NEW MEXICO
Department of Health
Epidemiology And Response Division

MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

POLICIES FOR THE PREVENTION AND CONTROL OF COVID-19 IN NEW MEXICO

September 28, 2021

Note: These policies are based on the best scientific information available as of the date above. Policies will be updated as new information becomes available.

EPIDEMIOLOGY AND RESPONSE
1190 St. Francis Drive, N1320 • Santa Fe, New Mexico • 87502-6110
(505) 827-0006 • FAX: (505) 827-2110 • www.nmhealth.org

BACKGROUND AND PURPOSE

The New Mexico Department of Health is committed to the health and safety of New Mexicans during the COVID-19 pandemic. The purpose of this document is to provide the most current guidance for the public, healthcare providers, and employers who may be involved in a COVID-19 public health investigation or have general questions about what to do if they or someone they know tests positive for COVID-19 or may have been exposed to someone who has COVID-19.

Experts at the Centers for Disease Control and Prevention (CDC) and other leading scientific research centers are learning more every day about COVID-19. Much remains unknown. The policies contained in this guide are based on the best scientific information available as of the document date found on the cover page. These policies will be updated as new information becomes available. This document will also be updated as Executive and Public Health Orders change over the course of this public health emergency.

The guidance in this document reflects the New Mexico Department of Health's epidemiologists' recommendations based on current CDC guidance, scientific evidence, New Mexico's experience to date with the disease and a careful approach that acknowledges that there is still limited understanding of the virus, how it spreads, and who may be vulnerable to significant illness and harm. This guidance is designed to help New Mexico contain and prevent COVID-19 among our states' residents.

Table of Contents

INTRODUCTION

This guide sets forth the New Mexico Department of Health (NMDOH) policies for containing and preventing COVID-19 throughout New Mexico. This guide provides a basic overview of key containment policies. Additional technical resources for healthcare providers, NMDOH staff (including case investigators and contact tracers), businesses and others responsible for protecting against the spread of COVID-19 in their agencies or institutions are contained in the Appendices. In addition, the State of New Mexico published ***All Together New Mexico***, a guide for individuals and businesses on COVID Safe Practices. That guide is an important additional resource, especially for employers, and – like these COVID-19 containment policies – will be updated as needed.

Section I of the guide explains what COVID-19 is, how it spreads and how we can best prevent its spread. It also provides information about different types of masks and NMDOH's testing priorities.

Section II explains the policies around self-isolation (for those who have COVID-19) and quarantine (for those who may have been exposed to COVID-19 and are at risk of developing and spreading the disease).

Section III describes when a person is considered to have recovered from COVID-19 and is able to end isolation.

Section IV addresses workplace environments, including rapid responses, quarantine, and isolation policies, and return to work when there is a positive case in the workplace.

Section V provides some additional technical guidance for healthcare providers, NMDOH staff, case investigators and contact tracers.

Section VI summarizes the rules reflected in current public health orders.

Appendix A contains a complete set of definitions of terms used in this guidance.

SECTION I

WHAT IS COVID-19 AND HOW DO WE STOP IT FROM SPREADING?

What is COVID-19?

COVID-19 is a highly infectious and fast-spreading disease caused by a new form of coronavirus that was identified in late 2019. The official name of this novel coronavirus is SARS-CoV-2 but because COVID-19 is ubiquitous in the public discourse, we want to avoid confusion. For the purposes of this document, we have used the term COVID-19 to indicate either the virus or the disease.

Symptoms and their effects can range from mild to severe and in certain cases result in extreme health complications and death. The Centers for Disease Control and Prevention (CDC) has identified numerous symptoms associated with COVID-19 and periodically updates that list of symptoms. Positive cases of COVID-19 have been – and continue to be – identified in communities across New Mexico.

How Do People Get COVID-19?

We are still learning about how the virus spreads and the severity of illness it causes. According to the CDC, COVID-19 is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

CDC reports that studies indicate that COVID-19 may be spread by people who are not showing symptoms. That includes people who are pre-symptomatic (they have not yet developed symptoms) and those that are asymptomatic (they never develop symptoms of COVID-19). Case investigation data in New Mexico suggest that pre-symptomatic and/or asymptomatic spread is common. This makes it much harder to prevent the spread of COVID-19 because people may not know that they have the disease and can easily and unknowingly spread it to others.

How do We Prevent the Spread of COVID-19?

Just like with many other illnesses, the best way to protect yourself from COVID-19 is to avoid exposure to the virus that causes COVID-19. This requires taking steps to protect yourself and to protect others.

- Get vaccinated.
- Clean your hands often and avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your coughs and sneezes.
- Stay home except for essential purposes and/or to seek healthcare.
- Stay home if you are sick and avoid close contact with other people who are sick.
- Practice social distancing by putting at least 6 feet of distance between yourself and other people.
- Wear a mask or cloth face covering. In New Mexico, everyone aged 2 years and older is required to wear a face covering when in public indoor spaces except when drinking, eating, or under medical instruction, regardless of vaccine status. Masks and cloth face coverings may prevent people who do not know they have the virus from transmitting it to others. Wearing a mask is a sign of respect for other people and demonstrates your desire not to be a source of infection for them, just as you would like for them to be looking out to protect you.
- Clean and disinfect frequently touched surfaces.

Because COVID-19 is so contagious and can be spread by people who do not have any apparent symptoms, people who have tested positive for COVID-19 and people who have had close contact with someone who tested positive for COVID-19 should physically separate themselves from other people. Section II of this guide describes the policies around physical separation and explains the difference between "isolation" and "quarantine."

When and What Type of Face Masks Should the Public Use?

Widespread use of facemasks that cover both the mouth and nose have been shown to reduce the spread of COVID-19. New Mexicans are required to wear facemasks in all public indoor spaces regardless of vaccination status, during the public health emergency.

Wearing Two Masks ("double masking")

There are two ways of improving the fit of medical procedure masks to reduce SARS-CoV-2 transmission and exposure: 1) fitting a cloth mask over a medical procedure mask and 2) knotting the ear loops of a medical procedure mask and then tucking in and flattening the extra material close to the face. Other effective ways to improve fit are to add a mask filter or nylon covering over the mask. More information can be found here: Improve the Fit and Filtration of Your Mask to Reduce the Spread of COVID-19 | CDC

NMDOH Does Not Recommend Use of Face Shields as a Substitute for Face Masks

The purpose of a face mask or cloth face covering is to reduce the spread of infectious droplets by the person wearing the mask.

The purpose of a face shield is to protect the wearer from splashes and sprays from others, primarily to protect the eyes. It is unknown if face shields protect others if the person

wearing it is infectious. Respiratory droplets expelled when someone coughs, sneezes or speaks can be dispersed through the bottom and sides of the shield. ***CDC and NMDOH do not recommend use of face shields for normal everyday activities or as a substitute for masks.***

NMDOH Does Not Recommend Face Masks with Valves or Vents

Some masks with valves or vents allow air to be exhaled through a hole in the material, which can result in respiratory droplets reaching other people. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. For that reason, ***CDC and NMDOH do not recommend using masks with an exhalation valve or vent to prevent the spread of COVID-19.*** These types of masks are commercially available but do not prevent the wearer from spreading the virus.

What are New Mexico's Testing Priorities for COVID-19?

NMDOH at this time does not recommend the use of antibody testing to determine if someone is infected or if someone is protected from getting COVID-19. Instead, diagnostic testing should be used to determine whether someone has the virus ***at the time the test specimen is collected***. NMDOH strongly encourages the following groups to obtain such tests:

- Symptomatic people displaying the COVID-19 symptoms of cough, fever, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or loss of taste or smell;
- Asymptomatic people who are close contacts or household members of people who have already tested positive for the coronavirus and are in their infectious period, whether vaccinated or not vaccinated;
- Asymptomatic people who live or work in high-risk congregate settings such as long- term care facilities, detention centers and correctional facilities;
- Patients who are scheduled for surgery or hospital admission may be tested at the discretion of the facility, even if fully vaccinated;
- Fully vaccinated people who have been exposed to a positive COVID-19 case should ideally be tested on day 5 after exposure, if no symptoms have developed. If they become symptomatic, they should isolate and test immediately.

Testing associated with rapid response to COVID-19 exposures in facilities and workplaces by New Mexico State Government may be broader than the testing priorities above. In addition, the state has a comprehensive plan to ensure that vulnerable populations have enhanced access to testing. A list of open test sites can be found each day on the NMDOH Coronavirus website.

PCR tests:
All positive laboratory and rapid PCR tests are considered a true positive result. There is no reason to repeat the PCR test result in order to assess the accuracy of the diagnosis. NMDOH considers a person who obtains a new positive PCR test result to be infected with COVID-19, regardless of any subsequent negative PCR, antigen or antibody results.

Antigen tests:
A negative antigen test, obtained in a **symptomatic** person, should be followed by a PCR test. If the PCR is also negative, the person should be considered negative for COVID-19.

We recommend that a negative antigen test, obtained in an asymptomatic person with no likely exposure to someone infected with the virus, should be considered negative for screening purposes and there is no reason to repeat testing.

Fully vaccinated, asymptomatic people with no exposure to someone with COVID-19 symptoms may be exempted from routine screening programs.

The CDC has developed guidance for two broad categories of antigen testing, one algorithm for those living in congregate care settings, and those in community settings who do not live in congregate settings.

a. Antigen testing in congregate care settings:
This algorithm is designed for those who live in congregate settings, such as long-term care facilities, correctional and detention facilities, homeless shelters, and other group shelters. In these settings, correct case identification is particularly important because of the need to group isolated people together or in close proximity, so false positive test results can have significant negative consequences.
Please see the algorithm here: Antigen Test Algorithm for Congregate Settings (cdc.gov)

b. Antigen testing in community settings:
In community settings, antigen testing among people who do not live in congregate settings can reduce the transmission of SARS-CoV-2 in the community, where there are concerns for introduction and widespread transmission, by quickly identifying and isolating people who are infected.
Please see the algorithm here: Antigen Test Algorithm for Community Settings (cdc.gov)

In general, a positive antigen test should be interpreted in the context of symptoms:

a. In someone who is symptomatic, a positive antigen test is considered confirmatory for COVID-19 and should not be interpreted as a false positive result irrespective of additional testing.
b. In someone who is asymptomatic, a positive result should be presumed to be COVID-19 and appropriate isolation precautions should be followed to reduce further spread.

False positives, while unlikely, may occur in persons who have no symptoms:
If a provider suspects that the result is not a true infection (including confirmation of no likely exposures to someone infected with the virus and being in a community with low transmission risk), then a confirmatory laboratory-based PCR test can be performed within 48 hours of the positive antigen test, including home antigen tests. If the PCR result is negative, the antigen test can be considered a false positive result with the person tested considered to be not infected. **If more than 48 hours separate the two specimen collections, a laboratory-based PCR should be considered a separate test – not a confirmation of the earlier test.**

For additional guidance on antigen testing please use the link here:
Interim Guidance for Antigen Testing for SARS-CoV-2 | CDC

SECTION II

SELF-ISOLATION AND SELF-QUARANTINE

The terms "self-isolate" or "self-quarantine" refer to the voluntary physical separation of a person or group of people in a residence or other place of lodging. ***Any person who is self-isolating or self-quarantining*** may only leave a residence or place of lodging to receive medical care and should not allow others into the residence or place of lodging except for those providing medical care, emergency response, or other individuals designated by the New Mexico Department of Health.

What is the Difference Between Self-Isolation and Self-Quarantine?

Both isolation and quarantine are public health terms that refer to someone being physically separated from other people to prevent the spread of a contagious disease.

- ***Isolate*** if you are sick or test positive for COVID-19
- ***Quarantine*** if you are at risk of having been exposed or have had close contact with someone with COVID-19

Isolation separates sick people with a contagious disease – and, in the case of COVID-19, those with and without symptoms who have tested positive for COVID-19 – from people who are not sick. These people need to isolate themselves even from others in their own home. ***People with COVID-19 have the highest risk of spreading it to others and must be strict in their hygiene and physical separation from others***. If you test positive for COVID-19, your healthcare provider or someone from NMDOH will ask you to self-isolate until you recover from the disease (recovery is explained below). Self-isolation means a person is voluntarily isolating.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to monitor if they become sick. These people may have been exposed to a disease and do not know it or they may have the disease but do not show symptoms. ***If you travelled to New Mexico from another state, live with someone who tested positive for COVID-19 or had close***

contact with someone with COVID-19 at work or elsewhere, it is recommended that you self-quarantine. Self-quarantine means a person is voluntarily quarantining.

Quarantine Periods for COVID-19

If you have been exposed to someone with COVID-19, ***there is a 14-day period during which you might become infected***. That is sometimes called the "incubation period" for the disease. The 14 days runs from the last date you had a close contact with the person with COVID-19. **The last date of exposure counts as Day 0, and quarantine runs for 14 days after that.** Any person that lives in a long-term care or assisted living facility, hospital inpatients, and NM Correctional Department inmates must quarantine for 14 days following an exposure to a person with COVID-19. Staff and residents of other congregate care settings including county jails and shelters are also recommended to quarantine for 14 days, as feasible. Vaccinated staff in congregate care settings do not have to quarantine after exposure to a person with COVID-19 but should watch for symptoms for 14 days and immediately self-isolate if they become symptomatic.

A shorter quarantine period of 10 days may be implemented for some people. Quarantine may be reduced to 10 days from 14 if the person is not in one of the high risk groups listed above and they show no symptoms by day 10. All people who complete quarantine in 10 days must continue to watch for symptoms for the full 14 days after exposure and continue to wear a mask and follow COVID-19 safe practices. If symptoms develop, immediately self-isolate and contact your doctor. If you are vaccinated, you do not have to quarantine after an exposure but should get tested for COVID-19 on day 5 after exposure and watch for symptoms for the full 14 days.

A negative COVID-19 test should not be used to end quarantine early.

Quarantine if You Have Travelled to New Mexico From Outside the State

All unvaccinated persons who have arrived in New Mexico from another state or from outside the United States are recommended to self-isolate or self-quarantine for a period of at least 10 days from the date of their entry into the State of New Mexico or for the duration of their presence in the State, whichever is shorter.

Vaccinated travelers who arrive in New Mexico from another state or from outside of the United States are not required to self-isolate or self-quarantine, and do not need to be tested after arrival unless symptoms develop.

All travelers should continue to watch for symptoms for the full 14 days after arrival in NM and follow COVID-19 safe practices. If symptoms develop, immediately self-isolate and get tested.

Quarantine if You Had Close Contact with Someone Who Tested Positive

If you are unvaccinated or have partially received the COVID-19 vaccine, and you had a close contact with someone who tests positive for COVID-19 and the contact occurred during that person's infectious period, then **quarantine is required.**

If you have a close contact with a confirmed case, you are encouraged to get tested for COVID-19. Testing can determine if you are contagious and may have spread the disease to others, including members of your own household.

A negative test result does not end the quarantine period. Infection can occur at any point during the quarantine period and the full quarantine period should be completed.

Your last day of self-quarantine is 10 days after your last contact with the person who tested positive for COVID-19. Continue to monitor for symptoms for the full 14 days and continue to follow COVID-19 safe practices.

If you live with and/or care for someone with a confirmed COVID-19 case and you are not fully vaccinated, then self-quarantine runs for 10 days *after* that person completes their infectious period. Continue to monitor for symptoms for the full 14 days and continue to follow COVID-19 safe practices. If there are multiple cases of COVID-19 in a household setting, quarantine will continue for 10 days after the 10 day isolation period for the last case in the household. If someone in the household is immunocompromised, quarantine will continue for 10 days after the 20 day isolation period for the immunocompromised case.

Fully vaccinated inpatients and residents in long-term care settings should continue to quarantine for 14 days following exposure to someone who has tested positive for the virus that causes COVID-19. This is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings.

For all other persons who are fully vaccinated against COVID-19 and had close contact with someone who has tested positive for COVID-19 and the contact occurred during that person's infectious period, then **quarantine is not required** if the following criteria are met:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Have remained asymptomatic since the current COVID-19 exposure

If you do not meet both of the above criteria, then quarantine is required. If you are fully vaccinated and become symptomatic, you should get a laboratory-based PCR test and isolate until receiving the result. A negative test means that the symptoms are not related to COVID-19 and isolation can be discontinued. If new symptoms develop subsequently, isolation should be restarted and a new test performed.

If you have had laboratory-confirmed COVID-19 during the past 90 days and recovered, then quarantine is not required if you remain asymptomatic after the exposure. You should isolate and test immediately if symptoms develop.

What does it Mean to Be in "Close Contact" with Someone with COVID-19 Who is in their "Infectious Period"?

"***Close contact***" means spending a cumulative total of 15 minutes or more over a 24 hour period, within 6 feet of someone who is confirmed to have COVID-19 when that person was in their infectious period. Wearing a maskor cloth-face covering does not affect the definition for close contact.[1]

In the **K–12 indoor classroom** setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

The "***infectious period"*** of a disease is the time during which an infected person is contagious and most likely to spread disease to others.

- ***For people with symptoms,*** *the infectious period begins 2 days before the person experiences symptoms and extends 10 days after the onset of symptoms, provided that there has been no fever for at least 24 hours without using fever-reducing medicines, and symptoms have resolved or improved.*
    - ***For people with "severe" COVID-19 illness –*** *those who have been hospitalized in an intensive care unit with or without mechanical ventilation* ***– or people with severe immunosuppression[2], the infectious period extends 20 days after the onset of symptoms.***
- ***For people who never have symptoms,*** *the infectious period begins 2 days before their test specimen was collected and extends 10 days after the specimen collection date.*

The infectious period is closely related to when someone will be considered "recovered" from COVID-19 and can stop isolating. This date may not coincide with full recovery from symptoms or secondary effects of the infection.

Special Quarantine Requirements for Residents of Long-Term Care Facilities

[1] Contact with a COVID-19 case in a healthcare setting where appropriate personal protective equipment (PPE) is worn is not considered a COVID-19 exposure. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

[2] Severe immunosuppression includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about infectiousness or duration of isolation.

Due to the high risk of spread in long-term care facilities (LTCFs) which house some of our most vulnerable New Mexicans, the following residents **must** quarantine for 14 days when they enter a LTCF even if they have not had a known close contact with someone who tested positive for COVID-19:

- Newly admitted residents, even with a negative test at admission
- Residents who are readmitted to a LTCF facility after being hospitalized
- Residents who leave the facility for 24 hours or more
- Residents who have close contact with someone with Covid 19

Residents who are fully vaccinated, or within 90 days or fewer since their COVID-19 infection and have not had a known exposure to someone with COVID-19 are exempt from the above new admission and readmission quarantine guidelines.

Residents do not need to quarantine if they leave the facility for less than 24 hours (e.g.,for medical appointments, community outings with family or friends) and do not have close contact with someone with Covid-19.

Detailed guidance can be found here:
https://cv.nmhealth.org/wp-content/uploads/2021/04/LTC-Directives-3.30-v2-Revisions-by-TCC-3.31.21-signed.pdf

When Should Close Contacts Be Tested?

Unvaccinated close contacts without symptoms are encouraged to get tested for COVID-19. In this case, testing should be performed no sooner than 3 days and ideally 5-10 days after the last date of exposure to someone who tested positive.

If the contact has been fully vaccinated, is more than 14 days past their last dose and is asymptomatic, then the contact is recommended to test 5 days after the exposure to COVID-19.

If testing is performed on close contacts without symptoms who will be released from quarantine to high-risk settings (e.g., general population of a corrections facility or long-term care facility), then testing should ideally be performed at the end of the quarantine period.

Note: Testing during the quarantine period does not end the quarantine period. The full quarantine period should be followed because a negative result does not mean that the contact will not become infectious later in their quarantine period.

Why Can Someone Recover from COVID-19 in 10 Days, but Someone who has been Exposed to COVID-19 has to Quarantine and Watch for Symptoms for 14 Days?

The reason isolation and quarantine have different time requirements is because there is a difference between how long someone is ***infectious*** and might spread the virus to others (from 2 days before and for 10 days after onset of symptoms or 10 days after date of test for someone

who does not have symptoms) and ***the incubation period*** – how long it can take for the disease to appear after someone has had close contact with someone with COVID-19 (14 days). That is also the reason why case investigators go back 14 days from the date someone developed symptoms to determine how they may have become infected.

SECTION III

WHEN DOES SOMEONE RECOVER FROM COVID-19 AND STOP SELF-ISOLATION?

Because some people with COVID-19 experience symptoms and some do not, there are different ways for determining whether someone has recovered from COVID-19 and is no longer contagious.

The ***symptom-based method*** should be used when someone had COVID-19 symptoms, even if those symptoms develop after the person tests positive for COVID-19.

The ***time-based method*** should be used when someone never developed symptoms.

Ending Self-Isolation if You Had COVID-19 Symptoms

If you had symptoms but did not have severe illness or severe immunosuppression, you may end your self-isolation after:

- At least 1 day (24 hours) has passed without a fever (and without the use of fever-reducing medications) **and** your symptoms have improved; **AND**,
- At least 10 days have passed *since symptoms first appeared.*

If you had severe COVID-19 illness – you were hospitalized in an intensive care unit with or without mechanical ventilation ("severe illness") – or have severe immunosuppression[3] you may end your self-isolation after:

- At least 1 day (24 hours) has passed without a fever (and without the use of fever-reducing medications) **and** your symptoms have improved; **AND**,
- At least 20 days have passed *since symptoms first appeared.*

Ending Self-Isolation if You Never Had Any COVID-19 Symptoms

If you tested positive for COVID-19 and ***never developed*** any symptoms, you can end your self-isolation ***10 days after the date your test specimen was collected that resulted in your positive***

[3] Severe immunosuppression includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of isolation.

test.

Consistent with current CDC guidance, NMDOH does not recommend the use of repeat testing to end isolation earlier than the minimum of 10 days. Isolation should be maintained for the full 10 days. Seeking testing during the isolation period can unnecessarily expose other persons to infection and does not affect the care or duration of isolation.

If you have a severe immunocompromising[3] condition without symptoms, you should wait at least *20 days after the date your test specimen was collected that resulted in your positive test before ending your self-isolation.*

SECTION IV

COVID-19 IN THE WORKPLACE – RAPID RESPONSE, ISOLATION, QUARANTINE AND RETURN TO WORK

Some people – and many employers – have relied on negative tests to determine whether someone is no longer infectious and has recovered from COVID-19. *The test-based method is no longer recommended by CDC or NMDOH.* Some environments at higher risk of rapid spread and severe illness, such as long-term care facilities and correctional facilities, might implement more stringent requirements for the discontinuation of isolation, to include additional testing.

NMDOH does not recommend that employers or schools require employees or students to provide proof of a negative test before they may return to work or school after having been diagnosed with COVID-19.

Public Health Order 081721 now requires that all workers at the congregate care facilities listed below, hospitals, schools and employees in the NM Governor's Office must be fully vaccinated. If any employee is not fully vaccinated, they will undergo weekly COVID-19 testing and wear an appropriate mask while at their place of work at all times, unless eating, drinking or they have proof that they were directed otherwise by a licensed healthcare provider.

Congregate care settings included in the Public Health Order are:

- Nursing homes
- Assisted living facilities
- Adult day care
- Hospice facilities
- Rehabilitation facilities
- State correctional facilities
- Juvenile justice facilities
- NM State Veteran's Homes
- Community Homes

School settings include all public, private and charter schools.

Rapid Response: Protocols for Businesses Where a Positive Case is Identified

When a COVID-19 case is identified in a place of business or high-risk facility or population, the state of New Mexico initiates a "rapid response." Through this process, NMDOH or its designee (another department in state government) requires that businesses and facilities follow appropriate testing and infection control protocols to ensure that COVID-19 is contained and to limit additional risk to employees, residents, or the public. The policies outlined in this document form the basis for those requirements; however, in some populations or facilities, additional, more protective measures may be required. NMDOH or its designee will ensure that impacted businesses and facilities are notified of any additional requirements.

The New Mexico Environment Department (NMED) filed an emergency amendment on August 5, 2020 that requires employers to report positive COVID-19 cases in the workplace to the NMED Occupational Health and Safety Bureau within four hours of being notified of the case. The emergency amendment was refiled on Dec. 3, 2020 and was adopted as a permanent rule by the Environmental Improvement Board on Dec. 18, 2020, with an effective date of January 26, 2021. The amended rule is available here. Frequently, NMED does not learn of positive cases until after the employer is notified by the positive employee, causing a delay in rapid response deployment. The requirement for employers to report positive COVID-19 cases among employees within four hours of being notified will allow NMED to respond more quickly and prevent spread among employees.

Report positive cases via NMED's Rapid Response online form at
https://nmgov.force.com/rapidresponse/s/

If you are unable to use the Rapid Response online form, you may report via email, phone, or fax at:
- NMENV-OSHA@state.nm.us
- Phone: 505-476-8700
- Fax: 505-476-8734

Quarantine: Close Contact with a Confirmed COVID-19 Case for Healthcare Personnel in a Healthcare Setting

Close contact in a healthcare setting where necessary personal protective equipment (PPE) is worn properly for droplet and/or aerosol precautions by a healthcare provider, as required for COVID-19, is NOT considered an exposure, and does not require quarantine.

In circumstances where close contact occurs with a confirmed COVID-19 case without necessary PPE properly worn, and quarantine of healthcare personnel would result in critical staffing shortages or inability to maintain essential healthcare services, healthcare personnel may be

allowed to return to work during quarantine as long as they are pre-screened for fever and symptoms daily, regularly monitored, and wear at least a face mask at all times when additional PPE is not required. If a healthcare entity determines that it will allow healthcare personnel to return to work following a close contact with a confirmed COVID-19 case, it must notify DOH each time it makes such a determination and provide the date of the known contact, the type of healthcare provider and when the quarantine period will end. ***Such workers should maintain full quarantine outside of work during the quarantine period.***

Quarantine: Laboratory Exposure to COVID-19

If laboratory staff are exposed to a specimen that is positive for COVID-19 (i.e., The vial containing the positive specimen breaks), then the laboratory staff should be treated as close contacts.

If the broken vial contained inactivating transport medium or an extracted specimen, then no quarantine is required because the virus is inactivated. If the broken vial contained live virus, then the laboratory staff must quarantine for 10 days after the date of the exposure and watch for symptoms for the full 14 days.

SECTION V

IF YOU ARE FULLY VACCINATED

What Should I Do If I Develop Symptoms After I Am Vaccinated?

If you develop symptoms, even if fully vaccinated, you must immediately isolate yourself and get tested as soon as possible.

What Does Fully Vaccinated Mean?

There are currently three vaccines available for use in the United States:

- Pfizer-BioNTech – 2 doses given at least 21 days apart
- Moderna – 2 doses given at least 28 days apart
- Johnson & Johnson/Janssen – 1 dose

A person is fully vaccinated 14 days after their shots are completed.

What Can I Do When I Am Fully Vaccinated?

Once you are fully vaccinated you can start doing some activities that were not possible before:

- You may resume indoor activities while wearing a mask and physically distancing. A mask is

not required during outdoor activities while appropriately distanced.

- If you are a close contact to someone with COVID-19, you do not need to quarantine as long as you do not develop symptoms. You should get tested on day 5 after exposure, whether or not symptoms develop.
- If you travel within the United States, you do not need to get tested before leaving nor quarantine when you return home.
- If you travel internationally, you will need to be aware of regulations at the country you are visiting. You do not need to get tested before leaving the United States, unless your country of destination requires it, and you do not need to quarantine when you arrive back in the United States. You will need a negative test result before boarding a plane to the United States, and you should get tested 3-5 days after returning home from international travel.

What COVID-19 Safe Practices Should I Still Follow, Even While Vaccinated?

There are steps to take even if you are fully vaccinated, in order to protect yourself and others who may be at risk of developing severe COVID-19 disease.

- You should avoid medium and large-sized gatherings.
- Fully vaccinated people are required to wear masks in public indoor spaces.
- Fully vaccinated people should wear masks outdoors, when in crowded conditions.
- You will have to wear a mask if you travel on any public transportation including planes, trains and buses.
- If traveling internationally, fully vaccinated people will still have to be tested before returning to the United States, and should get tested within 3-5 days after arriving in the United States.
- If you are exposed to someone with COVID-19, you should get tested on day 5 after exposure and monitor yourself for symptoms for 14 days after the exposure. If symptoms develop you should immediately get tested and self-isolate while waiting for results.

Special Requirements for Staff and Residents of Congregate Settings

Long Term Care and Assisted Living:
Staff: The State of New Mexico requires all workers in long term care and assisted living facilities to be fully vaccinated against COVID-19. Fully vaccinated staff in long-term care settings do not need to quarantine if exposed to someone who tested positive for COVID-19, as long as they remain asymptomatic after the exposure. If they do become symptomatic, they should immediately self-isolate and get tested as soon as possible.
Residents: Fully vaccinated residents should quarantine for 14 days following exposure to someone who has tested positive for the COVID-19 virus and be tested for COVID-19 after the exposure.

Correctional and Detention Facilities, and Shelters:
Staff: The State of New Mexico requires all workers in state correctional and detention facilities to be fully vaccinated against COVID-19. Fully vaccinated staff in correctional facilities and

shelters do not need to quarantine if exposed to someone who tested positive for COVID-19, as long as they remain asymptomatic after the exposure. If they do become symptomatic, they should immediately self-isolate and get tested as soon as possible.
Residents: Fully vaccinated residents of a correctional or detention facility, or a shelter should quarantine for 14 days after being exposed to someone who tested positive for COVID-19 and be tested for COVID-19 after the exposure.

SECTION VI

ADDITIONAL GUIDANCE FOR HEALTH CARE PROVIDERS, NMDOH STAFF, CASE INVESTIGATORS AND CONTACT TRACERS

Identifying Contacts of a Confirmed COVID-19 Case

A list of close contacts of a confirmed COVID-19 case should be collected and notified starting 2 days prior to illness onset date if symptomatic or 2 days before the date of collection of the positive test result if asymptomatic through 10 days from symptom onset date or 10 days from specimen collection date in asymptomatic cases. If close contacts are identified who are fully vaccinated, they do not need to quarantine but should watch for symptoms for 14 days after exposure and continue to take precautions to reduce transmission such as wearing masks in public indoor spaces and maintaining social distance where possible.

Determining Possible Exposures as a Source of Infection for a Confirmed COVID-19 Case

Case investigators should identify possible exposures that may have been the source of infection for a confirmed COVID-19 case. These exposures should be determined 14 days prior to illness onset date if symptomatic or 14 days before the date of collection of the positive test result if asymptomatic.

Recovered COVID-19 Cases and Close Contact

If a recovered COVID-19 case is identified as a close contact with another confirmed COVID-19 case during the 90 days since their illness onset date (if symptomatic) or specimen collection date (if asymptomatic):

- The recovered COVID-19 case does not need to be quarantined or participate in a contact tracing investigation or workplace screening.
- If the recovered COVID-19 case becomes **symptomatic** during the 90 days after illness onset and a medical evaluation fails to identify a diagnosis other than COVID-19 infection (e.g., influenza), then the recovered case may warrant evaluation for SARS-

CoV-2 reinfection by a healthcare provider in consultation with the New Mexico Department of Health.

If a recovered COVID-19 case is identified as a close contact of another confirmed COVID-19 case 91 days or more after their illness onset date if symptomatic or specimen collection date if asymptomatic:

- The recovered COVID-19 case must self-quarantine for 10 days after the date of the last contact with the confirmed case and watch for symptoms for the full 14 days.

Determine Recovery When a Case Cannot Be Reached to Confirm Recovery

NMDOH attempts to verify recovery of each COVID-19 case when they meet the criteria for no longer being infectious and discontinuation of self-isolation. When unable to verify directly with the case, the following procedure will be used to establish recovery.

- If a case is not hospitalized and no death certificate has been received for the case within 30 days of the symptom onset date if symptomatic or positive test specimen collection date if asymptomatic, then the case will be considered recovered.

Note: "Recovery" is a public health surveillance term that indicates that the case is no longer infectious. It may or may not coincide with full recovery from symptoms or secondary effects of the infection.

Associating Test Results to Symptoms

If you had a positive test specimen collected 10 days or less ***before*** you had symptoms or 10 days or less ***after*** you had symptoms, the symptom-based method will be used to determine the infectious period.

If your symptoms started 10 days or less ***before*** the date your test specimen was collected and resulted in your positive test, then the symptom-based method will determine discontinuation of isolation. It is possible that by the time your positive test result is reported, you may have already completed your infectious period.

If your symptoms started 10 days or less ***after*** the date your test specimen was collected and resulted in your positive test, then the symptom-based method will be used to determine your infectious period and is based on your symptom onset date. Close contacts will be determined from 2 days before your positive test date. Isolation begins the day of the positive test and extends for 10 days after the day of symptom onset.

The Possibility of Reinfection

Reinfection with COVID-19 is presumed to be rare, but not sufficiently understood at this time to disregard.

Another positive diagnostic molecular test for COVID-19 (e.g., PCR) obtained 91 days or more after the initial illness onset date will be considered a new infection if the case recovered between positive test results.

If a recovered COVID-19 case becomes **symptomatic** during the 90 days since the illness onset date of their first infection and a medical evaluation fails to identify a diagnosis other than COVID-19 infection (e.g., influenza), then the recovered case may warrant evaluation for COVID-19 reinfection by a healthcare provider in consultation with the New Mexico Department of Health.

What if a Confirmed COVID-19 Case Tests Positive During or After Self-Isolation Period?

In instances where a person with confirmed COVID-19 re-tests positive during the 90 days since initial illness onset date if symptomatic or initial specimen collection date if asymptomatic, NMDOH recommends the following to determine the completion of the symptom-based or time-based isolation period:

- If the case remains **asymptomatic** at the time of the new positive test, the result should be interpreted as non-infectious and not affect the determination established by the symptom- or time-based method for discontinuation of isolation.

- If the case became **symptomatic** at the time of the new positive test, and a medical evaluation fails to identify a diagnosis other than COVID-19 infection (e.g., influenza, seasonal allergies), then the person should restart the symptom-based method from the date of symptom onset for the last positive result and be evaluated for possible re-infection.

Recovery from COVID-19 disease is indicated and isolation is discontinued when all conditions of the symptom- or time-based methods for discontinuation of self-isolation are met.

If the conditions of the test-based method were used, which is no longer recommended, then the case will be considered recovered.

Serological Testing for Diagnosis of COVID-19

Severe symptoms of COVID-19 may be delayed due to the inflammation process that occurs during infection. It is possible that virus shedding may have stopped by the time of hospitalizations and a molecular diagnostic test result will be negative.

- For a hospitalized patient who presents with symptoms consistent with COVID-19,

but without a positive test result and medical evaluation does not identify an alternative diagnosis (e.g., a different respiratory pathogen), a positive serology result will be considered "suspect" and the clinical care team should provide care accordingly.

- NMDOH will not consider this patient infectious with COVID-19 based on the negative molecular test result.
- "Suspect" COVID-19 cases are not included in the daily report of New Mexico COVID-19 cases.

Laboratory and Submitters for COVID-19 Test Results

All laboratories and submitters submitting the required reports of the notifiable condition, including COVID-19, to the Department of Health pursuant of 7.4.3.13(A) NMAC must submit all such reports electronically by HL7 messaging or other format specified by the Department of Health, and shall include in such reports all information currently required to be submitted, which includes:

- Disease or condition being reported;
- Patient's name, date of birth/age, gender, race/ethnicity, address, patient telephone numbers and occupation;
- Physician or licensed healthcare professional name and telephone number; and
- Healthcare facility or laboratory name and telephone number

In addition to the information required to be reported by 7.4.3.13(A) NMAC, all laboratories and submitters shall provide the following demographic information to the New Mexico Epidemiology and Response division with each notifiable condition report:

- Patient's email address(es);
- Name of patient's employer;
- Address of patient's employer;
- Phone number of patient's employer
- Name of patient's school if applicable (Grade K-12 or Higher Educational Institution); and
- Address of patient's school if applicable

SECTION VII

THE "RED TO GREEN" FRAMEWORK

As of July 1 2021, all pandemic-related occupancy restriction on commercial activities have been lifted. All businesses across New Mexico may operate at 100% of maximum capacity. All limitations on mass gatherings are removed, therefore businesses, large events and organizations may operate at 100% of maximum capacity, both indoors and outdoors. Businesses and local

governments may adopt and require additional precautions for residents, employees and/or patrons, at their discretion.

APPENDIX A

Definitions

Coronavirus Disease 2019 (COVID-19) 2020 Interim Case Definition, Approved April 5, 2020 can be found at CDC COVID-19 Case Definition

Close Contact

- Close contact is defined as an exposure of a cumulative total of 15 minutes or more in a 24 hours period, within 6 feet of a confirmed COVID-19 case during the case's infectious period with or without a mask or cloth-face covering.
- Note: Contact with a COVID-19 case in a healthcare setting where appropriate personal protective equipment (PPE) is worn is not considered a COVID-19 exposure. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- In the **K–12 indoor classroom** setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Exposure (incubation) period

- Time between exposure to an infection and appearance of symptoms
- For a confirmed **symptomatic** COVID-19 case, the exposure period is 14 days prior to illness onset.
- For a confirmed **asymptomatic** COVID-19 case, the exposure period is 14 days prior to specimen collection date.
- For a contact of a confirmed COVID-19 case, the exposure period is the last date of close contact with the case. This date is used when determining the quarantine period.

False Positive

- In the case of a positive antigen test in a person that is asymptomatic and has no known exposure to a confirmed case of COVID-19, a confirmatory laboratory-based PCR test can be performed within 48 hours of the positive antigen test. If the PCR result is negative, the antigen test can be considered a false positive result with the person tested considered to be not infected.

Infectious period

- Time during which an infected person is contagious and most likely to spread disease to others.
- For a confirmed **symptomatic** COVID-19 case, the infectious period starts 2 days prior to the illness onset date and continues for 10 days after illness onset.
- For a confirmed **symptomatic** COVID-19 case with severe illness or severe immunosuppression, the infectious period is extended to 20 days after illness onset date.

- For a confirmed **asymptomatic** COVID-19 case, the infectious period starts 2 days prior to the specimen collection date and continues for 10 days after.

Isolation

- Isolation keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home. Persons with known infection have the highest risk of spreading infection to others and must be strict in their hygiene and separation from other people.

Quarantine

- Quarantine keeps someone who was in close contact with someone who has COVID-19 away from others. The period of monitoring for infection is the maximum incubation period for the infection, which is 14 days for COVID-19.
- The first day of quarantine (Day 1) starts one day after the last day of exposure (Day 0).
- If there are multiple cases of COVID-19 in a household setting, quarantine will continue for 10 days after the 10 day isolation period for the last case in the household. If someone in the household is immunocompromised, quarantine will continue for 10 days after the 20 day isolation period for the immunocompromised case.
- A shorter quarantine period of 10 days may be implemented for some people. Quarantine may be reduced to 10 days from 14 if the person is not in a high risk group and they show no symptoms by day 10. All people who complete quarantine in 10 days must continue to watch for symptoms for the full 14 days after exposure and continue to wear a mask and follow COVID-19 safe practices. If symptoms develop, immediately self-isolate and get tested.

Recovery

- Recovery from COVID-19 disease is indicated and isolation is discontinued when all conditions of the symptom- or time-based methods for discontinuation of self-isolation are met.
- If the conditions of the test-based method were used, which is no longer recommended, then the case will be considered recovered.

Reinfection

- Reinfection with COVID-19 is presumed to be rare, but not sufficiently understood at this time to disregard.
- Another positive molecular test for COVID-19 (e.g., PCR) obtained 91 days or more after the initial illness onset date will be considered a new infection if the case recovered between positive test results.
- If a recovered COVID-19 case becomes **symptomatic** during the 90 days since the illness onset date of their first infection and a medical evaluation fails to identify a diagnosis other than COVID-19 infection (e.g., influenza), then the recovered case may warrant evaluation for COVID-19 reinfection by a healthcare provider in consultation with the New Mexico Department of Health.

SARS CoV-2

- Coronavirus that causes COVID-19 disease. For the purposes of this document, we have used the term COVID-19 to indicate either the virus or the disease.

Severe illness

- Severe illness is indicated by hospitalization in an intensive care unit with or without mechanical ventilation

Severe immunosuppression

- Severe immunosuppression includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of isolation.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Vaccine Breakthrough Infection

- A New Mexico resident who has SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected ≥14 days after completing the primary series of an FDA-authorized COVID-19 vaccine (verified in NMSIIS or by a vaccine provider), and who did not previously have onset of infection with COVID-19 for which a case was created during the 90 days prior to the report (defined by the specimen collection date for the associated positive specimen).