Revised Notice of Statewide Surveillance for COVID-19/SARS CoV-2 under the Minnesota Communicable Disease Rule (4605.7080)

Section: COVID-19 Epidemiology Section

Proposal Contact: Kathy Como-Sabetti

Background

Under the Communicable Disease Reporting Rule, Chapter 4605 of the Minnesota Rules ("the rules"), the Commissioner of Health has authority to develop necessary reporting requirements for new and emerging diseases like COVID-19. In March 2020, at the beginning of the COVID-19 pandemic, the Commissioner of Health ("commissioner") issued a notification letter requiring certain individuals and entities to report COVID-19/SARS-CoV-2 cases and test results to MDH under the rules. On December 5, 2022, the commissioner revised these reporting requirements in a public notice. On May 1, 2023, the commissioner published a supplemental notice, which replaced expiring federal requirements for reporting SARS-CoV-2 test results with similar state-level reporting standards.

This fourth notice modifies reporting requirements for COVID-19/SARS-CoV-2 for certain community settings: K-12 schools, child care programs, institutions of higher education, MDH and DHS-licensed residential facilities, corrections facilities, and shelters. This notice **does not change** reporting requirements for health care providers, hospitals, clinics, long-term care facilities, CLIA-certified laboratories, and entities operating under a CLIA certificate of waiver—these settings and providers must continue to follow applicable requirements in the commissioner's December 2022 and May 2023 reporting notices. All new and continuing requirements are described in this notice so that reporters do not need to refer to prior notices.

Commissioner of Health Authority

Under Minnesota Rules, part 4605.7080, the Commissioner of Health shall require reporting of new or emerging diseases/syndromes that meet certain criteria. Specifically, 4605.7080 states:

> "Subpart 1. Disease selection. The commissioner shall, by public notice, require reporting of newly recognized or emerging diseases and syndromes suspected to be of infectious origin or previously controlled or eradicated infectious diseases if:
>
> A. the disease or syndrome can cause serious morbidity or mortality; and
>
> B. report of the disease or syndrome is necessary to monitor, prevent, or control the disease or syndrome to protect public health.

Subp. 2. Surveillance mechanism. The commissioner shall describe a specific, planned mechanism for surveillance of the disease or syndrome including persons and entities required to report, a time frame for reporting, and protocols for the submission of test results and clinical materials from cases and suspected cases to the Minnesota Department of Health, Public Health Laboratory."

As described in detail below, COVID-19 remains a newly emerging infectious disease that causes serious morbidity and mortality and disease reporting continues to serve an essential and necessary role in Minnesota's public health response.

I. DISEASE SELECTION

The commissioner shall, by public notice, require reporting of newly recognized or emerging diseases and syndromes suspected to be of infectious origin or previously controlled or eradicated infectious diseases if:

A. The disease is newly recognized or emerging.

Based on the following information, the commissioner finds that COVID-19 is a newly recognized or emerging infectious disease. Minn. R. 4605.7080, subp. 1.

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. An emerging infectious disease is one that is newly recognized, newly introduced, newly evolved, or that is increasing in incidence or geographic range. COVID-19 was first identified in China in late 2019, with the first U.S. case identified in January 2020 and the first Minnesota case identified in March 2020. Since SARS-CoV-2 was first identified, the virus has evolved rapidly and caused distinct waves of disease throughout United States and globally. The World Health Organization has named five variants of concern to date, with some of these variants resulting in subvariants. Variants have had different characteristics, including in transmissibility, severity of disease, and clinical presentation. Variants have also shown the ability to evade vaccine immunity, infection-induced immunity, and certain treatments. Each new variant of concern, to some extent, constitutes a newly emerging infectious disease due to its own defining set of characteristics. The Omicron variant became predominant in Minnesota at the end of 2021 and has resulted in multiple sub-variants that continue to cause most of our state's COVID-19 infections.

Variants of concern have caused temporal but significant increases in disease incidence in Minnesota. An example is the Omicron wave that began in December 2021. Over 400,000 cases of COVID-19 were identified in Minnesota from the last week of December through February 2022, representing approximately 26% of all cases in the pandemic.

While much has been learned about COVID-19, it remains a new disease epidemiologically and our knowledge of the disease and each new SARS-CoV-2 variant and sub-variant will continue to evolve for the foreseeable future. Because of the short

time since its initial recognition; the continuing, rapid, and unpredictable changes in the virus; and continued evolution of scientific and epidemiologic knowledge, COVID-19 continues to be an emerging infectious disease.

B. The disease or syndrome can cause serious morbidity or mortality.

Based on the following information, the commissioner finds that COVID-19 can cause serious morbidity or mortality. Minn. R. 4605.7080(1)(A).

Most people with COVID-19 suffer mild to moderate illness. However, the highly consequential and tragic toll due to serious illness and death from COVID-19 has been experienced in Minnesota and worldwide. COVID-19 has a well-documented spectrum of illness and can cause serious morbidity resulting in hospitalization, including the need for ICU care. It can result in death, especially in people over 65 years and those with often common medical conditions (e.g., obesity) that place them at higher risk for severe disease. Since January 2020, the U.S. has had more than 103 million COVID-19 cases and more than 1 million deaths. Minnesota has had over 1.7 million cases and more than 14,000 deaths. More than 85,000 Minnesota cases have been hospitalized, with over 14,000 spending time in a hospital ICU.

COVID-19 can result in post-COVID conditions known as “long COVID.” Though we still are learning how often long COVID occurs and the duration of symptoms, studies show that 5-30% or more of people who have had COVID-19 experience symptoms for months or longer after their initial infection. Long COVID symptoms can range from mild to debilitating.

COVID-19 can also cause severe illness in children. After a COVID-19 infection, some children develop multisystem inflammatory syndrome (MIS-C), a rare but serious condition. Children with MIS-C suffer inflammation, which can occur in the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.

Pregnant or recently pregnant people are at an increased risk of severe COVID illness compared to people who are not pregnant. They are more likely to be admitted to an intensive care unit (ICU) and receive invasive ventilation. The odds of maternal death are higher for pregnant people with a SARS-CoV-2 infection compared to pregnant people without a SARS-CoV-2 infection. SARS-CoV-2 infection increases the likelihood of the infant being born preterm (earlier than 37 weeks), being admitted to the neonatal intensive care unit, and being low birthweight.

The longer-term effects of COVID-19 in both adults and children can occur even if a person’s acute COVID-19 disease was mild or moderate. Therefore, serious morbidity cannot be defined solely by the severity of the illness a person experiences during the infectious period.

With the advent of pharmaceutical interventions (e.g., vaccination, out-patient and in-patient treatment) to combat the severe effects of COVID-19, a newer set of factors will

affect morbidity and mortality. These factors include the percent of the population that is up to date on vaccination, the efficacy of vaccines in preventing severe illness and death from the circulating variant, waning vaccine immunity, the durability of infection-induced immunity, and the effectiveness and availability of treatment for the variant. The characteristics of variants will continue to play a critical role.

C. Report of the disease is necessary to monitor, prevent, and control disease to protect public health.

Based on the following information, the commissioner finds that reporting of COVID-19 cases is necessary to monitor, prevent, and control the disease to protect the public's health. Minn. R. 4605.7080(1)(B).

From the start of the pandemic, the data from mandated reporting of COVID-19 infections have been at the heart of the public health response across the United States and in Minnesota. These data are necessary to monitor, prevent, and control disease. The data have allowed for the characterization of the epidemiology of COVID-19 including identifying groups at highest risk of severe outcomes (characteristics of people hospitalized, admitted to the ICU, and deaths) and understanding the circumstances under which SARS-CoV-2 is more likely to spread. This knowledge has informed public heath recommendations for the general public and specific settings including K-12 schools, long-term care facilities, and corrections facilities. Reporting allowed for the identification and rapid initiation of public health interventions to contain outbreaks in specific settings and prevent further spread. The data also helped guide the initial prioritization of vaccine administration and eligibility for treatment. Data from mandated reporting highlighted racial and ethnic disparities in morbidity and mortality from COVID-19, emphasizing the critical need to ensure resources for harder hit groups. The data have also been critical in monitoring fluctuations in disease transmission and hospitalizations across the state so that Minnesotans know when to exercise caution. Further, especially earlier in the pandemic, disease reporting allowed for case interviews and notification of contacts, and for recommendations for isolation and quarantine to limit spread.

The nature of the pandemic has changed with vaccinations, effective treatments, and increased infection-induced immunity. However, the evolving and unpredictable characteristics of SARS-CoV-2 underline the critical need for disease reporting to quickly identify changes in the epidemiology of COVID-19, including changes in vaccine and treatment efficacy. Data from disease reporting are critical to identifying changes in groups at high risk, disease severity, and transmissibility. In addition, data are important for monitoring the durability of vaccine and infection-induced immunity. Further, reporting helps MDH to identify outbreaks or clusters so that appropriate intervention measures can be quickly implemented. COVID-19 has disproportionately impacted specific populations beyond health-associated risk factors such as chronic conditions and age. COVID-19 has resulted in disproportionate morbidity and mortality among

historically disadvantaged communities including the American Indian, Black, Hispanic, and Asian and Pacific Islander communities. Programs were put into place during the pandemic to help mitigate this disproportionate impact, but continued data monitoring is necessary to assess the effect of COVID-19 on these populations.

With the changes in the pandemic, MDH has determined that changes in disease reporting are appropriate. While case-based reporting from health care providers remains essential to monitor the epidemiology of COVID-19, this notice simplifies reporting requirements for many community settings, including K through grade 12 schools, child care programs, institutions of higher education, MDH-and DHS-licensed residential facilities, corrections facilities, and shelters. The reporting required by this notice will still allow MDH to monitor COVID-19 in the state and perform essential public health functions in relation to the disease.

II. SURVEILLANCE MECHANISM

As required by Minnesota Rules, part 4605.7080, this section details specific, planned reporting requirements for surveillance of COVID-19, including persons and entities required to report, a time frame for reporting, and protocols for the submission of test results and clinical materials from cases and suspected cases to the Minnesota Department of Health, Public Health Laboratory.

A. Summary of Reporting Requirements

On December 5, 2022, the commissioner published COVID-19 reporting requirements for defined categories of individuals, entities, and settings. The commissioner supplemented these requirements in a notice issued on May 1, 2023, which continued certain expiring federal requirements for reporting COVID-19 test results at the state level.

While this notice modifies and simplifies requirements for certain categories of reporters, others must continue to follow the same reporting standards described in the commissioner's previous December 5, 2022, and May 1, 2023, reporting notices. Specifically:

- **This notice outlines revised** reporting requirements for MDH and DHS-licensed residential facilities (that are not skilled nursing or assisted living facilities) (Section II.C.), K-12 schools and child care (Section II.D.), higher education institutions (Section II.E.), correctional facilities (Section II.F.), and shelters and transitional or temporary congregate housing (Section II.G.).
- **This notice does not change** the reporting requirements for health care providers, health care facilities, CLIA-certified laboratories, and entities performing SARS-CoV-2 tests under CLIA certificates of waiver (Section II.B.). The notice also does not change reporting requirements for long-term care facilities (Section II.C.).

For ease of reference, this notice comprehensively describes the reporting requirements—both revised and continuing—that apply to each separate category of reporters. Reporters can refer to this notice for COVID-19 reporting requirements and do not need to refer to prior notices.

NOTE: Community settings[1] that conduct SARS-CoV-2 point of care (POC) testing under a CLIA certificate of waiver must continue to report positive, individual test results to MDH.

B. Health care practitioners, health care facilities, CLIA-certified laboratories, entities performing SARS-CoV-2 tests under a CLIA certificate of waiver, and other licensed health care providers

1. Disease or syndrome

This notification describes reporting requirements for SARS-COV-2 infection/COVID-19 as evidenced by a positive viral test. Viral tests include nucleic acid amplification tests (NAATs) and antigen tests.

2. Reporting entities

The persons and entities required to report are health care practitioners,[2] health care facilities, including hospitals and medical clinics, and every other licensed health care provider who provides care to any patient who has COVID-19 or who attends a death from COVID-19. In addition, all CLIA-certified laboratories and entities performing SARS-CoV-2 tests under a CLIA certificate of waiver are required to report. Health care facilities, such as hospitals and medical clinics, must either designate that individual health care practitioners report under this notice or the facility can designate an infection preventionist or other staff to report to MDH for the individual practitioners at the facility.

Note: In general, skilled nursing facilities, assisted living facilities, and other MDH- and DHS-licensed residential facilities should not report under this section II.B. and should instead follow the requirements in section II.C., below. However, when these facilities perform on-site point of care testing for COVID-19, they must follow the test result reporting requirements in section II.B.4.c.

3. Reporting time frame

Unless otherwise specified in the protocols for submission below, the time frame is as follows:

[1] "Community settings" as used here refers to K-12 schools, child care, long-term care facilities (skilled nursing and assisted living facilities), MDH and DHS-licensed residential facilities, institutions of higher education, corrections facilities, and shelters.

[2] Health care practitioners include medical examiners and coroners. The term "health care practitioner" is defined in Minn. Rules 4605.7000.

- Reporters must submit case reports within one working day of receiving a positive result of a viral test for SARS-CoV-2 or of knowledge of a death.
- Hospitals must submit reports on hospital admissions (including the associated events of transfer to/discharge from the ICU and death in the hospital) as soon as possible, but no later than three working days after admission, ICU transfer, ICU discharge, and within one working day of death.
- Test results (positive only) must be submitted to MDH within one working day of completion.

4. Protocol for submission

a. Health care practitioners, health care facilities, and other licensed health care providers:

When attending a case of or death from COVID-19, reporters are required to submit a report to MDH by electronic transmission or fax. Reporters should use the report form that corresponds to the method of submission.[3]

Hospitals are required to submit reports to MDH on hospitalizations.[4] Specifically, they are required to submit reports on patients who had a positive viral test for SARS-CoV-2 when the test occurred in the 14 days prior to admission or during their hospital stay.

- The report form for hospitalized cases is located at the COVID-19 Provider Portal (https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D) and can be submitted through the REDCap platform, direct electronic transmission, or fax.
- Reporters can use the report form or another format that provides MDH the same data elements.
- Hospitalization reports must be updated to reflect the following changes for a previously reported patient: transfer to the ICU, discharge from the

[3]There are multiple ways to submit a case or death report: to fax a report, reporters should use the form located at COVID-19 Case Report Form (www.health.state.mn.us/diseases/coronavirus/hcp/covidreportform.pdf); to submit an individual report electronically, reporters should go to COVID-19 Patient Reporting Form (https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=9XMX7WKRTM); and to upload a spreadsheet for submitting reports, reporters should go to COVID-19 Provider Portal (https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=J3AH4M7W7D) .

[4] The reporting of hospitalizations referred to in this notice is case-based reporting of hospitalized patients who have tested positive for SARS-CoV-2. This notice does not address or affect the separate reporting requirements for hospitals to submit data through MNTrac for NHSN/TeleTracking and bed information purposes. Hospitals are currently required to perform both types of reporting (case reporting and MNTrac reporting).

ICU, and death in accordance with the reporting timeframes specified above.

- Hospitalization reporting is not required for a patient admitted to the hospital for observation for less than 24 hours, a patient seen in the emergency room or urgent care only (not admitted), or a patient who is not a Minnesota resident.

Each reporting health care provider or facility, upon request of the commissioner, must provide access to additional information on cases from all medical, pathological, and other pertinent records including information related to COVID-19 diagnosis, treatment, severity of disease, outcome (which may include outcome of pregnancy and infant follow-up information), and follow-up per Minn. Rules 4605.7090. MDH epidemiologists review patient medical records using a standardized case report form to collect basic demographic information, risk factors, and other pertinent information of epidemiologic or infection prevention concern.

b. CLIA-certified laboratories

CLIA-certified laboratories are required to:

- Report positive results to MDH from tests to detect SARS-CoV-2. Tests include NAATs and non-NAATS tests. Laboratories should not report non-positive results from these tests.
- Laboratories can select among multiple methods to submit test results for SARS-CoV-2 to MDH. The options for submission are specified at COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).
- Submit to the MDH Public Health Laboratory the results of genomic testing on SARS-Cov-2 specimens. Laboratories with the capability to identify the lineage of SARS-CoV-2 specimens must submit all such test results (variant lineage number) to MDH through the test results submission methods specified at COVID-19 Test Reporting Requirements. If a medical laboratory has test results that identify the actual genomic sequence for a SARS-CoV-2 specimen, the laboratory must submit the actual sequence to the MDH Public Health Laboratory upon request. Laboratories must submit the actual sequence in an electronic format by a means that is feasible for both the submitting laboratory and the MDH Public Health Laboratory.
- Upon request of the commissioner, submit clinical materials for reported cases of SARS-CoV-2/COVID-19 to the MDH Public Health Laboratory. The term “clinical materials” is defined in Minn. Rules 4605.7000, subpart 3.

- For all reports, medical laboratories must include as much disease report information as is known for the fields identified in Minn. Rules 4605.7090.

c. Entities that test for SARS-CoV-2 under a CLIA certificate of waiver

The reporting requirements are as follows:

- Report positive results to MDH from viral tests to detect SARS-CoV-2. Entities should not report non-positive results from these tests.
- Entities must submit test results through the methods specified at COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).
- For all reports, entities must include as much disease report information as is known for the fields identified in Minn. Rules 4605.7090.

d. Other reporting

Nothing in this notice affects the operation of any other provisions in the reporting rules.[5]

C. Long-term care facilities, including skilled nursing facilities and assisted living facilities, other MDH-licensed residential facilities, and DHS-licensed residential facilities

1. Disease or syndrome

This notification describes reporting for SARS-CoV-2 infection/COVID-19 as evidenced by a positive viral test. Viral tests include nucleic acid amplification tests (NAATs) and antigen tests.

2. Reporting entities

Skilled nursing facilities and assisted living facilities must report. MDH-and DHS-licensed residential facilities are also subject to reporting requirements.

3. Reporting time frame

Within one working day of receiving a positive result for POC tests. Otherwise, weekly unless specified in the protocols for submission below.

[5] Reporting rule requirements that may be relevant to SARS-CoV-2/COVID-19 include Minn. Rule 4605.7050, Subp. 2 (requiring reporting of an unexplained death or critical illness in a previously healthy individual that may be caused by an infectious agent by the attending health care practitioner, medical examiner or coroner, or by the person having knowledge about the death or illness), and Minn. Rule 4605. 7030, Subp. 5 (requiring reporting by veterinarians and veterinary medical laboratories upon the request of the commissioner for diseases that may be transmitted directly or indirectly to and between humans and animals).

4. Protocols for submission

The following requirements apply to skilled nursing facilities and assisted living facilities licensed by MDH (reporting requirements for other DHS- and MDH-licensed residential facilities are in 4c below):

- Skilled nursing facilities and assisted living facilities should report according to the requirements in their applicable category under 4a or 4b below.
- When facilities are required to report staff cases, they should include only staff who worked or interacted with others in the facility while infectious with COVID-19. Staff includes all staff regardless of number of hours worked or position type (i.e., includes full time, part time, contract staff, and volunteers).
- Facilities, upon request of the commissioner, are required to provide to MDH individual case information per Minn. Rules 4605.7090 for cases reported in the aggregate counts in order to identify or characterize an outbreak, a cluster of cases, an unusual pattern of cases, or the epidemiology of a new variant of SARS-CoV-2.
- These facilities should not submit individual COVID-19 case reports as "health care providers" under section II.B. However, facilities conducting SARS-CoV-2 point of care (POC) testing under a CLIA certificate of waiver[6] (without the use of a medical laboratory) must report each positive test result to MDH under section II.B.4.c with as much disease report information as is known for the fields identified in Minn. Rules 4605.7090. Facilities should report test results to MDH through mechanisms specified in MDH COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).

a. Skilled nursing facilities

- Facilities must report in accordance with Centers for Medicare and Medicaid Services (CMS) reporting requirements for COVID-19, which include submission of reports to the Center for Disease Prevention and Control's (CDC) National Healthcare Safety Network (NHSN). MDH has access to NHSN reporting data from skilled nursing facilities in Minnesota and facilities do not need to submit duplicate reports to MDH.
- Facilities must report directly to MDH on deaths of residents due to COVID-19. For reporting of deaths, facilities must submit the COVID-19 Long-Term Care Report Form (https://redcap-

[6] In general, any organization that administers a COVID-19 test onsite or interprets or processes results must have a CLIA certification or certificate of waiver. CLIA certificates of waiver provide non-laboratory settings like schools, congregate-living settings, and corrections facilities an option to offer and administer certain COVID-19 tests.

c19.web.health.state.mn.us/redcap/surveys/?s=HH47NMERJHJX7CJF) and provide case-specific information. A reportable death is one where a resident has previously tested positive for SARS-CoV-2 infection. Facilities must submit reports of death within one working day of the death.

- Facilities should include deaths based on a positive viral test (including NAATs or antigen) regardless of where the test is performed (by the facility, at a clinic, at home, at resident's apartment).

b. Assisted living facilities

- Facilities must report weekly aggregate case (positive viral test) counts of COVID-19 for staff and residents separately to MDH through submission of the form COVID-19 Long-Term Care Report Form (https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=HH47NMERJHJX7CJF).
- Facilities must report to MDH on deaths of residents due to COVID-19. For reporting of deaths, facilities must submit the COVID-19 Long-Term Care Report Form and provide case-specific information. A reportable death is one where a resident has previously tested positive for SARS-CoV-2 infection. Facilities must submit reports of death within one working day of the death.
- For aggregate reporting of cases and for reporting of deaths, facilities should include cases and deaths based on either a positive NAAT or antigen test regardless of where the test was performed (by the facility, at a clinic, at home, at resident's apartment).
- When facilities identify positive cases through on-site testing programs, they should include those cases both in the aggregate case counts and in individual test result reporting required for entities conducting tests under a CLIA certificate of waiver. Refer to II.B.4.c. for further information on test result reporting.

c. All other MDH and DHS-licensed residential facilities (that are NOT skilled nursing or assisted living facilities)

- Facilities conducting point of care (POC) testing for SARS-CoV-2 under a CLIA certificate of waiver[7] (without the use of a medical laboratory) must report each positive test result to MDH with as much disease report information as is known for the fields identified in Minn. Rules 4605.7090. Refer to section II.B.4.c for additional information. Facilities should report

[7] In general, any organization that administers a COVID-19 test onsite or interprets or processes results must have a CLIA certification or certificate of waiver. CLIA certificates of waiver provide non-laboratory settings like schools, congregate-living settings, and corrections facilities an option to offer and administer certain COVID-19 tests.

test results to MDH through mechanisms specified in MDH COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).

- Facilities are no longer required to report aggregate case counts and deaths for COVID-19 under this notice. These facilities must continue to report communicable disease (including COVID-19) as otherwise required by the reporting rules under Minn. Rules 4605.7050 (unusual case incidence) and Minn. Rules 4605.7070 (reports for diseases that may threaten public health).

D. K through grade 12 schools, certified child care centers, licensed child care centers, and licensed family child care

1. Disease or syndrome

This notification describes reporting for SARS-CoV-2 infection/COVID-19 as evidenced by a positive viral test. Viral tests include nucleic acid amplification tests (NAATs) and antigen tests.

2. Reporting entities

All K through grade 12 schools (public and private), certified child care centers, licensed child care centers, and licensed family child care are subject to these reporting requirements.

3. Reporting time frame

Within one working day of meeting the reporting threshold for an outbreak. Within one working day of receiving a positive result for POC tests.

4. Protocol for submission

a. K through grade 12 schools

- All K through grade 12 schools must complete a reporting form on respiratory outbreaks at the school that may be due to COVID-19 when they meet the threshold for a respiratory outbreak, which is 10% of total school enrollment absent due to respiratory illness on a school day. MDH will adjust the threshold as necessary using epidemiologic principles for outbreak detection. The reporting form for schools is located at Respiratory Illness and Gastrointestinal Illness Outbreak Reporting (https://redcap.health.state.mn.us/redcap/surveys/?s=MJEJYFFCKNLD4N4C) .

- K through grade 12 schools conducting point of care (POC) SARS-CoV-2 testing under a CLIA certificate of waiver[8] (without the use of a medical laboratory) must report each positive test result to MDH with as much disease report information as is known for the fields identified in Minn. Rules 4605.7090. Schools should report test results to MDH through mechanisms specified in MDH COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).

b. Certified child care centers, licensed child care centers, and licensed family child care.

- Entities conducting point of care (POC) SARS-CoV-2 testing under a CLIA certificate of waiver9 (without the use of a medical laboratory) must report each positive test result to MDH with as much disease report information as is known for the fields identified in Minn. Rules 4605.7090. Refer to section II.B.4.c for additional information. Facilities should report test results to MDH through mechanisms specified in MDH COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).
- Entities are no longer required to report aggregate case counts, hospitalizations, and deaths for COVID-19/SARS-CoV-2. These entities must continue to report communicable disease (including COVID-19) as otherwise required by the reporting rule under Minn. Rules 4605.7050 (unusual case incidence) and Minn. Rules 4605.7070 (for diseases that may threaten public health).

E. Institutions of higher education (IHE)

1. Disease or syndrome

This notification describes reporting for SARS-CoV-2 infection/COVID-19 as evidenced by a positive viral test. Viral tests include nucleic acid amplification tests (NAATs) and antigen tests.

[8] In general, any organization that administers a COVID-19 test onsite or interprets or processes results must have a CLIA certification or certificate of waiver. CLIA certificates of waiver provide non-laboratory settings like schools, congregate-living settings, and corrections facilities an option to offer and administer certain COVID-19 tests.

[9] In general, any organization that administers a COVID-19 test onsite or interprets or processes results must have a CLIA certification or certificate of waiver. CLIA certificates of waiver provide non-laboratory settings like schools, congregate-living settings, and corrections facilities an option to offer and administer certain COVID-19 tests.

2. Reporting entities

All institutions of higher education (IHE), specifically the COVID-19 Coordinator for the institution or other administrator.

3. Reporting time frame

Within one working day of receiving a positive result for POC tests.

4. Protocols for submission

Subject to the following exceptions, IHE are no longer required to report aggregate COVID-19/SARS-CoV-2 case counts, hospitalizations, and deaths for COVID-19/SARS-CoV-2 under this notice. These institutions must continue to report communicable disease (including COVID-19) as otherwise required by the reporting rule under Minn. Rules 4605.7050 (unusual case incidence) and Minn. Rules 4605.7070 (reports for diseases that may threaten public health).

- An IHE conducting point of care (POC) SARS-CoV-2 testing under a CLIA certificate of waiver [10] (without the use of a medical laboratory) must report each positive test result to MDH with as much disease report information as is known for the fields identified in Minn. Rules 4605.7090. Institutions should report test results to MDH through mechanisms specified in MDH COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).
- Campus health care services and the health care providers they employ are required to follow the same case-based reporting as for other health care providers and health care facilities under this notice (refer to section II.B.4.a.). Similarly, CLIA-certified laboratories operated by IHE must follow the same reporting requirements as other laboratories in the state (refer to section II.B.4.b.).

F. Correctional facilities

1. Disease or syndrome

This notification describes reporting for SARS-CoV-2 infection/COVID-19 as evidenced by a positive viral test. Viral tests include nucleic acid amplification tests (NAATs) and antigen tests.

[10] In general, any organization that administers a COVID-19 test onsite or interprets or processes results must have a CLIA certification or certificate of waiver. CLIA certificates of waiver provide non-laboratory settings like schools, congregate-living settings, and corrections facilities an option to offer and administer certain COVID-19 tests.

2. **Reporting entities**

   All correctional facilities including jails, prisons (state and federal), juvenile detention centers and other facilities licensed by the Minnesota Department of Corrections.

3. **Timeframe for reporting**

   Within one working day.

4. **Protocols for submission**

   - Facilities are required to report within one working day any death in a staff person or resident suspected to have died due to COVID-19. Deaths should be reported using the COVID-19 Outbreak and Death Reporting Form for Shelters and Correctional Facilities (https://redcap.health.state.mn.us/redcap/surveys/?s=WDCFYJD3YD34X83J).
   - When reporting a death, facilities are required to provide the name and date of birth for the staff person or resident.
   - Facilities must report within one working day any outbreak or unusual cluster of COVID-19 cases. Upon request of the commissioner, facilities must provide individual information on cases per Minn. Rules 4605.7090 for an outbreak or unusual cluster.
   - Correctional facilities operating under a CLIA certificate of waiver[11] to conduct SARS-CoV-2 point of care (POC) testing (without the use of a medical laboratory), must report each positive test result to MDH with as much disease report information as is known for the fields identified in Minn. Rules 4605.7090. Facilities should report test results to MDH through the mechanisms specified in MDH COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).
   - Tests conducted by a third-party contract laboratory do not need to be reported by the correctional facility as the results of those tests are already required to be reported to MDH by the contract laboratory under Section II.B.4.b. or II.B.4.c. of this notice.
   - Third-party healthcare providers that operate onsite at correctional facilities must follow the health care reporter requirements (individual case-based reporting) described in Section II.B.4.a. of this notice.

[11] In general, any organization that administers a COVID-19 test onsite or interprets or processes results must have a CLIA certificate or certification of waiver. CLIA certificates of waiver provide non-laboratory settings like schools, congregate-living settings, and corrections facilities an option to offer and administer certain COVID-19 tests.

G. Shelters

1. Disease or syndrome

This notification describes reporting for SARS-CoV-2 infection/COVID-19 as evidenced by a positive viral test. Viral tests include nucleic acid amplification tests (NAATs) and antigen tests.

2. Reporting entities

Shelters and other high-risk congregate living settings serving people with temporary or transitional housing needs. These entities are collectively referred to in this document as "shelters."

3. Timeframe for reporting

Within one working day.

4. Protocols

- Shelters are required to report within one working day any death in a staff person or resident suspected to have died due to COVID-19. Deaths can be reported using the COVID-19 Outbreak and Death Reporting Form for Shelters and Correctional Facilities (https://redcap.health.state.mn.us/redcap/surveys/?s=WDCFYJD3YD34X83J).
- When reporting a death, shelters are required to provide the name and date of birth for the staff person or resident.
- Shelters must report within one working day any outbreak or unusual cluster of COVID-19 cases. Upon request of the commissioner, shelters must provide individual information on cases per Minn. Rules 4605.7090 for the outbreak or unusual cluster.
- Shelters conducting point of care (POC) SARS-CoV-2 testing under a CLIA certificate of waiver[12] (without the use of a medical laboratory) must report each positive test result to MDH with as much disease report information as is known for the fields identified in Minn. Rules 4605.7090. Facilities should report test results to MDH through mechanisms specified in MDH COVID-19 Test Reporting Requirements (www.health.state.mn.us/diseases/coronavirus/hcp/reportlab.html).
- Tests conducted by a third-party contract laboratory do not need to be reported by the shelter as the results of those tests are already required to be

[12] In general, any organization that administers a COVID-19 test onsite or interprets or processes results must have a CLIA certification or certificate of waiver. CLIA certificates of waiver provide non-laboratory settings like schools, congregate-living settings, and corrections facilities an option to offer and administer certain COVID-19 tests.

reported to MDH by the contract laboratory under Section II.B.4.b. or II.B.4.c. of this notice.

- Third-party healthcare providers that operate onsite at a shelter must follow the health care reporter requirements (individual case-based reporting) described in Section II.B.4.a. of this notice.

NOTICE ISSUED BY:
/s/
Commissioner Brooke Cunningham
Minnesota Department of Health

DATE: 8/22/2023