COVID-19 Investigation Toolkit for Homeless and Other Congregate Settings

This toolkit is intended for community-based facilities that offer congregate living, dining, or programming to people experiencing homelessness or people with temporary or transitional housing needs. Examples include homeless service settings and encampments, domestic violence shelters, youth shelters, transitional housing, permanent supportive housing, unlicensed sober homes, halfway houses, and board and lodges. The toolkit provides guidance for responding to COVID-19 case(s) in staff and clients/residents (“residents”) and provides an overview of investigative steps. Facilities should consider the risks of transmission posed by facility layout, housing arrangements (e.g., individual rooms, congregate living space), and any programs or services when determining and implementing COVID-19 mitigation practices in their setting.

COVID-19 vaccines are the most important tool available for preventing severe illness, hospitalization, and death among staff and residents in congregate living settings. Facilities should encourage all staff and residents to get vaccinated as soon as possible and stay up to date with COVID-19 vaccines. Even people who have recovered from COVID-19 should get vaccinated because the vaccine provides added protection from reinfection and severe illness. See the following resources for additional information about COVID-19 vaccines.

- COVID-19 Vaccine (www.health.state.mn.us/diseases/coronavirus/vaccine/index.html)

Recommendations in this document are based on the Centers for Disease Control and Prevention’s (CDC) guidelines. Facilities should review all CDC guidance (refer to Appendix H: Resources) for more detail.

For questions related to implementation of this guidance or to report cases and outbreaks, please contact the Minnesota Department of Health (Health.R-Congregate@state.mn.us).
Investigative steps after COVID-19 is identified in staff or residents

Identify close contacts of a person with COVID-19 [Appendices A, B]

- Determine who was in close contact with the person with COVID-19. The time period of interest (the “infectious period”) is from two days prior to the date the person’s symptoms started (or test date if the person did not have symptoms) through the time that the person was no longer in the facility or was placed in isolation.

- A close contact is defined as:
  - A person who was within 6 feet of the infectious person for 15 minutes or more (cumulative time of 15 minutes or more over a 24-hour period).
  - A person who had direct contact with the respiratory secretions of an infectious person for any amount of time.
  - If there is difficulty identifying close contacts through contact tracing, it may be necessary to identify groups likely to have been exposed (e.g., a floor where there was a person with COVID-19), and to proceed with evaluating needs for quarantine and broad-based (facility-wide) testing for the group.

Determine if close contacts need to quarantine

- **Staff** who are close contacts of a person with COVID-19 should quarantine away from the workplace for 10 days and test as soon as the exposure is identified (but not within the first 24 hours after exposure) regardless of vaccination status. If the initial test is negative, test again at least five days after exposure. Test immediately if symptoms develop.

  Staff may follow quarantine guidance for the general public to end quarantine for activities other than returning to work such as grocery shopping or working outside of the shelter setting. Refer to Close Contacts and Quarantine: COVID-19 (www.health.state.mn.us/diseases/coronavirus/close.html).

- **Residents** who are close contacts of a person with COVID-19 should quarantine for 10 days, regardless of vaccination status, and should minimize the amount of time they spend in shared spaces. When in shared spaces, they should wear a surgical mask or respirator. Test as soon as the exposure is identified (but not within the first 24 hours after exposure) regardless of vaccination status. If the initial test is negative, test again at least five days after exposure. Test immediately if symptoms develop. See Testing section below for more information on testing.

  Residents may follow quarantine guidance for the general public to end quarantine when in other community settings (e.g., grocery shopping, working outside of the shelter, etc.). Refer to Close Contacts and Quarantine: COVID-19 (www.health.state.mn.us/diseases/coronavirus/close.html).

- Close contacts (staff and residents) who have had laboratory-confirmed COVID-19 within the previous 90 days do not need to quarantine. If they develop symptoms they should get tested (an antigen test is preferred) and follow isolation guidance. Refer to If You Are Sick or Test Positive: COVID-19 (www.health.state.mn.us/diseases/coronavirus/sick.html).
Quarantine modifications for staff

- Quarantine recommendations may be modified for staff if the staff person wore personal protective equipment (PPE) according to applicable recommendations, facility requirements, and training. [see Appendix C]

- During crisis situations (i.e., staffing shortages that threaten the continuity of essential operations), homeless service providers may consult with the MDH congregate settings team (Health.R-Congregate@state.mn.us), or with their local public health contact if they typically work with local public health on their COVID-19 response, to consider options for shortening the duration of quarantine or isolation for staff. Refer to Strategies to Mitigate Resource Constraints During COVID-19 Surges in Shelter and Correctional Settings (www.health.state.mn.us/diseases/coronavirus/mitigatesurges.pdf) for additional guidance.

All staff and residents regardless of vaccination status or history of prior infection, should wear a well-fitting mask or respirator while indoors, and outdoors if they cannot physically distance. Facilities should ensure that anyone who is a close contact to a person with COVID-19 has a surgical mask or respirator to be worn throughout their 10-day quarantine period. Refer to CDC: Types of Masks and Respirators (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html).

Testing [Appendix C]

Testing in response to cases in the facility will depend on the extent to which a facility is able to perform contact tracing. If the facility can perform contact tracing, they should follow testing recommendations in Scenario 1 below AND testing recommendations in Scenario 2 if appropriate. If the facility is unable to gather reliable information on exposed contacts, they should follow testing recommendations in Scenario 2. Facilities following Scenario 2 should still make every attempt to perform contact tracing to inform quarantine and testing practices. In all scenarios, immediately test anyone who develops symptoms.

- **Scenario 1:** Test asymptomatic close contacts after an exposure, regardless of vaccination status. Note that testing is not recommended for an asymptomatic close contact who has had laboratory-confirmed COVID-19 infection within the previous 90 days. If someone with infection in the prior 90 days becomes symptomatic, an antigen test is recommended.
  - Test as soon as the exposure is identified (but not within the first 24 hours after exposure). If the initial test is negative, test again at least five days after exposure. Test again immediately if symptoms develop.

- **Scenario 2:** Broad-based (floor-wide, facility-wide) testing of staff and residents, regardless of vaccination status, should occur when there are or could be unrecognized exposures (e.g., a single resident case arises from the general shelter population and their exposure source is unknown). Broad-based testing should also occur when a staff person works many days while infectious. The scope of testing should be based on the extent of the infectious person’s interactions, contacts, and movement within the facility.
  - Test exposed group as soon as the exposure is identified and then repeat testing every three to seven days until no new positive cases are identified in the group for 10 days after the last exposure.
  - Testing may be limited to a floor or may involve the entire facility, depending on the scope of the exposure.
  - Any person in a quarantine group who tests positive should be removed from the group and placed in isolation, and the 10-day quarantine period should restart for the remainder of the group members.
▪ If the person who tests positive cannot be removed from the quarantine group, for example a family group that includes young children, all members of the family who have not yet tested positive should remain in quarantine until 10 days after the last day of isolation of the last person who tested positive.

▪ Symptomatic contacts should be isolated and tested immediately, regardless of vaccination status or COVID-19 infection history. Antigen tests should be used on symptomatic people with a history of COVID-19 infection in the prior 90 days.

▪ Interpretation of testing may depend on the type of test and reason for testing.
  ▪ See Appendix D for information about interpreting antigen tests.
  ▪ If a facility has a patient with discrepant test results or has concerns that a patient’s test is falsely positive, keep the patient in individual isolation and contact MDH for additional guidance (Health.R-Congregate@state.mn.us).

▪ After the outbreak has resolved, consider implementing screening testing informed by community transmission levels and COVID-19 community levels. Refer to CDC: Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments, Table 3 (www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html) for additional guidance on screening testing.

**Symptom monitoring**

▪ Staff should be regularly screened for symptoms, including temperature checks when feasible.

▪ Symptomatic staff should be excluded from work and tested, regardless of vaccination status or history of prior infection. [Appendix E, F]

▪ Ensure that symptomatic residents are (1) moved to an individual isolation space that is separate from people who have tested positive; (2) tested; and (3) monitored at least twice per day and, (4) referred to a health care provider for treatment, as necessary based on symptoms. [Appendix G]

▪ Residents who are placed in quarantine should be monitored once daily for symptoms. If symptoms develop, immediately test and isolate the resident away from others until test results are available.

▪ Facilities with active cases or outbreaks should have a low threshold for identifying, quarantining, isolating, and testing symptomatic people.

**Isolation**

▪ isolation for symptomatic residents waiting for tests results should be separate from those who are laboratory-confirmed. Refer to Shelter-in-place Guidance During COVID-19 Surges in Homeless Shelters (www.health.state.mn.us/diseases/coronavirus/shelterinplace.pdf) for more information.

▪ Residents with laboratory-confirmed COVID-19 may be isolated in a group.

▪ People with laboratory-confirmed COVID-19 should isolate for 10 days. Before ending isolation, a person should also have improved symptoms and be fever-free for 24 hours (without the use of fever-reducing medication).
  ▪ Day 0 (zero) is the date symptoms first appear. If the patient is asymptomatic, then day 0 is the date of the positive test.

Managing outbreaks

Ensure that all COVID-19 prevention measures have been implemented to stop the outbreak. Mitigation strategies are discussed in detail in:

- Core strategies, such as symptom monitoring, testing, isolation, quarantine, and use of basic infection control, including PPE, should always be maintained. Additionally, use of a well-fitting mask or respirator for source control is recommended in homeless and other congregate settings, regardless of vaccination status.

Understanding treatment and post-exposure prophylaxis options

Several therapies are approved for use in treating COVID-19 including Paxlovid and molnupiravir. Remdesivir is also now authorized for use in non-hospitalized patients. More detailed information on therapeutics can be found at Therapeutic Options for COVID-19 Patients (www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html).
Appendix A: Sample COVID-19 contact tracing tool

Instructions: This risk assessment tool is meant to guide interviews of potential contacts who self-identify as having an exposure. Keep this information confidential and do not share it.

Potential contact name:

Interview conducted by:

Date of interview:

1. Have you had any contact or were you present in the room with a person diagnosed with confirmed COVID-19 infection? ☐ Yes ☐ No

2. Describe contact:

3. Dates of exposure:

4. Did you wear the following personal protective equipment (PPE) or source control?
   - Eye protection
     - Goggles ☐ Yes ☐ No
     - Face shield ☐ Yes ☐ No

   - Type of mask
     - N95 respirator ☐ Yes ☐ No
     - International respirator (e.g., KN95, KF94) ☐ Yes ☐ No
     - Medical/surgical mask ☐ Yes ☐ No
     - Cloth face covering ☐ Yes ☐ No

5. At any point, did you remove your personal protective equipment or source control? ☐ Yes ☐ No

   Describe:

6. Were you within 6 feet of the person for 15 minutes or longer (cumulative over 24 hours)? ☐ Yes ☐ No

7. Did you have direct contact with the person’s secretions? Extensive body contact or strenuous physical interaction with a person with COVID-19 may generate higher concentration of respiratory secretions or aerosols; no time minimum established. ☐ Yes ☐ No

8. Was the person diagnosed with COVID-19 wearing a mask (any type)? ☐ Yes ☐ No

   a. At any point was the person’s mask removed? ☐ Yes ☐ No

9. Are you vaccinated? ☐ Yes ☐ No

   a. Vaccine manufacturer (e.g., Janssen or J&J, Moderna, Pfizer):
   b. Dates vaccine received:

Quarantine/work exclusion: ☐ No quarantine/work exclusion ☐ Quarantine/exclude for 10 days
# Appendix B: Sample COVID-19 contact tracing tool

**Instructions:** This risk assessment tool is meant to guide interviews with people with COVID-19 to identify possible contacts. Keep this information confidential.

<table>
<thead>
<tr>
<th>Interviewee name:</th>
<th>Interview conducted by:</th>
<th>Date of interview:</th>
</tr>
</thead>
</table>

1. What date did your symptoms begin (or test date if no symptoms)?

   *Infectious period starts two days prior to the start of symptoms (or test date if no symptoms).*

2. Were you on-site during your infectious period? ☐ Yes ☐ No (If no, end interview)

3. If yes, what dates/times?

4. During your infectious period, were you within 6 feet for 15 minutes (cumulative over infectious period) with anyone?

<table>
<thead>
<tr>
<th>Name of contacts</th>
<th>Date(s) of contact</th>
<th>Describe contact</th>
<th>Were you wearing a face mask the entire time?</th>
<th>Was the contact wearing eye protection (goggles or face shield)?</th>
<th>Was the contact wearing a mask?</th>
<th>Do we have your permission to share your name with the contact?</th>
<th>Public health recommendation</th>
<th>☐ No exposure</th>
<th>☐ Quarantine/exclude from work for 10 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Goggles ☐ Face shield ☐ None</td>
<td>☐ N95/KN95 ☐ Surgical mask ☐ Cloth mask ☐ None</td>
<td>☐ Yes ☐ No</td>
<td>☐ No exposure</td>
<td>☐ Quarantine/exclude from work for 10 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Goggles ☐ Face shield ☐ None</td>
<td>☐ N95/KN95 ☐ Surgical mask ☐ Cloth mask ☐ None</td>
<td>☐ Yes ☐ No</td>
<td>☐ No exposure</td>
<td>☐ Quarantine/exclude from work for 10 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Goggles ☐ Face shield ☐ None</td>
<td>☐ N95/KN95 ☐ Surgical mask ☐ Cloth mask ☐ None</td>
<td>☐ Yes ☐ No</td>
<td>☐ No exposure</td>
<td>☐ Quarantine/exclude from work for 10 days</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Goggles ☐ Face shield ☐ None</td>
<td>☐ N95/KN95 ☐ Surgical mask ☐ Cloth mask ☐ None</td>
<td>☐ Yes ☐ No</td>
<td>☐ No exposure</td>
<td>☐ Quarantine/exclude from work for 10 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Goggles ☐ Face shield ☐ None</td>
<td>☐ N95/KN95 ☐ Surgical mask ☐ Cloth mask ☐ None</td>
<td>☐ Yes ☐ No</td>
<td>☐ No exposure</td>
<td>☐ Quarantine/exclude from work for 10 days</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Public health recommendations for asymptomatic contacts of people with COVID-19

Instructions: This table offers guidance for public health recommendations based on exposure, use of PPE, and individual factors (vaccination, prior infection). If there is concern over appropriate PPE use or source control adherence or breaches, err on the side of exclusion/quarantine.

<table>
<thead>
<tr>
<th>If the close contact:</th>
<th>Quarantine*</th>
<th>Testing in response to exposure**</th>
<th>Timing of testing after exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had COVID-19 in the past 90 days</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Is a staff member who appropriately used a respirator (N95 or PAPR) or surgical face mask (or KN95/KF94) AND the person with COVID-19 was wearing a well-fitting mask†</td>
<td>No</td>
<td>Optional</td>
<td>Immediately, 5 days</td>
</tr>
<tr>
<td>Does not meet the above criteria regardless of their vaccination status</td>
<td>Yes</td>
<td>Yes</td>
<td>Immediately, 5 days</td>
</tr>
</tbody>
</table>

*Recommended quarantine duration is 10 days. Quarantine recommendations may vary in exceptional circumstances, such as with circulation of a more infectious variant or when a cluster of vaccine breakthrough cases is observed. Consult with MDH in these circumstances.

**Any person who develops symptoms compatible with COVID-19 should be isolated and tested immediately (diagnostic testing).

†If the person with COVID-19 was not wearing a well-fitting mask, the staff person must also be wearing eye protection to be excluded from the quarantine recommendation.
Appendix D: Antigen testing

COVID-19 antigen tests detect the presence or absence of viral protein. The antigen tests currently available for diagnosing COVID-19 are faster than RT-PCR and potentially can be conducted on-site in a congregate living facility. To learn more about antigen testing refer to CDC: Interim Guidance for Antigen Testing for SARS-CoV-2 (www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html).

Confirmation of antigen test results for COVID-19 in congregate living settings

In some cases, an antigen test should be confirmed by a laboratory-based nucleic acid amplification test (NAAT) test (e.g., RT-PCR). Refer to the following CDC Antigen Test Algorithm to determine if confirmatory testing is necessary.

Source of Antigen Testing Algorithm and Footnotes: CDC, Antigen Test Algorithm (www.cdc.gov/coronavirus/2019-ncov/lab/resources/Antigen_Testing_Algorithm_2020-12-14_v03_NO_DRAFT_SPW_508.pdf)

1 Single, multiple, or continuous known exposure to a person with COVID-19 within the last 14 days; perform NAAT first if short turnaround time is available, if person cannot be effectively and safely quarantined, or if there are barriers to possible confirmatory testing.

2 No known exposure to a person with COVID-19 within the last 14 days.

3 If a symptomatic person has a low likelihood of COVID-19 infection, clinical discretion should determine if this negative antigen test result requires confirmatory testing.

4 In instances of higher pretest probability, such as high incidence of infection in the community, clinical discretion should determine if this positive antigen result requires confirmation.

5 In certain settings, serial antigen testing could be considered for those with a negative antigen test result; serial testing may not require confirmation of negative results. The role of a negative antigen test result in ending quarantine depends upon when it is performed in the quarantine period. See CDC’s Options to Reduce Quarantine
for guidance on use of antigen testing for this purpose and when a negative antigen test result indicates that the person is not infected with COVID-19.

6 If prevalence of infection is not low in the community, clinical discretion should consider whether this negative antigen result requires confirmation.

7 Nucleic acid amplification test; confirm within 48 hours using a NAAT, such as RT-PCR, that has been evaluated against FDA’s reference panel for analytical sensitivity.

8 Known exposure to a person with COVID-19 within the last 14 days; if unsure, clinical discretion should determine whether isolation is necessary.

9 Isolation is necessary. See CDC’s guidance for isolation.

10 Quarantine is necessary. See CDC’s guidance for quarantine; clinical discretion should determine if and when additional testing is necessary.
Appendix E: Guidance on health screening and symptomatic staff

Screening should be conducted for all staff when reporting to work. This includes assessment for fever (higher than 100.0 degrees Fahrenheit); acute respiratory symptoms (e.g., cough, shortness of breath, sore throat); loss of taste or smell; muscle aches; and chills. Further evaluation should also be considered for elevated temperatures (lower than 100.0 degrees Fahrenheit) or other symptoms not attributable to another diagnosis, including headache; nausea; vomiting; diarrhea; abdominal pain; runny nose; and fatigue.

Staff should not work while sick, even with mild signs or symptoms. If illness develops while at work, staff need to immediately separate themselves from others, alert their supervisor, and leave the workplace. If they become ill at home, they should be advised to report symptoms, get tested, and stay out of work.

- A negative antigen test in staff or residents with signs or symptoms of COVID-19 should be confirmed using a NAAT/PCR test. See Appendix D.
- Refer to CDC: Post-vaccination Considerations for Workplaces (www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html) for guidance on evaluation and work exclusion for staff who experience symptoms following vaccination.
## Appendix F: Staff health screening log

This log should be completed every day, through an active process. Identify a trained staff member to complete this health screening form daily by engaging directly with staff when they arrive.

<table>
<thead>
<tr>
<th>Date</th>
<th>Staff name</th>
<th>Confirmation that staff has:</th>
<th>Initials of screener</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ No fever, respiratory, or other COVID-19 symptoms*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No close contact with a COVID-19-positive person in the last 10 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Not awaiting COVID-19 test results</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No fever, respiratory, or other COVID-19 symptoms*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No close contact with a COVID-19-positive person in the last 10 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Not awaiting COVID-19 test results</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No fever, respiratory, or other COVID-19 symptoms*</td>
<td></td>
</tr>
<tr>
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<td>☐ No close contact with a COVID-19-positive person in the last 10 days</td>
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<td></td>
<td></td>
<td>☐ Not awaiting COVID-19 test results</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No fever, respiratory, or other COVID-19 symptoms*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ No close contact with a COVID-19-positive person in the last 10 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Not awaiting COVID-19 test results</td>
<td></td>
</tr>
</tbody>
</table>

*Respiratory symptoms, including fever, cough with shortness of breath, **OR** two of the following:

- Fever (temperature greater than 100 degrees Fahrenheit or feeling feverish)
- Fatigue
- Sore throat
- Muscle or body aches
- Headache
- Chills
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
Appendix G: Active monitoring for COVID-19 symptoms among residents

Keep this form in a secure place that is inaccessible to residents and staff who do not need access. **Symptom Key:** F = fever/chills (fever greater than 100.0 degrees Fahrenheit); C = cough; S = shortness of breath; E = exhaustion/fatigue; B = body or muscle aches; H = headache; L = loss of taste or smell; T = sore throat; R = congestion/runny nose; N = nausea/vomiting; D = diarrhea

### Monitoring for COVID-19 symptoms in residents

<table>
<thead>
<tr>
<th>Name</th>
<th>Floor</th>
<th>Date: <strong>/</strong>/21 Time:</th>
<th>Date: <strong>/</strong>/21 Time:</th>
<th>Date: <strong>/</strong>/21 Time:</th>
<th>Date: <strong>/</strong>/21 Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>T</td>
<td>SpO$_2$</td>
<td>Symptom</td>
<td>T</td>
</tr>
</tbody>
</table>

**Notes**

T = temperature; SpO$_2$ = oxygen saturation

# symptomatic people:
Appendix H: Resources

  
  Website covers quarantine and isolation definitions. Note: MDH does not recommend shortening quarantine in congregate living facilities if receiving a negative test result.

  
  Website covering a range of topics specific to people experiencing homelessness, including vaccination, investigating cases, testing, people experiencing unsheltered homelessness, and youth experiencing homelessness.

  
  Website covering recommended cleaning protocols.

  
  Website discusses the importance of PPE and explains how to correctly put it on and it off.

  
  Website covering domestic and international travel requirements related to COVID-19 precautions, testing, and vaccination.

  
  This guidance offers a general approach to isolating residents on site in crisis situations where resources for additional staffing or isolation space have been exhausted.

  
  This document describes modifications to COVID-19 protocols during a COVID-19 surge when crisis situations are encountered and resources for additional staffing or space have been explored and are exhausted.

**Therapeutics and treatment:**

- **Therapeutic Options for COVID-19 Patients** ([www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html](http://www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html))

- **COVID-19 Medication Options** ([www.health.state.mn.us/diseases/coronavirus/meds.html](http://www.health.state.mn.us/diseases/coronavirus/meds.html))