



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

## Department of Health and Social Services

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### **Interim Guidelines for Ongoing COVID-19 Symptom Screening and Testing in Seafood Processors in Alaska**

June 30, 2020

The efforts being made to quarantine and test arriving workers, and the plans developed for testing and isolating workers who become ill are powerful tools for reducing the risk of COVID-19 in Alaska's communities and among seafood industry workers. Screening and testing workers throughout the season reduces this risk even further. This document does not replace the required arrival testing/quarantining strategies outlined in Health Mandate 10, Appendix 1.

#### **Symptom Screening**

Conducting daily symptom screening of all employees throughout the season is one strategy that will help ensure outbreaks are detected early. It is our recommendation that screening be done in the morning and include:

- Symptom screening
  - Fever
  - Cough
  - Shortness of breath
  - Loss of smell/taste
  - Sore throat
  - Diarrhea or nausea
  - Headache
  - Muscle/joint aches
  - Runny nose
- Temperature checks (the cut-off for fever is 100.4 F or above)

*A daily log of screening for each worker should be maintained and made available to the Alaska Division of Public health upon request.*

## Diagnostic Testing

### *Symptomatic workers*

Testing individuals with any symptoms of COVID-19 must be performed throughout the season using a molecular diagnostic test that detects SARS-CoV-2 nucleic acid (e.g., a PCR test, the Abbott ID NOW); an antibody test is not satisfactory for diagnosing acute infection.

Anyone who tests positive for COVID-19 must be placed into isolation. These individuals may only be released from isolation by public health. Companies may choose one of [two strategies](#) (test-based, or time/symptom-based) for discontinuing staff from isolation; selecting a strategy to discontinue isolation should be made in the context of local circumstances.

### *Testing contacts after a case identified*

When a case of COVID-19 is identified in a seafood processing plant, a swift response is needed to reduce the risk of transmission within the facility. The Centers for Disease Control and Prevention (CDC) has published [guidelines for response activities in high-density critical infrastructure employers](#) and information on [protecting seafood processing workers from COVID-19](#). These guidelines include a risk-based approach which is based on classifying workers into one of three tiers (Tiers 1–3) by their degree of contact with a known case. The guidelines outline corresponding testing and quarantining strategies by tier. Because the guidance is available online, the details will not be repeated here. The CDC guidelines will be considered by the State of Alaska during a response alongside information collected during the public health investigation.

Aggressive testing following the identification of a case of COVID-19 can help prevent a large outbreak. Because of the close quarters of fish processing facilities/vessels, it may be difficult to determine the individual risk level for all employees. In that circumstance, all employees (Tiers 1–3) should be tested following the identification of a case. When individual risk levels are able to be assessed with confidence, only employees in select tiers may require testing; that decision may only be made in consultation with public health. At a minimum, individuals that have been in close contact with the case (Tier 1 employees) should be tested. Close contacts are identified by state or local public health professionals, based on standard guidelines and information gathered during public health investigations. A log of all testing should be maintained.

### *Quarantining contacts*

- All workers who have been *identified by public health staff* as close contacts (Tier 1) to a COVID-19 case are required to remain in quarantine for 14 days.
- The exception to the above is if the facility will not be able to remain open/operational without the quarantined staff, in which case, a test-based strategy may be used that includes baseline testing and serial testing (i.e., re-testing) every 3 days until there are no more new cases detected in the entire Tier 1 group.
  - Individual workers who remain asymptomatic and have negative tests at baseline and Day 3 can return to work and must continue to be tested every 3 days after returning to work until there are no more new cases in the Tier 1 group.

- With this strategy, some workers who are infected and return to work may begin to shed virus after Day 3. Infection in these workers could be missed without serial testing resulting in potential workplace transmission.
- Workers who test positive or become symptomatic during quarantine or after returning from work should be excluded from the workplace, as discussed above.
- Workers who remain asymptomatic and have negative tests at baseline and Day 3 can return to work and should continue to be tested every 3 days after returning to work until there are no more new cases in the Tier 1 group.
- In higher risk settings, especially with crowded working and living conditions, and in areas where local testing and healthcare capacity is limited, it may be better to close the facility down until staff have completed a 14 day quarantine if the facility is unable to remain open without them.

Please note that vessels that have a symptomatic crewmember while underway should immediately consult telemedicine providers concerning the isolation and treatment of the ill crewmember. The vessel captain or medical staff should then work with the closest Public Health Center to operationalize their plan for quarantine, monitoring, and testing (if available) of close contacts based on the vessel design and capabilities. Vessel captains must have a plan for immediate transport of any crewmember whose symptoms become serious or life-threatening to an appropriate medical treatment center.

*Testing asymptomatic workers in the absence of a confirmed case (outside the arrival period)*

- Though not required, testing workers periodically (e.g., every 4 weeks) throughout the season is a useful strategy to detect asymptomatic cases and prevent further spread of the virus throughout the facility/vessel and local community.
- The frequency of testing should take into account the probability of importation of the virus into the facility and local testing capacity.
- Routine testing should be based on local factors including the following:
  - The degree to which workers “mix” (intentionally or unintentionally) with workers who have not completed their arrival quarantine/testing
  - The degree to which workers mix (intentionally or unintentionally) with the local community, especially if there is COVID-19 circulating within that community
  - Evidence that the arrival quarantine strategy is ineffective based on previous outbreaks
  - The level of concern of the community
- A log of all testing should be maintained.

**Returning to Work after Recovering from COVID-19**

Once an individual has been released from isolation (using either of [CDC's strategies](#)), public health follow-up is complete. A letter documenting the individual's release from isolation can be provided upon request.

If an employer requires additional criteria to be met before an individual returns to work, that is done at the employer's discretion. We do not recommend repeat testing individuals who have already been

released from isolation as the results from a molecular detection test can cause alarm, and challenging to interpret. However, we understand that extenuating circumstances may be taken into account when specifying a return to work policy. If a worker develops new symptoms of COVID-19 a month or more after having recovered, please notify the Alaska Section of Epidemiology. As a reminder, [CDC specifically recommends against](#) using serology as part of a return to work policy.