p>2021-PAHAN-553-2-22-UPD -Return to W.pdf</p>	<p>Updates were made to the CDC guidance for Return-to-Work Criteria for healthcare personnel (HCP) on February 16, 2021. These changes include: HCP who are severely immunocompromised could remain infectious more than 20 days after symptom onset. For these HCP: Consultation with infectious diseases and infection prevention and control specialists is recommended. Consider use of a test-based strategy for determining when these HCP may return to work.</p>	YES, PA-HAN-499, 501 and 516
552	2/17/2021	UPDATE	<p>COVID Vaccine Second Dose Administration and Timing</p> <p>UPDATE: COVID Vaccine Second Dose Administration and Timing (pa.gov)</p>	<p>Persons receiving the second dose of an mRNA COVID-19 vaccine should follow the recommended scheduling as closely as possible. DOH and CDC recommend receiving the same vaccine product at both vaccinations. If it is not feasible to adhere to the recommended interval because of any reason, including vaccine availability, the second dose may be administered up to 6 weeks after the first dose. Every effort should be made to complete the vaccine series using the same vaccine product. If the first dose product cannot be determined or is unavailable, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses. If two doses of different mRNA vaccine products are administered for any reason, no additional doses are recommended at this time. The discordant doses should be noted on the person's vaccination card.</p>	NO
550	2/8/2021	ADVISORY	<p>SARS-CoV-2 Variants – Situation Update and Public Health Response</p> <p>SARS-CoV-2 Variants - Situation Update and Public Health Response (pa.gov)</p>	<p>There is an increasing number of SARS-CoV-2 variant cases being detected in the United States, including in Pennsylvania. Labs performing the ThermoFisher TaqPath COVID-19 RT-PCR assay are asked to forward any positive samples without a signal for the S gene and Cycle threshold (Ct) values for N and Orf1ab < 28 to the DOH lab for sequence characterization. • If operationally feasible, implementing enhanced public health control measures are warranted when SARS-CoV-2 variant cases are identified. • COVID-19 treatment and vaccine should continue to be made available to all individuals recommended to receive these therapies regardless of variant circulation. • Individuals should continue to practice COVID-19 mitigation measures including avoiding gathering with others outside their household, continuing to wear masks, increasing handwashing, ventilating indoor spaces, and staying at least six feet apart from others.</p>	NO

548	1/22/2021	UPDATE	<p>Point of Care Antigen Test Use and Interpretation</p> <p>UPDATE: Point of Care Antigen Test Use and Interpretation (pa.gov)</p>	<p>This Health Update provides recommendations and considerations for point-of-care (POC) antigen testing and replaces the guidance provided in PA-HAN-532. • The availability and use of point of care (POC) antigen tests to detect SARS-CoV-2 are increasing. • The main advantage of using these antigen tests is the rapid turnaround time for results; however, these tests are not as sensitive as molecular tests (i.e., PCR). • Some sites may be new to using these POC tests and, in order to ensure accuracy of results, facilities conducting these tests should become familiar with good laboratory practices. Some laboratory best practices and suggestions for preventing errors are included in this message. • Individuals using POC tests should understand antigen test performance characteristics in order to recognize potentially false negative or false positive results and to guide patient management. • Assessment of the person being tested, which would include the likelihood they have the disease or were exposed to COVID-19, should be considered when interpreting antigen test results and assessing the potential need for additional testing. • The following message is being disseminated to address questions associated with antigen tests and assist with the use and interpretation of POC antigen test results. • While some information contained in this HAN may be useful for long term care facilities, separate guidance for using antigen tests and the associated public health response in these facilities has been previously disseminated. Long term care facilities using antigen tests should refer to guidance disseminated in PA-HAN-547.</p>	YES, PA-HAN-532
547	1/22/2021	UPDATE	<p>Point-of-Care Antigen Testing for Long-term Care Facilities</p> <p>UPDATE: Point of Care Antigen Test Use and Interpretation (pa.gov)</p>	<p>This Health Update provides recommendations and considerations for point-of-care (POC) antigen testing for SARS-CoV-2 in long-term care facilities and replaces the guidance provided in PA-HAN-526. Key changes to the guidance include: • Generally, a positive antigen test in an asymptomatic person (resident or HCP) should be followed by a confirmatory molecular test within 48 hours; • Generally, a negative antigen test in a symptomatic person (resident or HCP) should be followed by a confirmatory molecular test within 48 hours; • When awaiting results of confirmatory testing, individuals should be treated as potentially infectious (Transmission-Based Precautions for residents and work exclusion for HCP); • A positive antigen test followed by a negative viral test collected within 48 hours using adequate technique should be treated as a false positive, regardless of the outbreak status of the facility. For more information about POC testing in general, please visit our POC testing website.</p>	YES, PA-HAN-526
546	1/7/2021	ALERT	<p>SARS-CoV-2 B.1.1.7 Variant Identified in Pennsylvania Resident</p> <p>2021-PAHAN-546-1-7-ALT - SARS-CoV-2.pdf</p>	<p>On January 5, 2021, DOH identified a case of COVID-19 with the "UK variant" (20B/50Y.V1 or B.1.1.7) in Dauphin County. An investigation to determine possible exposures and perform contact tracing is underway. • The B.1.1.7 variant has been identified in a handful of other states and is likely already present in other parts of the country. • Labs using the ThermoFisher TaqPath COVID-19 RT-PCR assay that identify specimens where the Orf and N gene are Cts<28 with no detection of the S gene should contact the DOH lab to discuss submission of samples. • Please contact the DOH lab at 610-280-3464 to notify staff that samples will be submitted. • Initial studies of the B.1.1.7 variant indicate that it may be more infectious than previously identified strains of SARS-CoV-2; however, it is not associated with more severe symptoms. • The currently approved vaccines are likely effective against this variant. • Because of the increased infectivity of this variant, contacts of cases infected with B.1.1.7 are required to complete a full 14-day quarantine. • People should continue to practice COVID-19 mitigation measures including avoiding gathering with others outside their household, continuing to wear masks, increasing handwashing, ventilating indoor spaces, and staying at least six feet apart from others.</p>	NO
545	1/6/2021	ADVISORY	<p>COVID Vaccination Indicators and Contraindications</p> <p>2021-PAHAN-545-01-06 -COVID Vaccinat.pdf</p>	<p>The Pennsylvania Department of Health is providing guidance for providers on COVID-19 vaccination. The information in this HAN should be used to supplement other relevant guidance documents and guide the implementation of public health expectations for vaccine providers. Key messages included in the guidance: • There are two mRNA vaccines with 90-95% efficacy in preventing clinical COVID-19 currently available through an Emergency Use Authorization (EUA) by the FDA in the United States. • The only absolute contraindication to COVID-19 vaccination is history of an immediate allergic reaction to either COVID-19 vaccine or any of their components. • Severe adverse reactions are uncommon, but vaccine providers should be prepared for this rare event. • Vaccine providers should report all adverse events following vaccination to Vaccine Adverse Event Recording System (VAERS). • All COVID-19 mitigation measures should continue to be followed after vaccination.</p>	NO

544	12/30/2020	ADVISORY	<p>Hospital COVID-19 Outbreak Exposure and Response</p> <p>2020-PAHAN-544-12-30 - Hospital Outb.pdf</p>	<p>The Pennsylvania Department of Health is providing guidance for hospitals on how to respond to COVID-19 outbreaks originating within the facility. This guidance should be used to supplement other relevant guidance documents and guide the implementation of public health expectations for hospitals. Key messages included in the guidance: • COVID-19 outbreak response in the hospital setting requires implementation of key response tools including cohorting, testing, and patient notification. • Outbreaks where transmission has occurred without clear epidemiologic links will require more widespread response, whereas smaller outbreaks with clearly defined epidemiologic linkages may be manageable with limited intervention. • Acute care facilities should have plans to notify exposed HCP, patients and visitors, and offer testing and counseling.</p>	NO
543	12/28/2020	ADVISORY	<p>Providing Demographic Variables as Part of Laboratory Submission Forms</p> <p>2020-PAHAN-543-12-28 - UPD - LAB DEM.pdf</p>	<p>Laboratory submission forms and patient test results with missing key demographic variables including patient date of birth, phone number, address, race, and ethnicity continue to present challenges for public health staff • These variables are essential for a complete and timely public health response to patients with COVID-19 and other reportable diseases • Providers are reminded that patient date of birth, address, telephone number, race, and ethnicity data fields should be included on all laboratory submission forms • Clinical laboratories are mandated to report the name, age, address, telephone number, and other information requested by the Department regarding the person from whom the specimen was obtained. See (PA Code, Title 28, Chapter 27: § 27.22 "Reporting of cases by clinical laboratories") • Laboratories are unable to report this information unless they receive it with submitted specimens.</p>	YES, PA-HAN-495
542	12/19/2020	ADVISORY	<p>Infection prevention and control considerations for residents of long-term care facilities with signs and symptoms following COVID-19 vaccination</p> <p>2020-PAHAN-LTCF Post Vaccine IPC 12.pdf</p>	<p>The Department is providing guidance for responding to signs and symptoms following COVID-19 vaccination in residents of long-term care facilities (LTCF). Strategies are needed by long-term care facilities to appropriately evaluate and manage post-vaccination signs and symptoms among their residents in order to minimize unnecessary testing and use of Transmission-Based Precautions and reduce transmission of infectious diseases, including COVID-19.</p>	NO
541	12/16/2020	ADVISORY	<p>Infection prevention and control considerations for healthcare personnel with signs and symptoms following COVID-19 vaccination</p> <p>Infection prevention and control considerations for healthcare personnel with signs and symptoms following COVID-19 vaccination (pa.gov)</p>	<p>The Department is providing guidance for responding to signs and symptoms following COVID-19 vaccination in healthcare personnel (HCP). Strategies are needed for healthcare facilities to appropriately evaluate and manage post-vaccination signs and symptoms among healthcare personnel (HCP) in order to minimize staffing disruptions and transmission of infectious diseases, including COVID-19.</p>	NO
540	12/9/2020	ADVISORY	<p>Hospital Outbreak Identification and Reporting for COVID-19</p> <p>2020-PAHAN-540-12-9-HOSPITAL OUTBREA.pdf</p>	<p>The Department is providing guidance for hospitals on how to identify and report COVID-19 outbreaks originating within the facility. This guidance should be used to supplement other relevant guidance documents and guide the implementation of public health expectations for hospitals. Key messages included in the guidance: • COVID-19 surveillance procedures must be outlined via written policy and implemented in a way that can systematically identify clusters • Outbreak Definition: o ≥ 2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage[†] ; or o ≥ 3 cases of confirmed COVID-19 in HCP* with epi-linkage[‡] AND no other more likely sources of exposure for at least 2 of the cases • Outbreaks fitting the definition outlined in this advisory must be reported through the Pennsylvania Patient Safety Reporting System (PA-PSRS) as an infrastructure failure. This does not replace reporting of COVID-19 cases or capacity data in other state or federal systems.</p>	NO
537	11/30/2020	ADVISORY	<p>Testing and Management Considerations for Long-term Care Facility Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating</p> <p>2020-PAHAN-537-11-30-ADV-FLU LTCF fi.pdf</p>	<p>The Department is providing guidance for long-term care facilities on testing and management considerations for residents with acute respiratory illness symptoms when SARS-CoV-2 and influenza viruses are co-circulating. Highlights of the guidance include: • Place symptomatic residents in Transmission-Based Precautions using all recommended PPE for care of a resident with suspected SARS-CoV-2 infection • Test any resident with symptoms of COVID-19 or influenza for both viruses • Placement Decisions o Residents confirmed to have SARS-CoV-2 infection should be moved to a dedicated COVID-19 care unit • Clinical management o Initiate treatment and chemoprophylaxis using antiviral medications, as appropriate o Encourage influenza vaccination for residents and healthcare personnel • Influenza infections and outbreaks are reportable to the Pennsylvania Department of Health. For reporting, positive influenza tests should be reported electronically to PA NEDSS. For outbreak reporting, please call your local public health authority or call 1- 877-PA-HEALTH (1-877-724-3258).</p>	NO

536	11/17/2020	UPDATE	<p>Additional Guidance for Patients After a Known Exposure to SARS-CoV-2</p> <p>2020-PAHAN-536-11-17-ADV - Additiona.pdf</p>	<p>This guidance is intended to provide clarification to the information contained in PA-HAN-525. If someone is identified as a close contact to a person with COVID, the close contact must quarantine for 14 days from the date of last contact. • There is no recognized "presumed positive" case definition for COVID-19. • Household contacts of COVID-19 cases who cannot isolate themselves must quarantine for 14 days after the case's infectious period ends.</p>	NO
535	11/11/2020	UPDATE	<p>Notification of COVID-19 Test Results to Patients</p> <p>2020-PAHAN-535-11-11-UPD - Case Noti.pdf</p>	<p>Healthcare providers who are evaluating patients for COVID-19 should instruct the patient to isolate. Patients should be asked to develop a list of people who were in close contact (defined as being within 6 feet for a period of 15 minutes or more depending upon the exposure) with them from the period 48 hours before symptom onset to the time at which the patient isolated. • All persons diagnosed with COVID-19 should self-isolate until at least 10 days have passed since symptom onset, and symptoms are improving, including being afebrile, for 24 hours without antipyretics. • These steps should be taken immediately. Do not wait for test results to come in. • Close contacts of laboratory confirmed COVID-19 cases should be instructed to self quarantine for 14 days from the last known exposure to the patient being evaluated for COVID-19. • Close contacts are recommended to be tested at least 2-3 days after their exposure. • A negative test result does not release a close contact from quarantine early. The full 14-day quarantine must be observed. • Healthcare providers should give the attached document to any patient being evaluated for COVID-19.</p> <p>https://www.health.pa.gov/topics/Documents/HAN/COVID%20Close%20Contact%20Worksheet.11.11.docx</p> <p>https://www.health.pa.gov/topics/Documents/HAN/COVID-19%20Patient%20Instructions%20for%20Self%20Isolation.pdf</p>	YES, PA-HAN-493
534	10/30/2020	UPDATE	<p>Guidance for Reporting Point of Care SARS-CoV-2 Test Results</p> <p>Update: Guidance for Reporting Point of Care SARS-CoV-2 Test Results (pa.gov)</p>	<p>The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUA) for a number of COVID-19 point of care (POC) tests for rapid detection of SARS CoV-2. • These POC tests may be used by both traditional healthcare providers (e.g., hospitals, outpatient providers) and by non-traditional settings who have appropriate CLIA Certificate to conduct this testing. • All entities conducting these POC tests are required to report these results, including positive, negative, and inconclusive/indeterminate, to public health authorities through PA NEDSS. • On October 19, 2020, HHS updated its reporting guidance to indicate that CMS-certified long-term care facilities are required to use National Healthcare Safety Network (NHSN) to fulfill POC test reporting. Additional information regarding this process are detailed in this message. • Several mechanisms have been established for facilities not required to report via NHSN which will ensure reporters are compliant in providing the results of POC tests.</p> <p>REPORTING for CMS-certified Long-Term Care Facilities: On October 15, 2020, the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) added a Point-of-Care (POC) Laboratory Reporting Tool within the NHSN Long-Term Care Facility COVID-19 Module. This added capability enables Centers for Medicare & Medicaid Services (CMS)-certified long-term care facilities to meet the Department of Health and Human Services' (HHS) requirement to report SARS-CoV-2 point-of-care antigen test data and other on-site COVID-19 laboratory testing data reporting requirements. All other reporters: All entities conducting testing to identify SARS-CoV-2, the virus that causes COVID-19, are required to report positive, inconclusive/indeterminate, and negative results to PA-NEDSS within 24 hours of test completion.</p>	YES, PA-HAN-531
533	10/26/2020	ADVISORY	<p>Additional Factors to Determine Close Contacts of Persons with COVID-19</p> <p>2020-PAHAN-533-10-26-ADV - Additiona.pdf</p>	<p>Identification and quarantine of close contacts associated with individuals infected with COVID-19 is critical to the public health response as it can help slow disease transmission. • Transmission is most commonly spread when two people are in close contact with one another (within 6 feet, or 2 arm lengths). • The nature and duration of contact also need to be considered when assessing close contacts. In general, time periods of 15 minutes or more appear to present the greatest risk. • This message is being disseminated to further clarify new guidance from CDC regarding how the 15-minute exposure time should be assessed and suggested implementation in PA.</p>	NO

530	10/7/2020	ADVISORY	<p>Long-term Care Facility Guidance for Testing and Cohorting: Response to an Outbreak and Residents with Exposure to COVID- 19</p> <p>2020-PAHAN-530-10-7-ADV-TESTING UPDA.pdf</p>	<p>The Department is providing guidance for long-term care facilities on how to use testing and cohorting as tools to reduce transmission in the event of an outbreak in the facility or an exposure to residents. This guidance applies to a wide range of settings and is not limited to skilled nursing facilities. This guidance supersedes PA-HAN-509. This guidance outlines:</p> <ul style="list-style-type: none"> • Long-term Care Facility testing response to a case of COVID-19 o Test all residents and HCP in the facility even if baseline testing has been completed in the past. o Do not re-test any residents or staff with a history of SARS-CoV-2 infection within the previous 90 days. • Facility response when a resident has known exposure to COVID-19 in a outpatient health care setting or a community-based setting (e.g. social outing). o Even if symptoms are not present, test the resident for SARS-CoV-2. Ideally, wait at least 2-3 days following the exposure to perform testing. • Testing considerations and post-testing actions, including cohorting. These recommendations are consistent with previous guidance provided in PA-HAN-509 but have been updated to incorporate antigen POC testing. • Facilities are reminded that all test results, including those from POC testing need to be reported to PA-NEDSS. 	YES, PA-HAN-508 and 509
529	10/2/2020	UPDATE	<p>Multisystem Inflammatory Syndrome in Children (MIS-C)</p> <p>2020-PAHAN-529-10-02-UPD - Multisyst.pdf</p>	<p>As of October 1, the Pennsylvania Department of Health is reporting 49 confirmed cases of multisystem inflammatory syndrome in children (MIS-C).</p> <ul style="list-style-type: none"> • Healthcare providers should report suspected cases among patients younger than 21 years of age meeting MIS-C criteria through PA-NEDSS or by calling 1-877-PA-HEALTH (1-877- 724-3258) or your local health department • Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C. • Coroners and medical examiners should consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection. 	YES, PA-HAN-506
528	10/1/2020	ADVISORY	<p>Considerations for Evaluating Patients for SARS-CoV-2</p> <p>2020-PAHAN-528-10-1-ADV - Considerat.pdf</p>	<p>Patients infected with SARS-CoV-2 may present with a variety of symptoms.</p> <ul style="list-style-type: none"> • In order to protect public health, it is important to consider COVID-19 in patients presenting with mild symptoms. • This consideration is especially important in children and young adults. • If a patient has been exposed to a case of COVID-19, it is recommended that they be tested 2-3 days after exposure, regardless of the presence of symptoms. 	NO
527	9/21/2020	ADVISORY	<p>Testing and Management Guidance for Patients After Exposure to SARS-CoV-2</p> <p>2020-PAHAN-527-09-21-ADV - Guidance for Patients After Exposure to SARS-CoV-2.pdf</p>	<p>Individuals who have been in close contact with a confirmed COVID-19 case should be tested for SARS-CoV-2, regardless of the presence of symptoms.</p> <ul style="list-style-type: none"> • SARS-CoV-2 testing may also be advised for individuals who were in a substantial transmission zone and attended a gathering of more than 10 people without universal mask wearing and physical distancing. • Persons who test positive for SARS-CoV-2 do not need to repeat a test for at least 3 months. 	NO
525	9/14/2020	ALERT	<p>Guidance for Patients Under Quarantine After Exposure to SARS-CoV-2</p> <p>2020-PAHAN-525-09-14-ALT - Guidance.pdf</p>	<p>The Pennsylvania Department of Health (DOH) is asking that clinicians provide the current guidance on quarantine to patients who had close contact with a person with COVID-19. This guidance is based on available information about COVID-19 and subject to change as additional information becomes available.</p>	NO
524	9/10/2020	UPDATE	<p>Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID 19) in a Healthcare Setting</p> <p>UPDATE: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting</p>	<p>This HAN Update provides comprehensive information regarding infection prevention and control for COVID-19 in healthcare settings. The changes in this updated version of PA HAN 520 reflect an emphasis on the utility of universal eye protection for healthcare worker safety and exposure reduction.</p> <p>Additions and edits in this version (compared to HAN 520) include: Healthcare personnel (HCP) should adhere to using universal eye protection, in addition to a facemask, for all patient care encounters. And updated language regarding the use of respirators for suspected or confirmed COVID-19 cases in accordance with the Secretary's Order.</p>	YES, PA-HAN-486, 490, 497, and 520
521	8/13/2020	ADVISORY	<p>Exposure to COVID-19 in the Dental Care Setting</p> <p>2020-PAHAN-521-08-13-ADV - Dental Ex.pdf</p>	<p>Unique characteristics of the dental care setting require specific infection prevention and control considerations in order to prevent the transmission of COVID-19. As persons with COVID-19 may be asymptomatic and pre-symptomatic, exposure to COVID-19 in the dental setting may still occur despite aggressive prevention measures. This HAN provides guidance for the response to a case of COVID-19 in a dental healthcare personnel (DHCP) or patient, including how to identify those at risk of exposure when the positive case is the dental healthcare personnel and/or a patient.</p>	NO
518	7/20/2020	UPDATE	<p>Interim Guidance on Discontinuing Non-Healthcare Isolation for Persons with COVID-19</p> <p>2020-PAHAN-518-07-20-UPD -Interim Gu.pdf</p>	<p>This guidance replaces the information in PA-HAN 504 from May 5, 2020.</p> <ul style="list-style-type: none"> • Symptom-based criteria were modified as follows: <ul style="list-style-type: none"> o Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of fever-reducing medications. o Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19. • PA DOH recommends utilizing the symptom-based strategy for symptomatic patients wherever possible. • PA DOH recommends utilizing the time-based strategy for asymptomatic patients wherever possible. 	YES, PA-HAN-504

513	7/4/2020	ALERT	<p>Changing Epidemiology of COVID-19 Case Demographics</p> <p>2020-PAHAN-513-07-04-ALT-Changing Ep.pdf</p>	<p>There are increasing numbers of COVID-19 cases associated with travel and social gatherings or social settings, including bars, restaurants, and parties. • Healthcare providers who are evaluating patients for COVID-19 should instruct the patient to isolate while awaiting test results. Patients should be asked to develop a list of people who were in close contact (defined as being within 6 feet for a period of 15 minutes or more depending upon the exposure) with them from the period 48 hours before symptom onset or test date for asymptomatic persons to the time at which the patient isolated. • The decision to discontinue home isolation for persons with confirmed or suspected COVID 19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. • Healthcare personnel with healthcare related exposures should follow the guidance outlined on PAHAN 510.</p>	NO
505	5/6/2020	UPDATE	<p>SARS-CoV-2 Laboratory Testing Comparison</p> <p>UPDATE: SARS-CoV-2 Laboratory Testing Comparison</p>	<p>Laboratories need a CLIA certificate to perform SARS-CoV-2 testing. Under CLIA, laboratories are prohibited from testing human specimens for the purpose of diagnosis, prevention, treatment, or health assessment without a valid CLIA certificate. Clinical laboratories and facilities such as academic laboratories, research laboratories, pharmacies, physician offices, urgent care clinics, and veterinary laboratories need CLIA certification to perform SARS-CoV-2 testing on human specimens. This is an update to HAN 503 released 5/4/2020. There are no antigen tests authorized under the FDA EUA to date.</p>	YES, PA-HAN-503
500	4/30/2020	UPDATE	<p>Interim Guidelines for Collecting Clinical Specimens for COVID-19 Testing</p> <p>2020-PAHAN-500-04-30-UPD-UPDATE-Specimen Collections.docx</p>	<p>The following specimens are acceptable to submit for COVID-19 testing: o A nasopharyngeal (NP) specimen, o An oropharyngeal (OP) specimen, or o A nasal mid-turbinate (NMT) swab, or o An anterior nares specimen (NS), or o Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW). • Consultation with the health department is required before testing at DOH. Please call 1- 877-PA-HEALTH (1-877-724-3258) or your local health department. • Commercial and in-house laboratory tests do not require consultation with the health department. Please follow those laboratory specimen collection instructions. • Positive test results should be reported through the Pennsylvania electronic reporting system, PA-NEDSS. • Specimens for point-of-care tests should not be placed in media or saline prior to analysis.</p>	YES, PA-HAN-487 and 491
496	4/14/2020	ADVISORY	<p>Universal Message Regarding Cohorting of Residents in Skilled Nursing Facilities</p> <p>496 - 04/14/20 - ADV - Cohorting Residents (pa.gov)</p>	<p>Cohorting of residents with COVID-19 in dedicated units within skilled nursing facilities can be an effective transmission prevention strategy, but it must be done deliberately to be effective. Once COVID-19 is identified in a nursing care facility, there are three types of residents to consider: confirmed or probable cases, exposed residents, and unexposed residents. Cohorting decisions should consider all three groups of residents, with the first priority being to restrict the mixing of residents who are cases or are exposed with those who are thought to be unexposed. This HAN provides examples of situations in which cohorting residents or use of a dedicated COVID-19 unit may be beneficial.</p>	NO
495	4/14/2020	ALERT	<p>Providing demographic variables as part of laboratory submission forms</p> <p>495 - 04/14/20 - ALT - ALERT - Lab Demographics (pa.gov)</p>	<p>Key demographic variables including patient date of birth, phone number, address, race, and ethnicity are frequently missing from laboratory submission forms and patient test results • These variables are essential for a complete and timely public health response to patients with COVID-19 and other reportable diseases • Providers are reminded that patient date of birth, address, telephone number, race, and ethnicity data fields should be included on all laboratory submission forms • Clinical laboratories are mandated to report the name, age, address, telephone number, and other information requested by the Department regarding the person from whom the specimen was obtained. See (PA Code, Title 28, Chapter 27: § 27.22 "Reporting of cases by clinical laboratories") • Laboratories are unable to report this information unless they receive it with submitted specimens.</p>	NO
494	4/10/2020	ALERT	<p>Interim Guidelines for Serologic Testing and COVID-19 Diagnostics</p> <p>494 - 4/10/20 - ALT - ALERT: Interim Guidelines for Serologic Testing and COVID-19 Diagnostics (pa.gov)</p>	<p>Two nucleic acid amplification-based tests have been granted an Emergency Use Authorization by the Food and Drug Administration for point of care (POC) use. • There are no serological tests that are approved for use in POC setting. • Serology cannot be used to diagnose infection with SARS-CoV-2. • There are no CDC guidelines for interpretation of COVID-19 serology tests. • Results from serology testing should not be used as the sole basis to diagnose or exclude COVID-19 infection or to inform infection control.</p>	NO
492	4/3/2020	ALERT	<p>Universal Masking of Healthcare Workers and Staff in Congregate Care Settings</p> <p>ALERT: Universal Masking of Healthcare Workers and Staff in Congregate Care Settings (pa.gov)</p>	<p>Minimizing transmission of COVID-19 into and within health care facilities and congregate care facilities is critical. • Implement universal masking of all persons (e.g., staff members) entering the facility with a surgical or isolation mask (not a respirator). If possible, symptomatic patients or residents should be masked during direct care to enhance source control. • Facilities should continue to implement daily symptom screening for all staff and restrict visitors, including visits from non-essential ancillary therapeutic services. • Continue to utilize recommended PPE (N-95 respirator or higher, gown, gloves, and eye protection) for confirmed COVID-19 cases. • Implement strategies to optimize the supply of PPE and equipment.</p>	NO

483	3/6/2020	ALERT	<p>First Presumptive Positive COVID-19 Cases in Pennsylvania</p> <p>First Presumptive Positive COVID-19 Cases in Pennsylvania (pa.gov)</p>	On March 6, 2020, the Pennsylvania Department of Health (DOH) was notified of two presumptive positive 2019 novel coronavirus (COVID-19) cases in Wayne County and Delaware County. These are the first two known instances of COVID-19 in Pennsylvania. As of 3/6/2020, there is no evidence of community transmission of COVID-19 in Pennsylvania.	NO
482	3/5/2020	ADVISORY	<p>COVID-19 Commercial Laboratory Testing Available</p> <p>2020-PAHAN-482-03-05-ADV-Commercial.pdf</p>	The Pennsylvania Department of Health (DOH) is releasing the following advisory regarding commercial laboratory testing for 2019 novel coronavirus (COVID-19) As of 3/5/2020, COVID-19 has NOT been detected within Pennsylvania • Commercial laboratory testing for COVID-19 is available • Testing is still available at DOH Bureau of Laboratories (BOL) • COVID-19 is a reportable condition.	NO
477	2/4/2020	ADVISORY	<p>Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings</p> <p>Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings (pa.gov)</p>	CDC will provide separate guidance for healthcare settings. Key points: CDC and DOH recommend isolation and quarantine of persons with epidemiologic risk factors; DOH is applying these recommendations prospectively AND retrospectively for any person who traveled to mainland China or Hubei Province for the preceding 14 days; This risk stratification does not apply to healthcare workers; Call DOH at 1-877-PA-HEALTH or your local health department to help assess and manage your patients and travelers; and We will be calling persons in self-isolation or home quarantine daily to assess needs and well-being. This may change. CDC created this interim guidance to provide U.S. public health authorities and other partners with a framework for assessing and managing risk of potential exposures to 2019-nCoV and implementing public health actions based on a person's risk level and clinical presentation.	NO
476	1/31/2020	ADVISORY	<p>Updated Coronavirus (2019-nCoV) Collection and Shipping Guidance</p> <p>Updated Coronavirus (2019-nCoV) Collection and Shipping Guidance (pa.gov)</p>	The Pennsylvania Department of Health (DOH), Bureau of Laboratories (BOL) is releasing the collection and shipping guidance, "Updated Coronavirus (2019-nCoV) Collection and Shipping Guidance". If you have any questions regarding this guidance, please call the BOL at 610-280-3464. A. Lower respiratory tract – collect two if possible B. Upper respiratory tract Nasopharyngeal swab (NP) AND oropharyngeal swab (OP) C. Serum Complete BOL Specimen Submission Form / Packaging Instructions / Shipping Instructions.	NO
475	1/31/2020	ADVISORY	<p>2019 Novel Coronavirus (2019-nCoV) Interim Guidance for Healthcare Professionals</p> <p>2019 Novel Coronavirus (2019-nCoV) Interim Guidance for Healthcare Professionals (pa.gov)</p>	The Pennsylvania Department of Health is releasing updated guidance from the Centers for Disease Control and Prevention (CDC), including criteria for evaluation of travelers from affected areas in China. Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a PUI for MERS CoV remains unchanged. Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV.	NO
474	1/25/2020	ADVISORY	<p>Coronavirus (2019-nCoV) Collection and Shipping Guidance</p> <p>Coronavirus (2019-nCoV) Collection and Shipping Guidance (pa.gov)</p>	Health care providers should contact Pennsylvania Department of Health (PA DOH) (1-877-PA HEALTH) or local health department immediately to notify them of patients with fever and lower respiratory illness who traveled to Wuhan, China within 14 days of symptom onset or contact with a confirmed case of 2019 Novel Coronavirus (2019-nCoV). Local and state public health staff will determine if the patient meets the criteria for a patient under investigation (PUI) for 2019 n-CoV. A. Lower respiratory tract – collect one B. Upper respiratory tract - Nasopharyngeal swab (NP) AND oropharyngeal swab (OP) C. Serum Complete BOL Specimen Submission Form / Packaging Instructions / Shipping Instructions.	NO
473	1/19/2020	ADVISORY	<p>Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China</p> <p>Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China (pa.gov)</p>	The Pennsylvania Department of Health (DOH) is forwarding the following advisory to healthcare providers, "Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China" from the Centers for Disease Control and Prevention (CDC). Please report any suspected cases immediately by calling DOH at 1-877- PA-HEALTH (1-877-724-3258) or your local health department.	NO
471	1/9/2020	ADVISORY	<p>Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China</p> <p>Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China (pa.gov)</p>	The Pennsylvania Department of Health (DOH) is forwarding the following advisory to healthcare providers, "Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China" from the Centers for Disease Control and Prevention (CDC). Please report any suspected cases of PUE immediately by calling DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.	No
				Isolation Precautions Guidelines Library Infection Control CDC	

Archived COVID-19 Based Health Alerts, Advisories and Updates

PA-HAN Number	Date	Replaced By	Title	Brief Summary of Contents	Replaces Previous PA-HAN (yes/no) if yes HAN Number listed
551	2/12/2021	UPDATE ARCHIVED replaced by PA-HAN-559	<p>Quarantine Recommendations After SARS-CoV-2 Vaccination</p> <p>Quarantine Recommendations After SARS-CoV-2 Vaccination</p>	<p>Archived Guidance: On February 10, 2021, the Centers for Disease Control and Prevention (CDC) updated its quarantine recommendations to reflect SARS-CoV-2 vaccination status. People who are vaccinated against COVID-19 do NOT need to quarantine after an exposure to another person with COVID-19 if they meet ALL of the following criteria: They are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2- dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine); They are within 3 months following receipt of the last dose in the series; AND, They have remained asymptomatic since the current COVID-19 exposure. These criteria can be applied to healthcare providers (HCPs) as a strategy to alleviate staffing shortages but does NOT apply to inpatients or residents in healthcare settings. Regardless of vaccination status, persons who exhibit new or unexplained symptoms of COVID-19 still need to isolate and be evaluated for COVID-19 testing. Close contacts who have not received vaccine or who do not meet all of the above criteria must follow existing quarantine guidance. DOH continues to recommend COVID-19 prevention measures such as masking, physical distancing, avoiding nonessential travel, and hand hygiene for all people regardless of vaccination status.</p>	NO
538	12/4/2020	UPDATE ARCHIVED replaced by PA-HAN-559	<p>Updated Quarantine Recommendations for Persons Exposed to COVID-19</p> <p>2020-PAHAN-538-12-4-ALT - Updated Quarantine Recommendations for Persons Exposed to COVID-19.pdf</p>	<p>Archived Guidance: The Department of Health is providing options to shorten quarantine for contacts of persons with SARS-CoV-2 infection. The most protective recommended quarantine period remains at 14 days post exposure. Quarantine can end after Day 10 without testing if no symptoms have been reported during daily monitoring. • When testing resources are sufficient, quarantine can end after day 7 if a diagnostic specimen (e.g., RT-PCR, antigen) tests negative and is collected on day 5 or thereafter and the person remains asymptomatic. • Quarantine may not be further shortened beyond the end of day 7. • Testing of symptomatic persons seeking evaluation for infection must be prioritized over testing for early discontinuation of quarantine. • These updated recommendations are for the community at large and do not apply to healthcare settings.</p>	Provides updated quarantine information for PA-HAN- 513, 518, 525, 527, 535, and 536
532	10/8/2020	ADVISORY ARCHIVED replaced by PA-HAN-548	<p>Point of Care Antigen Test Use and Interpretation</p> <p>2020-PAHAN-532-10-8-ADV-POC use inte.pdf</p>	<p>Archived Guidance: The availability and use of antigen tests to detect SARS-CoV-2 is increasing. The main advantage of using these antigen tests is the rapid turnaround time for results; however, these tests are not as sensitive as molecular tests. This guidance is designed to describe what an antigen test is and how it differs from PCR testing, some best practices for sites conducting these tests, when POC antigen testing should be considered, and circumstances that should be considered when interpreting antigen test results.</p>	NO
531	10/8/2020	ADVISORY ARCHIVED replaced by PA-HAN- 534	<p>Guidance for Reporting Point of Care SARS-CoV-2 Test Results</p> <p>2020-PAHAN-531-10-8-ADV-COVID labrep.pdf</p>	<p>Archived Guidance: The U.S. Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUA) for a number of COVID-19 point of care (POC) tests for rapid detection of SARS CoV-2. • These POC tests may be used by both traditional healthcare providers (e.g., hospitals, outpatient providers) and by non-traditional settings who have appropriate CLIA Certificate to conduct this testing. • All entities conducting these POC tests are required to report these results, including positive, negative, and inconclusive/indeterminate, to public health authorities through PA NEDSS. • A number of mechanisms have been established to ensure reporters can be compliant in providing the results of POC tests.</p>	NO
526	9/17/2020	ADVISORY ARCHIVED replaced by PA-HAN- 547	<p>Point-of-Care Antigen Testing for SARS-CoV-2 in Long-term Care Facilities</p> <p>2020-PAHAN-526-09-17-ADV- POC Antige.pdf</p>	<p>Archived Guidance: This Health Advisory provides recommendations and considerations for use of SARS-CoV-2 (the virus that causes COVID-19) POC antigen testing in nursing homes. The advisory focuses on the use and interpretation of results. For more information about POC testing in general, including reporting requirements, test machine specifics, and links to resources, please visit DOH POC COVID-19 testing website.</p>	NO

520	8/7/2020	UPDATE ARCHIVED replaced by PA-HAN-524	<p>Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID 19) in a Healthcare Setting</p> <p>2020-PAHAN-520-08-07-UPD_Infection.pdf</p>	<p>Archived Guidance: This HAN Update provides comprehensive information for infection prevention and control for COVID-19 in healthcare settings. Most recommendations in this updated guidance are not new; they have been reorganized into the following sections: • Recommended infection prevention and control (IPC) practices for routine healthcare delivery during the pandemic • Recommended IPC practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection New recommendations include: • Healthcare personnel (HCP) working in facilities located in areas with moderate to substantial community transmission should wear eye protection in addition to a facemask for all patient care encounters • Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.</p>	YES, PA-HAN-486, 490 and 497
517	7/18/2020	UPDATE ARCHIVED replaced by PA-HAN-554	<p>Discontinuation of Transmission-Based Precautions for Patients with COVID-19</p> <p>2020-PAHAN-517-07-18-UPD - UPDATE- D.pdf</p>	<p>Archived Guidance: Updates were made to the CDC guidance for discontinuing Transmission-Based Precautions on July 17, 2020. These changes include: • Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions. • For patients with severe to critical illness or who are severely immunocompromised the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised patients, 20 days after their initial positive SARS-CoV-2 diagnostic test). • Other symptom-based criteria were modified as follows: o Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of fever-reducing medications. o Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19.</p>	YES, HAN-502
516	7/18/2020	UPDATE ARCHIVED replaced by PA-HAN- 553	<p>Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19</p> <p>2020-PAHAN-516-07-18-UPD - UPDATE-Return to Work for Healthcare Personnel.pdf</p>	<p>Archived Guidance: Updates were made to the CDC guidance for Return-to-Work Criteria for healthcare personnel (HCP) on July 17, 2020. These changes include: • Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work. • For HCP with severe to critical illness or who are severely immunocompromised, the recommended duration for work exclusion was extended to 20 days after symptom onset (or 20 days after their initial positive SARS-CoV-2 diagnostic test for asymptomatic persons). • Other symptom-based criteria were modified as follows: o Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of fever-reducing medications o Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19.</p>	YES, PA-HAN-499 and 501
510	6/1/2020	UPDATE ARCHIVED replaced by PA-HAN- 560	<p>Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19</p> <p>2020-PAHAN-510-06-01-UPD-UPDATE Expo.pdf</p>	<p>Archived Guidance: This guidance has been updated to simplify the determination of risk exposures warranting work restriction. Highlights of the guidance include: • Resume contact tracing and application of work restrictions in areas where spread of COVID-19 in the community has decreased • Focus on exposures believed to result in higher risk for healthcare personnel (HCP) (i.e., prolonged exposure to patients with COVID-19 when HCP's eyes, nose, or mouth are not adequately covered) • The definition of "prolonged exposure" was extended to refer to a time period of 15 or more minutes of close contact (within ≤ 6 feet). However, any duration should be considered prolonged if the exposure occurs during performance of an aerosol generating procedure. • If you have additional questions about this guidance, please contact DOH at 1-877-PA HEALTH (1-877-724-3258) or your local health department.</p>	NO
509	6/1/2020	UPDATE ARCHIVED replaced by PA-HAN-530	<p>Testing Guidance for COVID-19 in Long-term Care Facilities Residents and Healthcare Personnel</p> <p>2020-PAHAN-509-UPDATE-Testing LTCF.pdf</p>	<p>Archived Guidance: This version of PA-HAN-509 has been updated to reflect a correction to the email address for DOH licensed facilities to request support for COVID-19 testing: RA DHCOVIDTESTING@pa.gov. The Department is providing updated guidance for testing in long-term care facility (LTCF) residents. This guidance applies to a wide range of settings and is not limited to skilled nursing facilities. • Updates to the guidance bring a renewed focus on: Keeping COVID-19 out of the facility by conducting baseline testing of all staff and residents. Detecting cases quickly with facility-wide testing upon detection of a new case in a resident or HCP. Stopping transmission by continuing weekly testing of all residents and staff through at least 14 days since most recent positive result. • Facilities performing universal testing must have a plan for testing that includes: Access to testing with a rapid turnaround-time Resident cohorting and staffing plan, Applicable items discussed on pages 5-6 • The guidance in this health alert network message represents recommended best practices and does not replace or supersede formal orders.</p>	NO

508	5/12/2020	ADVISORY ARCHIVED replaced by PA-HAN- 530	<p>Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities</p> <p>2020-PAHAN-508-05-12-ADV-ADVISORY: Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities</p>	<p>Archived Guidance: Universal testing of residents and staff is one strategy to help inform infection prevention and control in skilled nursing facilities. • Consider four key principles when using testing in skilled nursing care facilities. o Testing should not supersede existing infection prevention and control (IPC) interventions. o Testing should be used when results will lead to specific IPC actions. o The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility. o Repeat testing may be warranted in certain circumstances. • Facilities should develop a plan for testing and post-testing intervention to include: o Logistics of resident and staff testing o Cohorting plan to include designated Red, Yellow, and Green zones, respective of testing result and exposure status.</p>	NO
506	5/11/2020	ALERT ARCHIVED replaced by PA-HAN- 529	<p>Pediatric Multi-System Inflammatory Syndrome Potentially Associated with COVID-19</p> <p>2020-PAHAN-506-05-11-ALT-Pediatric M.pdf</p>	<p>Archived Guidance: Cases compatible with multi-system inflammatory syndrome have been identified in children in New York City and United Kingdom hospitals. • These cases are characterized by persistent fever and features of Kawasaki disease or toxic shock syndrome. Abdominal symptoms in these patients are common. • These cases may require intensive care unit admission for cardiac or respiratory support. • Polymerase chain reaction testing for SARS-CoV-2 may be positive or negative. • Early recognition and specialist referral are essential, including to critical care if warranted. • Any patient meeting these criteria should be immediately be reported to the PA DOH through PA-NEDSS.</p>	NO
504	5/4/2020	UPDATE ARCHIVED replaced by PA-HAN- 518	<p>Interim Guidance on Discontinuing Non-Healthcare Isolation for Persons with COVID-19</p> <p>2020-PAHAN-504-05-04-UPD -Interim Gu.pdf</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers of Disease Control and Prevention (CDC) on May 3, 2020, for discontinuation of isolation for persons with COVID-19 not in healthcare settings.</p>	NO
503	5/4/2020	ALERT ARCHIVED replaced by PA-HAN- 505	<p>SARS-CoV-2 Laboratory Testing Comparison</p> <p>ALERT: SARS-CoV-2 Laboratory Testing Comparison</p>	<p>Archived Guidance: This guidance is part of the Pennsylvania Department of Health's (DOH) effort to clarify the types of SARS-CoV-2 testing, whether the tests are being offered under an EUA issued by FDA or as described in FDA's COVID-19 Test Guidance, and the CLIA certifications and requirements under which testing can be performed.</p>	NO
502	5/1/2020	ADVISORY ARCHIVED replaced by PA-HAN- 554	<p>Discontinuation of Transmission-Based Precautions for Patients with COVID-19</p> <p>2020-PAHAN-502-05-01-ADV-Discontinui.pdf</p>	<p>Archived Guidance: The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using either: o test-based strategy or o symptom-based strategy or o time-based strategy (for persons without symptoms) • Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility. o Patients should be discharged from the healthcare facility whenever clinically indicated. o Isolation should be maintained at home or in the receiving healthcare facility until criteria are met. • Determining when to discontinue "exposed" or "affected" status for a unit or facility can assist with understanding the proper implementation of infection prevention and control measures as described in PA-HAN-492 and PA-HAN-496.</p>	NO
501	5/1/2020	UPDATE ARCHIVED replaced by PA-HAN-553	<p>Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19</p> <p>2020-PAHAN-501-05-01-UPD-Return to W.pdf</p>	<p>Archived Guidance: Updates were made to the CDC guidance for Return-to-Work Criteria for healthcare personnel (HCP) on April 30, 2020. These changes include: • Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms • Changed the name to a 'time-based strategy' for those without symptoms • Updated non-test-based strategies to extend the duration of exclusion from work to at least 10 days since symptoms first appeared. • Based on this extension of the symptom-based and time-based strategies, language about the test-based strategy being preferred was removed.</p>	YES , PA-HAN-499
499	4/21/2020	ALERT ARCHIVED replaced by PA-HAN-560	<p>Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19</p> <p>Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (pa.gov)</p>	<p>Archived Guidance: Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy. • A test-based strategy is preferred, where possible, for healthcare personnel (HCP) given that there is uncertainty about the length of time that a person who has recovered from COVID-19 is infectious. • In the presence of a shortage of testing supplies or a long turn-around-time for test results and staffing shortages, a non-test-based strategy should be employed. • Implement strategies described with the CDC guidance for mitigation of staffing shortages. • If HCP must return to work before meeting criteria, they should ideally perform non-direct care or direct care for persons who are confirmed to have COVID-19.</p>	NO
498	4/19/2020	ALERT ARCHIVED	<p>Interim Guidelines for Exposed Life-Sustaining Business Workers</p> <p>498 - 04/19/20 - ALT - Critical Infrastructure (pa.gov)</p>	<p>Archived Guidance: Life-sustaining business workers, as defined in the Orders that the Governor and Secretary of Health of Pennsylvania issued, and subsequently amended, on March 19, 2020, may be permitted to continue to work following potential exposure to COVID-19. • These life-sustaining business workers may continue to work provided they remain asymptomatic and additional precautions are implemented. • Additional precautions include: pre-screening, monitoring, masking, social distancing, and routine disinfection/cleaning.</p>	NO

497	4/16/202	UPDATE ARCHIVED replaced by PA-HAN- 524	<p>Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID 19) in a Healthcare Setting</p> <p>UPDATE: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following guidance to reiterate and clarify guidance released from the Pennsylvania Department of Health on March 24, 2020. The following updates are now recommended for healthcare settings: • To address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. • To address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. • Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. • As community transmission intensifies within a region, healthcare facilities may consider foregoing contact tracing for exposures in a healthcare setting in favor of universal source control for HCP and screening for fever and symptoms before every shift, as well as the end of every work shift as described in HAN 492.</p>	YES, PA-HAN-490
493	4/6/2020	ALERT ARCHIVED replaced by PA-HAN-535	<p>Notification of COVID-19 Test Results to Patients</p> <p>2020-PAHAN-493-04-06-ALT-Notificatio.pdf</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is asking that clinicians provide the current guidance on isolation to patients being evaluated for COVID-19 to ensure that timely recommendations are provided to reduce spread of disease. Healthcare providers who are evaluating patients for COVID-19 should instruct the patient to isolate. Patients should be asked to develop a list of people who were in close contact (defined as being within 6 feet for a period of 10 minutes to 30 minutes or more depending upon the exposure) with them from the period 48 hours before symptom onset to the time at which the patient isolated. • All persons diagnosed with COVID-19 should self-isolate until at least 7 days have passed since symptom onset, and symptoms are improving, including being afebrile, for 72 hours without antipyretics. • These steps should be taken immediately. Do not wait for test results to come in.</p>	NO
491	4/3/2020	UPDATE ARCHIVED replaced by PA-HAN- 500	<p>Interim Guidelines for Collecting Clinical Specimens for COVID-19 Testing</p> <p>UPDATE: Interim Guidelines for Collecting Clinical Specimens for COVID-19 Testing (pa.gov)</p>	<p>Archived Guidance: The Centers for Disease Control and Prevention (CDC) issued updated interim guidelines for collecting, handling, and testing clinical specimens from persons for COVID-19 testing. The Pennsylvania Department of Health (DOH) is providing these updated guidelines with emphasis on the acceptable alternative specimens.</p>	NO
490	3/24/2020	UPDATE ARCHIVED replaced by PA-HAN-524	<p>Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019- nCoV) in a Healthcare Setting</p> <p>Infection Prevention and Control Recommendations (pa.gov)</p>	<p>Archived Guidance: Due to receipt of many questions regarding the CDC guidance for infection prevention and control in healthcare facilities updated on March 10, 2020, and issued by DOH on March 11, 2020, DOH has clarified specific points within the guidance by communicating directly with CDC. The supply chain for PPE continues to be severely strained across the nation. Facilities must evaluate their current stockpiles and supply chain to guide local decisions for PPE use and allocation.</p>	NO
489	3/19/2020	UPDATE ARCHIVED replaced by PA-HAN-559	<p>Updated Interim Guidance on Discontinuing Home Isolation/Quarantine and Returning to Work Criteria for Healthcare Providers</p> <p>Update: Updated Interim Guidance on Discontinuing Home Isolation/Quarantine and Returning to Work Criteria for Healthcare Providers (pa.gov)</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the DOH on March 17, 2020, for discontinuation of home isolation for persons with COVID-19. HCP returning to work after being released from isolation must wear a facemask at all times and be restricted from caring for severely immunocompromised patients for 14 days after symptom onset, as well as adhere to strict hand and respiratory hygiene and monitor for symptoms.</p>	NO
488	3/17/2020	ALERT ARCHIVED replaced by PA-HAN-559	<p>Interim Guidance on Discontinuing Home Isolation/Quarantine and Returning to Work Criteria for Healthcare Providers with COVID-19</p> <p>2020-PAHAN-488-03-17-ALT -Discontin.pdf</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers of Disease Control and Prevention (CDC) on March 16, 2020, for discontinuation of home isolation for persons with COVID-19.</p>	NO
487	3/14/2020	ALERT ARCHIVED replaced by PA-HAN-500	<p>Interim COVID 19 Specimen Collection and Testing Guidance</p> <p>2020-PAHAN-487-03-14-ALT - Interim C.pdf</p>	<p>Archived Guidance: DOH is requiring consultation prior to SARS-CoV-2 testing at the public health laboratory. Specifically, providers who are assessing: known contacts of confirmed COVID-19 cases, patients in congregate care settings (e.g., skilled nursing facilities, long term care facilities), patients admitted to a hospital, and healthcare workers.</p>	NO
486	3/11/2020	UPDATE ARCHIVED replaced by PA-HAN- 524	<p>Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings</p> <p>2020-PAHAN-486-03-11-ALT - Infect Pr.pdf</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers for Disease Control and Prevention (CDC) on March 10, 2020, for infection prevention and control recommendations for patients with suspected or confirmed COVID-19 in healthcare settings.</p>	NO

485	3/11/2020	UPDATE ARCHIVED replaced by PA-HAN- 476	<p>COVID-19 Specimen Collection and Shipping Guidance</p> <p>Updated: COVID-19 Specimen Collection and Shipping Guidance (pa.gov)</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers for Disease Control and Prevention (CDC) on March 9, 2020, for COVID-19 specimen collection and shipping. This is an update to the guidance that was released on March 5, 2019, HAN-482.</p>	NO
484	3/9/2020	UPDATE ARCHIVED replaced by PA-HAN- 560	<p>UPDATE: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)</p> <p>2020-PAHAN-484-UPDATE Risk Assessment.pdf</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following directions based on guidance released by the Centers for Disease Control and Prevention (CDC) for risk assessment and management of healthcare personnel with potential exposure to patients with COVID-19. • This guidance has been updated based on the development of community transmission in multiple areas of the United States. • As of March 9, 2020, there is no community transmission of COVID-19 detected in Pennsylvania. We continue to recommend a discrete containment response. o Simplified guidance has been issued by CDC to inform risk assessment, monitoring and work restriction • DOH provides additional guidance in the event of sustained community transmission o To address resource prioritization, contact tracing, risk assessment and work restriction may be limited o Exposed HCP that are asymptomatic may continue to work.</p>	NO
481	3/5/2020	ALERT ARCHIVED replaced by PA-HAN-560	<p>Interim Guidance for Healthcare Professionals</p> <p>Interim Guidance for Healthcare Professionals (pa.gov)</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following guidance for healthcare professionals with potential exposure to patients with 2019 novel coronavirus and for health departments to implement after-travel health precautions. • CDC and DOH have updated criteria for PUI for COVID-19 • As of 3/5/2020, COVID-19 cases caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have NOT been detected within Pennsylvania • Health care providers should contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or local health department about possible cases of COVID-19 • With the increased availability of diagnostic testing for COVID-19 at the state level, clinical providers and health departments should discuss testing for patients with compatible symptoms and exposure criteria, and taking into account the epidemiology of COVID-19 in Pennsylvania • Clinical specimens for routine respiratory testing should be collected from approved Patients under Investigation (PUIs). Contact DOH to receive testing approval. • Travelers from China or Iran will be contacted by your health department • Travelers from Italy and South Korea should call 1-877-PA-HEALTH (1-877-724-3258) to inform the health department about your travel.</p>	NO
480	2/28/2020	ADVISORY ARCHIVED replaced by PA-HAN-560	<p>Updated: COVID-19 Interim Guidance for Healthcare Professionals</p> <p>2020-PAHAN-480-02-28-ADV - Updated C.pdf</p>	<p>Archived Guidance: DOH recommends that diagnostic evaluation commence and continue for patients with fever and severe acute lower respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization and without explanatory diagnosis (e.g., influenza). At a minimum, testing for common etiologic agents for pneumonia should be done. Useful testing includes Streptococcus pneumoniae, Legionella, influenza, a respiratory viral panel, and other pathogens as warranted. Chest radiograph (CXR), and other imaging, should be done as indicated. Consultation with infectious disease specialists and others (e.g., pulmonary and critical care specialists), as appropriate, should be sought to elucidate common etiologies for lower respiratory illness. Limited information is available to characterize the spectrum of clinical illness associated with coronavirus disease 2019 (COVID-19). No vaccine or specific treatment for COVID-19 is available; care is supportive. Healthcare providers should immediately notify both infection control personnel at their healthcare facility and DOH or their local health department in the event of a PUI for COVID-19. Please call DOH (877-PA-HEALTH/1-877-724-3258) or your local health department to discuss any possible exposures.</p>	NO
479	2/27/2020	ALERT ARCHIVED replaced by PA-HAN-560	<p>COVID-19 Interim Guidance for Healthcare Professionals</p> <p>2020-PAHAN-479-02-27-ALT - COVID-19.pdf</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following, • An important change from previous guidance is that travelers from newly affected geographic areas (in bold) who develop illness need to be evaluated, including: China, Iran, Italy, Japan, South Korea • Health care providers should contact the Pennsylvania Department of Health at 1-877-PA HEALTH or local health department about possible cases of coronavirus disease (COVID 19), caused by the severe acute respiratory syndrome coronavirus 2, shortened to SARS CoV-2 • Clinical specimens should be collected from Patients under Investigation (PUIs) for routine testing of respiratory pathogens at either clinical or public health labs • Testing at the PA DOH Bureau of Laboratories (BOL) and/or Centers for Disease Control and Prevention (CDC) must be approved by PA DOH Bureau of Epidemiology • Specimens cannot be sent to CDC until a CDC nCoV ID number has been issued.</p>	NO

478	2/9/2020	ADVISORY ARCHIVED replaced by PA-HAN-560	<p>Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)</p> <p>Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)</p>	<p>Archived Guidance: The Pennsylvania Department of Health (DOH) is releasing the following directions based on guidance released by the Centers for Disease Control and Prevention (CDC) for risk assessment and management of healthcare personnel with potential exposure to patients with 2019 novel coronavirus. • This guidance provides a framework for classifying HCP exposures as high, medium, low, and no identifiable risk. • It applies to HCP with exposure to patients with confirmed 2019 novel coronavirus or PUIs when test results are not available within 72 hours. • Risk is determined by factors such as the duration of exposure, the patient’s clinical symptoms (e.g., coughing), whether the patient was masked, whether aerosol generating procedures were done, and type of PPE used. • HCP with high or medium risk exposures will be excluded from work and will require monitoring for development of symptoms for 14 days. • HCP with low risk exposures (i.e., close contact with appropriate PPE) will require monitoring for symptoms but should not be excluded from work. • Clinical evaluation and treatment of a PUI or confirmed case must be done in coordination with DOH (1-877-PA-HEALTH) or your local health department. This will include a discussion of occupational health risk. • Facilities must be prepared to appropriately assess risk exposures, track, monitor and exclude exposed HCPs in collaboration with public health. • Healthcare facilities must immediately report any at-risk HCP who develops symptoms to DOH at 877-PA-HEALTH or your local health department.</p>	NO
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