

Wyoming currently has reported cases of COVID-19. While the number of lab-confirmed cases of COVID-19 remains low in Wyoming, findings from our contact tracing investigations indicate community spread. The number of COVID-19 cases in Wyoming is likely to grow in the days ahead.

Testing options for SARS-COV-2 are now available at Labcorp, Quest, ARUP and BioReference Laboratories, and other reference laboratories. Wyoming Public Health Laboratory (WPHL) will test samples from patients who do not meet the priority criteria (see below), but turnaround times cannot be guaranteed, WPHL will not test samples for asymptomatic patients. Contact your provider for more information.

All outpatients who are tested for COVID-19 are required to self isolate in their homes until negative test results are obtained. Self isolation entails isolating yourself in a private residence until at least three days (72 hours) have passed since recovery. Recovery is defined as no fever without the use of fever-reducing medication and improvements in respiratory symptoms. In total at least 7 days must have passed from the first symptoms to recovery.

Persons staying at home because of confirmed or possible COVID-19 infection should not attend work or school and should avoid public settings and other situations that may permit close contact with others. This guidance applies to any person, regardless of whether they have received a laboratory confirmed COVID-19 diagnosis including health care workers.

For questions regarding COVID-19 dial 211 or email Wyoming Department of Health at wdh.covid19@wyo.gov. Up to date information can be found at www.cdc.gov & www.cdc.gov.

TESTING PRIORITIES

Priority	Clinical Features		Epidemiologic Risk
1	Fever ¹ or signs/symptoms of respiratory illness ²	AND	Healthcare workers ³ who performed patient care while symptomatic OR who had close contact ⁴ with a laboratory-confirmed ⁵ COVID-19 patient within 14 days of symptom onset
2	Hospitalized patients or patients living in communal healthcare settings (such as nursing homes, assisted living facilities, or shelters) with fever¹ or signs/symptoms of respiratory illness without alternative explanatory diagnosis and negative testing for influenza (and negative testing on a viral respiratory panel, if available)	AND	No source of exposure has been identified
3	Patients with fever ¹ or signs/symptoms of lower respiratory illness ² and negative testing for influenza (and negative testing on a viral respiratory panel, if available) ⁶	AND	Persons ≥65 years and/or persons with underlying health conditions (e.g. diabetes, heart disease, chronic lung disease, etc.) OR A person who has continued close contact with persons ≥65 years and/or persons with underlying health conditions (e.g. diabetes, heart disease, chronic lung disease, etc.) OR Close contact⁴ with a laboratory-confirmed⁵ COVID-19 patient within 14 days of symptoms onset.

- Fever may be subjective or measured (≥100.4°F or 38.0°C).
- 2. Signs of respiratory illness include cough or shortness of breath or sore throat.
- For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.
- 4. Close contact is defined as:
 - a. a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
 - b. b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) if such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator or facemask, and eye protection).
- Documentation of laboratory confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries or U.S jurisdictions