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

May 23, 2022

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

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BACKGROUND AND PURPOSE

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. 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. This guidance is designed to help New Mexico contain and prevent COVID-19 among our states' residents.

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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.

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 the list can be found here:
[Symptoms of COVID-19 | CDC](#)

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.
- Get boosted.
- Wash your hands often and avoid touching your eyes, nose, and mouth.
- 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 recommended to wear a face covering when in public indoor spaces except when drinking, eating, or under medical instruction, regardless of vaccine status.
- Clean and disinfect frequently touched surfaces.

Face Masks

New Mexicans are recommended to wear facemasks in all public indoor spaces regardless of vaccination status, during the public health emergency. Masks are a safe option in all indoor public settings to prevent the spread of COVID-19 in our communities. CDC and NMDOH do not recommend the use of face shields as a substitute for face masks, and do not recommend face masks with valves or vents.

Information on mask use is available here:

[Use and Care of Masks | CDC](#)

Improving the way your mask fits you is here:

[Improve How Your Mask Protects You | CDC](#)

Testing Priorities for COVID-19

[Overview of Testing for SARS-CoV-2 \(COVID-19\) | CDC](#)

NMDOH strongly encourages the following groups to obtain a test:

- Symptomatic people displaying COVID-19 symptoms. A list of symptoms can be found here: [Symptoms of COVID-19 | CDC](#)
- Asymptomatic people who are close contacts or household members of people who have tested positive for the coronavirus and are in their infectious period, whether vaccinated or not vaccinated [Appendices | CDC](#)
- 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 up to date on their vaccinations for COVID-19
- If people who are vaccinated and boosted per the vaccine recommendations, i.e. are “up to date”, are exposed to a positive COVID-19 case, they should ideally be tested on day 5 after exposure if no symptoms have developed. If they become symptomatic, they should isolate and test immediately.

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

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. A list of open test sites can be found each day on the [NMDOH Coronavirus website](#).

PCR (NAAT) tests:

All positive laboratory and rapid PCR tests are considered a true positive result. 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.

[Nucleic Acid Amplification Tests \(NAATs\) | CDC](#)

Antigen tests:

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.

For more information on antigen testing, please see:

[Interim Guidance for Antigen Testing for SARS-CoV-2 | CDC](#)

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

a. Antigen testing in residential 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 \(cdc.gov\)](#)

Home tests for COVID-19:

Any positive obtained on a home test will be assumed to be a true positive case and that person should isolate and inform their contacts. Home tests are not required to be reported to the NMDOH and are not counted in routine surveillance data. However, if you would like to report your positive result, please complete the webform at this link:

<https://covid-positive-home-test.doh.nm.gov/>

And for more information: <https://cv.nmhealth.org/wp-content/uploads/2022/01/What-to-do-with-your-COVID19-At-Home-Test-Result.png>

False positives, while unlikely, may occur.

If a provider suspects that the result is not a true infection AND the person does not have any symptoms AND has no known exposure to a person infected with Covid-19, then 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. 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.

What Does “Up to Date” on Vaccination 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

For more specific guidance on staying up to date, please check here:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

The optimal schedule for people who are moderately to severely immunocompromised can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html#:~:text=If%20you%20are%20moderately%20or,or%20older%2C%20get%20a%20booster>

Booster doses should be given at least 5 months after a completed mRNA series or 2 months after the J&J shot.

[COVID-19 Vaccine Booster Shots | CDC](#)

You are “up to date” if you have completed your initial series and are not yet eligible for your booster. You are also up to date if you received your booster when eligible.

[Interim Public Health Recommendations for Fully Vaccinated People | CDC](#)

NM vaccine FAQs can be found here: <https://cv.nmhealth.org/covid-vaccine/>

Isolation and 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

[COVID-19 Quarantine and Isolation | CDC](#)

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

[COVID-19 Quarantine and Isolation | CDC](#)

Close Contacts

“**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 mask or cloth-face covering does not affect the definition for close contact. [Appendices | CDC](#)

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. [Steps for Determining Close Contact and Quarantine in K–12 Schools | CDC](#)

To determine someone’s infectious Period: [Investigating a COVID-19 Case | CDC](#)

When Should Close Contacts Be Tested?

[Test for Current Infection | CDC](#)

[COVID-19 Contact Tracing | CDC](#)

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.

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

Isolation if COVID-19 positive

If you test positive for COVID-19, you must isolate for 5 days followed by 5 days wearing a mask around others. If you are still symptomatic on day 5, isolate until fever free for 24 hours without use of fever reducing medication and any other symptoms are improving.

Isolation for healthcare personnel:

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

Contingency and crisis care strategies for healthcare staffing:

[Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)

NM does not require a negative test to leave isolation. If you choose to test on day 5 and the test is positive, you should complete the entire 10 day isolation period.

[COVID-19 Quarantine and Isolation | CDC](#)

Ending Isolation if You Had COVID-19 Symptoms

If you had symptoms but did not have severe illness or severe immunosuppression, you may end your 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 5 days have passed since symptoms first appeared **AND**
- You must continue to wear a mask for an additional 5 days.

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 immunosuppression¹ 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 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 isolation 5 days after the date your test specimen was collected that resulted in your positive test AND you must wear a mask for an additional 5 days when around others.

If you have a severe immunocompromising 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. 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.

Quarantine Periods for COVID-19

For Asymptomatic Close Contacts	Quarantine Period
Up to Date: 1. Is boosted 2. Has received initial vaccination series but not yet eligible for booster	No quarantine, wear a well-fitting mask around others for 10 days
Not Up to Date: 3. Partially vaccinated 4. Completed mRNA series >5 months ago or J&J >2 months ago 5. Not vaccinated	Quarantine for 5 days, then wear a mask around others an additional 5 days
Special Situations: 6. Student/Staff in T2S but are not up to date* 7. Student/Staff in K-12 school who are not up to date*	Students and staff in T2S must quarantine for 5 days, then are strongly recommended to wear a mask for an additional 5 days. If not in T2S, must fully quarantine for 5 days and are strongly recommended to wear a mask an additional 5 days.
8. Resident in LTCF or assisted living facility who is not up to date	https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
9. Hospital inpatient	10 day quarantine required even if up to date
10. NM Correctional Dept inmates	10 day quarantine recommended even if up to date
11. Resident other residential congregate care facility (i.e. shelter, jail, group home)	10 day quarantine recommended even if up to date
12. Health Care Workers	Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 CDC

*As schools may have different quarantine requirements, please check with your local school to get the most recent local quarantine guidelines.

If you become symptomatic you must immediately isolate and get tested.
A negative COVID-19 test should not be used to end quarantine early.

Contingency and crisis care strategies for healthcare staffing:
[Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](https://www.cdc.gov/acip/strategies-mitigate-healthcare-personnel-staffing-shortages-cdc.html)

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>

Quarantine if resident or staff of healthcare setting:

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](https://www.cdc.gov/infection-control/severe-acute-respiratory-syndrome-coronavirus-2-sars-cov-2-cdc.html)

Special Quarantine Requirements for Residents of Long-Term Care Facilities

<https://cv.nmhealth.org/wp-content/uploads/2021/04/LTC-Directives-3.30-v2-Revisions-by-TCC-3.31.21-signed.pdf>

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.

Quarantine: Laboratory Exposure to COVID-19

[COVID-19 Quarantine and Isolation | CDC](#)

If you were exposed to a broken vial contained inactivated transport medium or an extracted specimen, then no quarantine is required because the virus is inactivated.

New Mexico Specific COVID-19 Guidance

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 Orders and Executive Orders | NMDOH - Coronavirus Updates \(nmhealth.org\)](#)

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 up to date on their vaccinations. If any employee is not up to date, 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.

NM: Special Requirements for Masking

Anyone 2 years or older must wear a mask in all hospitals, nursing homes, assisted living facilities, adult day cares, hospices, rehabilitation facilities, residential treatment centers and other community residential homes. Any business, establishment or non-profit entity are not prohibited from imposing more stringent masking requirements: [051622-PHO-Masks.pdf \(nmhealth.org\)](https://nmhealth.org/051622-PHO-Masks.pdf). New Mexicans are recommended to wear a mask in all public indoor spaces.

Known cases finishing their 5 day isolation and close contacts coming out of 5 day quarantine are strongly recommended to wear a mask for the following 5 days.

NM: Special Requirements for Staff and Students in K-12 Schools

Exposed students and staff who are not up to date but are in Test to Stay (T2S) will quarantine in all settings except school (e.g. community quarantine), where they will be tested on a regular schedule after a school exposure. If anyone tests positive during T2S, they will be sent home to isolate.

Infected students and staff must isolate for 5 days and are strongly recommended to wear a mask for an additional 5 days.

Exposed students and staff who are not up to date and who are not in T2S must quarantine for 5 days and are strongly recommended to wear a mask for an additional 5 days.

Local schools may have different quarantine guidance, please check with your school for most recent local quarantine information.

NM: 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 up to date on vaccinations against COVID-19. Up to date 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: Residents who are not up to date should quarantine for 10 days following exposure to someone who has tested positive for the COVID-19 virus and be tested for COVID-19 after the exposure. More detailed guidance can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Correctional and Detention Facilities, Shelters and Other Residential Congregate Care

Facilities:

Staff: The State of New Mexico requires all workers in state correctional and detention facilities to be up to date on vaccinations against COVID-19. Up to date staff in correctional facilities,

shelters and other residential congregate 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: Up to date residents of a correctional or detention facility, a shelter or other residential congregate care settings should quarantine for 10 days after being exposed to someone who tested positive for COVID-19 and be tested for COVID-19 after the exposure.

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

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

NM 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

NM's 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

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.
- 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.

Incubation period

- Time between exposure to an infection and appearance of symptoms.
- If you have been exposed to someone with COVID-19 there is a 14-day period during which you might become infected, called the incubation period.

Isolation

- Isolation keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.
- The first day of isolation (Day 1) starts one day after the day of symptom onset (Day 0) or test collection date (Day 0) for asymptomatic person.

Quarantine

- Quarantine keeps someone who was in close contact with someone who has COVID-19 away from others.
- Full quarantine: Quarantine is meant to separate people who have been exposed to COVID-19 and are in their incubation period from others. The last date of exposure counts as Day 0, and full quarantine runs for 14 days after that.
- Modified quarantine: Based on a person's vaccination status, shorter quarantine periods may be indicated. If symptoms develop, immediately self-isolate and get tested.
- Community quarantine: Quarantine at home for all settings except school.
- The first day of quarantine (Day 1) starts one day after the last day of exposure (Day 0).

Recovery

- Recovery from COVID-19 disease is indicated and isolation is discontinued when all conditions for discontinuation of isolation are met.

Reinfection

- A 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 be considered a new COVID-19 infection and should follow appropriate isolation and quarantine guidance.

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. [CDC COVID-19 Case Definition](#)

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.

Test to Stay Program (T2S)

- Students and staff in K-12 schools are eligible to participate.
- People enrolled in T2S will test on a pre-determined schedule at school. If anyone tests positive, they must isolate for 5 days and are strongly recommended to wear a mask for an additional 5 days.
- Students and staff who are not up to date but are in T2S must quarantine at home for all situations except school.

Vaccination Status

- Up to Date: You received your initial series and are not yet eligible for your booster **OR** you received your booster in the appropriate timeframe.

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) or after receiving their booster, 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).