## WILDLAND FIRE MEDICAL AND PUBLIC Fire Management Board HEALTH ADVISORY TEAM (MPHAT)

**To:** Fire Management Board and Non-Federal Wildland Fire Partners **From:** COVID-19 Wildland Fire Medical and Public Health Advisory Team (MPHAT) **Date:** July 2, 2020

Subject: Laboratory Testing for Coronavirus Disease (COVID-19), Wildland Fire Management Personnel

Wildfire incidents may be an ideal environment for the transmission of infectious diseases due to work and environmental factors such as close living and working conditions, limited access to hygiene supplies, and a workforce that constantly travels and carries out emergency response activities across the country. The purpose of this memo is to release updated information and guidance regarding laboratory testing to diagnosis SARS-CoV-2 COVID-19 in the wildland fire work environment.

To-date, two types of tests exist to assess current or past COVID-19 infection:

- Tests for current infection (viral tests) Viral tests collect samples from the respiratory system (such as swabs of the inside of the nose) and can tell an individual if they <u>currently</u> <u>have</u> an infection with SARS-CoV-2, the virus that causes COVID-19.
- Tests for past infection (antibody tests) Antibody tests check an individual's blood by looking for antibodies, which can show if they <u>had</u> a past infection with the virus that causes COVID-19.

## As of June 14, 2020:

The MPHAT recommends following <u>CDC guidance for prioritizing SARS-CoV-2 testing</u> for wildland firefighters based on:<sup>1</sup> (1) individuals with signs and symptoms consistent with COVID-19 and (2) asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 (exposure being defined as within 6 feet for 15 minutes or more)

**The MPHAT advises agencies to utilize CDC guidance:** <u>Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case Is Identified.</u><sup>2</sup> This new guidance is for workplaces for testing after a COVID-19 case is identified. It includes considerations for using testing strategies of exposed co-workers to help prevent disease spread, to identify the scope and magnitude of SARS-CoV-2 infection, and to inform additional prevention and control efforts that might be needed. As this is new guidance, MHPAT is currently working to understand how the CDC recommendations could be incorporated and will work with our agencies to provide recommendations for developing a testing strategy.

The MPHAT recommendations are consistent with CDC guidance and advises agencies that testing should not supersede existing recommended prevention and mitigation measures. Testing strategies can aid in identifying infectious individuals with the goal of reducing transmission of SARS-CoV-2 in the workplace. These strategies augment and do not replace existing guidance. In order to maximize compliance with recommended mitigation measures MPHAT strongly recommends that employers implement non-punitive sick leave and testing policies where all disincentives are removed for reporting symptoms and self-isolating and undergoing testing when recommended (i.e. paid sick leave, employer-paid for testing regardless of the results).

**MPHAT** recommendations are consistent with CDC <u>guidance</u> that antibody testing should NOT be used to diagnose COVID-19 as a standalone test and should NOT be used for diagnostic **purposes or used to make workplace decisions such as returning a firefighter to work.** While antibody testing may be useful in a research setting, it currently is not useful for identifying infections.

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## **Considerations for Testing:**

- Viral tests used to detect current infections, are only a "snapshot" in time. A negative test indicates an individual was likely not infected at the time the sample was collected. Individuals may test positive later (SARS-CoV-2 incubation period following an exposure is 2-14 days) or could have an exposure after the test result.
- All testing devices produce <u>false positive results</u> (tests result is positive, but the individual DOES NOT have a disease) and <u>false negative results</u> (test results are negative, but the individual DOES have the disease).
  - Individuals with COVID-19 who are given a false-negative result will not be isolated and can infect others.
  - Individuals who do not have COVID-19 but are given a false-positive result may be subject to unnecessary isolation and further disease investigation, and operations may be unnecessarily impacted.
- If testing is used, all tests used should aim for rapid turn-around-times (e.g., less than 48 hours) to minimize exposures and facilitate effective action from fire managers and public health departments. Individuals with COVID-like symptoms must isolate away from other workers or NOT come to work while waiting on test results.
  - All test results must be reported to local public health agencies.
- Collecting an acceptable sample at a wildfire incident will be challenging and sample collection and preservation is critical for accurate test results.

**Conclusion:** The MPHAT does not recommend utilizing universal COVID-19 laboratory testing as a standalone risk mitigation or screening measure among wildland firefighters at the time of this issuance. If agencies choose to pursue a testing program for firefighters, a plan for should be developed in conjunction with pertinent agency offices (e.g. Budget, Legal, Human Resources) using the considerations outlined above. The MPHAT supports current CDC guidance to use testing strategies for individuals with signs and symptoms of COVID-19 and directly exposed co-workers to help prevent disease spread, to identify the scope and magnitude of SARS-CoV-2 infection, and to inform additional prevention and control efforts that might be needed. Incorporating this guidance by an agency will require an implementation plan including remote areas, funding, and public health department contact tracing.

**Regardless of test results, all fire personnel must take preventive measures to protect themselves and others (refer to** <u>MPHAT Prevention and Mitigation Recommendations</u>).

<sup>&</sup>lt;sup>1</sup> <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html</u>

<sup>&</sup>lt;sup>2</sup> <u>https://www.cdc.gov/coronavirus/2019-ncov/community/worker-safety-support/hd-testing.html</u>