



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

May 1, 2020

Dear Colleague:

Revised guidance from the Centers for Disease Control and Prevention (CDC) now recommends all healthcare personnel (HCP) with confirmed or suspected COVID-19 stay home from work for at least 10 days after their symptom onset. This letter updates and clarifies Maryland's exclusion guidance for HCP following exposure to or diagnosis with confirmed or suspected COVID-19.

Exclusion for HCP with Confirmed or Suspected COVID-19

- HCP experiencing any symptom consistent with COVID-19

Healthcare personnel experiencing any symptom consistent with COVID-19, regardless of whether they are tested for COVID-19, should not go to work. If they are already at work, they must leave work immediately and follow the CDC's symptom-based strategy for determining when to return to work.

Symptom-based strategy

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms; **and**,
- At least **10 days** have passed *since symptoms first appeared* (**NEW**)

The list of symptoms meriting exclusion includes, but is not limited to: loss of sensation of taste or smell; new mild cough; elevated temperature; subjective fever; new fatigue/malaise; myalgia; chills; and any other new respiratory symptoms.

- Symptomatic HCP diagnosed with laboratory-confirmed COVID-19

For symptomatic HCP with a positive test for COVID-19, MDH still only requires the use of the symptom-based strategy outlined above to determine when the HCP can return to work. MDH does NOT require use of the test-based strategy; however, employers may choose to use the test-based strategy instead:

Test-based strategy

- Resolution of fever without use of fever-reducing medication;
 - Improvement of COVID-19 symptoms; and
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive specimens collected ≥ 24 hours apart
- Asymptomatic HCP diagnosed with laboratory-confirmed COVID-19

Time-based strategy

If HCP test positive for COVID-19 but have never shown any symptoms, they should follow CDC's time-based strategy and should not return to work until 10 days after the collection of their first positive test specimen. If symptoms develop during those ten days, the symptom-based or test-based guidance above should be followed.

Upon return to work, all healthcare personnel must wear a medical mask and not work with severely immunocompromised patients (e.g., hematology/oncology or transplant) until 14 days have passed after illness onset (or date of positive test for asymptomatic HCP).

CDC guidance on return to work criteria for healthcare personnel with confirmed or suspected COVID-19 are online at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Exclusion for HCP with Potential Exposure to Patients with COVID-19

- **In most cases, exposed workers can continue to work so long as they regularly monitor themselves for fever and symptoms of COVID-19, use facemasks or cloth face coverings for source control, and not report to work when ill.** (Note that cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required.)
- Past guidance recommended excluding healthcare personnel from work for 14 days following medium- or high-risk exposures to a patient with laboratory-confirmed COVID-19. With widespread community transmission occurring, this guidance is usually no longer practical. While MDH continues to recommend this pre-emptive exclusion when feasible, it is NOT required at this time. Employers who wish to still exclude workers pre-emptively should refer to CDC guidance for exposure risk assessment: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

Thank you for your extraordinary efforts caring for patients with COVID-19 in our community.

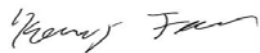
Sincerely,

A handwritten signature in black ink that reads "Kenneth Feder". The signature is written in a cursive style with a large, sweeping "K" and "F".

Kenneth Feder, PhD
CDC Epidemic Intelligence Service Officer
Maryland Department of Health

A handwritten signature in black ink that reads "Monique Duwell". The signature is written in a cursive style with a large, sweeping "M" and "D".

Monique Duwell, MD, MPH
Chief, Center for Infectious Disease Surveillance and Outbreak Response
Maryland Department of Health

A handwritten signature in black ink that reads "Kenneth Feder". The signature is written in a cursive style with a large, sweeping "K" and "F".