



## Overview of Nevada's Response to the Novel Coronavirus (COVID-19)

### Background:

In partnership with the Centers for Disease Control and Prevention (CDC), the Nevada Department of Health and Human Services (DHHS) and local health authorities are closely monitoring and responding to the outbreak of respiratory illness caused by COVID-19. Current knowledge on how COVID-19 spreads is based on what is known about early reported cases of COVID-19 along with what is known about similar coronavirus, such as SARS-CoV and MERS. Person-to-person spread most often occurs during close intimate contact with a person infected with COVID-19. Transmission is thought to occur mainly via respiratory droplets produced when an infected person coughs, similar to how influenza viruses and other respiratory pathogens spread.

### Identification:

CDC developed criteria to assist both public health and medical professionals in the identification of potentially infected people with COVID-19. Persons in the United States (U.S.) who meet the following criteria will be classified as a Person Under Investigation (PUI) and evaluated accordingly.

Clinical Features	AND	Epidemic Risk
Fever <b>or</b> sign/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person including health care workers, who has had close contact with laboratory confirmed COVID-19 patient within 14 days of symptom onset
Fever <b>and</b> signs/symptoms of a lower respiratory illness (e.g. cough or shortness of breath)	AND	A history of travel from <b>Hubei Province</b> , China within 14 days of symptom onset
Fever <b>and</b> signs/symptoms of a lower respiratory illness (e.g. cough or shortness of breath) requiring hospitalization	AND	A history of travel from mainland China within 14 days of symptom onset

If a public health or medical professional believes a person meets the PUI criteria, DHHS will be notified immediately. DHHS staff will contact CDC's Emergency Operations Center (EOC) for consultation and clearance to order COVID-19 testing on the PUI. If a person meets the PUI criteria, they will be placed in immediate isolation until cleared by CDC.

### Risk Assessment and Public Health Intervention:

CDC created interim guidance to provide U.S. public health authorities and other partners with a framework for assessing and managing risk of potential exposures to COVID-19 and implementing public health actions based upon a person's risk level and clinical presentation. The below risk levels apply to travel-associated and community setting. All exposures apply to the 14 days prior to assessment and public health interventions apply to the 14 days after the potential exposure occurred.

Table 1. CDC Risk Categories

Risk Level	Definition of risk
High Risk	<ul style="list-style-type: none"> <li>Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <b>without using recommended precautions</b> for home care and home isolation                             <ul style="list-style-type: none"> <li>The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.</li> </ul> </li> <li>Travel from Hubei Province, China</li> </ul>
Medium Risk	<ul style="list-style-type: none"> <li>Close contact with a person with symptomatic laboratory-confirmed COVID-19 infection, and not having any exposures that meet a high-risk definition.                             <ul style="list-style-type: none"> <li>The same risk assessment applies for close contact with a person diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing.</li> <li>On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction</li> </ul> </li> <li>Living in the same household as, an intimate partner of, or providing care in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation</li> <li>Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition</li> </ul>
Low Risk	<ul style="list-style-type: none"> <li>Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 infection for a prolonged period of time but not meeting the definition of close contact</li> <li>On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed COVID-19 infection but not within 6 feet (2 meters) AND not having any exposures that meet a medium- or a high-risk definition</li> </ul>
No Identifiable Risk	<ul style="list-style-type: none"> <li>Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.</li> </ul>

Table 2. Movement Monitoring of Persons Who Are Symptomatic and Asymptomatic

Risk Level	Type of contact	Medical Evaluation	Movement Restrictions and Public Activities
High Risk	Symptomatic	Medical evaluation is recommended; diagnostic testing for COVID-19 should be guided by CDC's PUI definition but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Immediate isolation.
	Asymptomatic	Daily active monitoring	No, unless symptoms occur
Medium Risk	Symptomatic	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition. If medical evaluation is needed, do the same as High Risk symptomatic medical evaluation.	Immediate isolation.
	Asymptomatic	<b>Travelers from mainland China outside Hubei Province with no known high-risk exposure:</b> Self-monitoring with public health supervision  <b>All others in this category:</b> Active monitoring	Remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.
Low Risk	Symptomatic	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition	Recommendation to avoid contact with others and public activities while symptomatic
	Asymptomatic	Self-observation	No restriction
No Identifiable Risk	Symptomatic	Routine medical care	No restriction
	Asymptomatic	No restriction	None

**Isolation and Quarantine:**

**Quarantine:** Physical separation and confinement of a person or a group of persons exposed to, or reasonably believed by a health authority to be exposed to, a communicable disease from persons who are not infected with and have not been exposed to the communicable disease. [NRS 441A.115](#)

**Isolation:** Physical separation and confinement of a person or a group of persons infected, or reasonably believed by a health authority to be infected, with a communicable disease from persons who are not infected with and have not been exposed to the communicable disease. [NRS 441A.065](#)

**Voluntary Isolation and Quarantine:**

- Voluntarily consent to being confined
  - Public or private medical facility, Residence, or Other safe location
  - Under emergency isolation or quarantine for testing, examination, observation
- Health authority provides information to patient on why they need to be isolated or quarantined
- Patient signs a consent form

**Application for emergency isolation or quarantine:**

Health authority has authorization only in their jurisdiction

- Carson City, Douglas County, Lyon County, and Storey County do not have a health authority, so must work with state health authority

Must be submitted by another health authority, physician, physician assistant, or registered nurse.

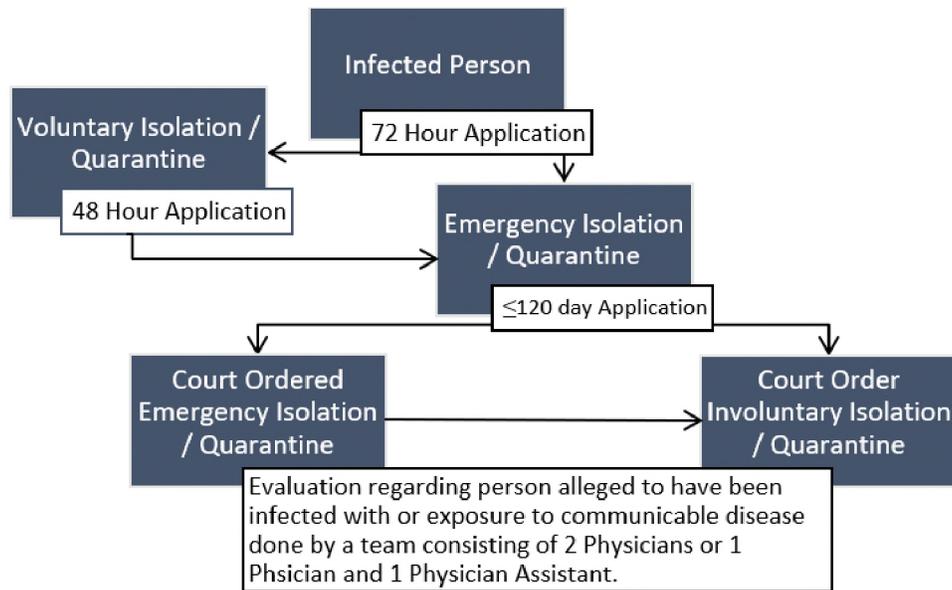
**Emergency court-ordered isolation or quarantine:**

Health authority petitions district court

- Individual taken into custody to allow the health authority to:
  - Investigate
  - File a petition for involuntary court-ordered isolation and quarantine
- Petition must be accompanied by
  - Certificate from health authority, physician, physician assistant, or RN based on observation and conclusion of infection
  - Sworn statement by health authority

The court is authorized to issue an emergency order only:

- For the time needed for the health authority to conduct its investigation or
- If satisfied that person is immediate threat to health of public



#### Declaration of a State of Emergency:

The Governor has the power to declare a both a public health emergency ([NRS 439.970](#)) and a state of emergency ([NRS 414.070](#)). Under the declaration of a public health emergency the Governor has the authority to designate an emergency team which is comprised of the Chief Medical Officer or an appointee, and representatives from state agencies, divisions, boards and other entities. Under the declaration of a state of emergency the Governor has the power to assume direct operational control over all or any part of the functions of emergency management within Nevada ([NRS 414.070](#)). In addition, the declaration of a state of emergency activates the Governors authority to request mutual aid ([NRS 414.075](#)).

The Association of State and Territorial Health Officers (ASTHO) has developed an emergency authority and immunity toolkit which can be found here: <https://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Authority-and-Immunity-Toolkit/Emergency-Declarations-and-Authorities-Fact-Sheet/>.

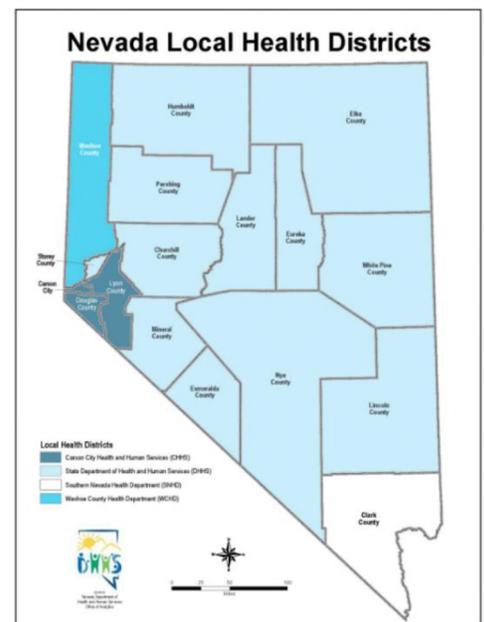
#### Federal, State and Local Infrastructure:

Nevada is considered a largely decentralized state, meaning each health jurisdiction has its own authority led by each local government. Nevada has four health authorities, which includes DHHS.

- Southern Nevada Health District (SNHD) has authority over Clark County.
- Washoe County Health District (WCHD) has authority over Washoe County.
- Carson City Health and Human Services (CCHHS) has authority over Carson, Douglas and Lyon County.
- Nevada Department of Health and Human Services (DHHS) has authority over the remaining rural counties.

An effective public health system requires a collaborative effort, as well as an alignment of policy and practice of governmental public health agencies at the national, state and local levels. During a national and/or global outbreak or pandemic, CDC as our federal partner develops guidance and criteria that helps guide a consistent response across the nation. DHHS is responsible for communicating directly with CDC to ensure the guidance is understood in practice and disseminates that guidance to the local health authorities, clinicians, laboratories, the public, etc. DHHS also serves as the direct link between the local health authorities and CDC. DHHS is responsible for the oversight of the outbreak at a state level to ensure the Nevada situation is closely monitored and can guide adjustments to state specific control measures and preparedness responses as applicable.

If a local health authority suspects a person in their jurisdiction meets the PUI criteria for COVID-19, they immediately contact DHHS.



DHHS will ascertain both the exposure information and the clinical information for this potential PUI. Once initial information is gathered, DHHS immediately contacts CDC EOC for a consult regarding if this person will be counted as a PUI. If the person is determined to be a PUI, DHHS staff work directly with the local health authority and the Nevada State Public Health Laboratory (NSPHL) to ensure correct specimens are collected and sent to NSPHL in an appropriate manner for testing. The local health authority also performs an interview and completes a case report form, which collects all the necessary data for surveillance purposes. This form is provided to DHHS, who is responsible for sending to CDC. If a PUI is reported in a rural county within DHHS's jurisdiction, the same steps occur but the investigation is handled by DHHS staff solely.