



# COVID-19 Investigation Toolkit for Correctional Settings

9/10/21

This toolkit is intended for correctional facilities responding to COVID-19 case(s) in staff or in people who are incarcerated or detained (IDP) and provides an overview of investigative steps. Recommendations in this document are based on the Centers for Disease Control and Prevention's (CDC) guidelines. Facilities should review all CDC guidance (Appendix H: Resources) for more detail.

The Delta variant now accounts for most new COVID-19 cases in Minnesota and is more transmissible than other strains. Masking and social distancing are increasingly important, even among people who are fully vaccinated. As we continue to learn about Delta, our guidance may change.

For questions related to implementation or to report outbreaks, please contact the Minnesota Department of Health ([Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us)).

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## Investigative steps after COVID-19 is identified in a staff or IDP

### Identify close contacts of a case [Appendices A, B]

- Determine who was in close contact with the infectious COVID-19 case. The time period of interest (the "infectious period") is from two days prior to the date the case's symptoms started (or test date if the case did not have symptoms) through the time that the case 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 case 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 case 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 (i.e., a unit where there was a case), and to proceed with evaluating needs for quarantine and broad-based testing for the group.

### Determine if close contacts need to quarantine

- Contacts who are fully vaccinated or who have had laboratory-confirmed COVID-19 within the previous 90 days do not need to quarantine (fully vaccinated means it is at least two weeks since someone got their final required dose of vaccine).
- Note: If a facility has observed a significant number of infections among fully vaccinated people, they may choose to quarantine IDP or exclude staff who are exposed, regardless of vaccination status.
  - Note: All staff and IDP are recommended to wear well-fitting masks while indoors, and if they cannot physically distance outdoors. If supplies allow, the facility can consider providing medical face masks (e.g., surgical mask) to those who have been exposed, to be worn through their 14-day incubation period.
- Contacts who are unvaccinated, partially vaccinated (one dose of a two-dose series, or less than 14 days from completion of the final dose of vaccine), or those whose vaccination status cannot be verified are recommended to quarantine for 14 days.
- Exclusion recommendations may be modified for staff depending upon the proper use of personal protective equipment. It is important that personal protective equipment (PPE) is considered in this step only if the staff person using PPE has received training and is using employer-supplied PPE in the appropriate manner. [Appendix C]

**Testing** [Appendix C]: If the facility can perform contact tracing, testing in Scenario 1 is recommended, AND, testing in Scenario 2 may be indicated, depending on the situation. If the facility is unable to gather reliable information on exposed contacts, Scenario 2 is indicated. Facilities should make every attempt to perform contact tracing to inform quarantine and testing recommendations.

- **Scenario 1:** Test asymptomatic contacts after an exposure, **regardless of vaccination status**. Timing of testing will depend on the situation. Note that testing is not recommended for an asymptomatic close contact with laboratory-confirmed COVID-19 infection within the previous 90 days, unless they become symptomatic.
  - For fully vaccinated contacts, test three to five days after exposure.
  - For unvaccinated contacts, exclude if staff or quarantine in individual cells if IDP:
    - Test as soon as the exposure is identified. If the test is negative, test again three to five days after last exposure. In many situations, the exposure will be identified three to five days after the exposure occurred.
    - Testing is also recommended at days 12-14 for excluded staff returning to work or for IDP releasing from quarantine.
- **Scenario 2:** Broad-based testing should occur (unit-wide, facility-wide) when there are or could be unrecognized exposures, e.g., a single IDP case arises from the general population and their exposure source is unknown, or a staff person works many days while infectious. Staff and IDP should be included in this broad-based testing, regardless of vaccination status.
  - Test immediately after exposure is identified and then every three to seven days.

- Testing may be limited to a unit or may involve the entire facility, depending on the scope of the exposure.
- If in a quarantine cohort, any person testing positive should be removed from the cohort and placed in medical isolation, and the 14-day quarantine period should restart for the remainder of the cohort.
- Testing should continue every three to seven days until there are no positive COVID-19 tests for 14 days past the last exposure.
- Symptomatic contacts should be isolated and tested immediately, regardless of vaccination status or COVID-19 infection history.
- Interpretation of testing may depend on the type of test and reason for testing.
  - Antigen testing: See Appendix D.
  - Other testing: If a facility has a patient with discrepant testing results or has concerns that a patient is falsely positive, keep the patient in individual isolation and contact MDH for additional guidance (Health.R-Congregate@state.mn.us).

### Symptom monitoring

- Symptomatic staff should be excluded from work and recommended for testing, regardless of vaccination status. [Appendix E&F]
- Ensure that symptomatic IDP are moved to individual isolation that is separate from people who have tested positive; are tested; and receive twice daily monitoring and treatment (if indicated) by a clinician. [Appendix G]
- IDP who are placed in quarantine should be monitored once daily for symptoms.
- If the facility already has cases or an outbreak, have a low threshold for identifying and excluding/isolating/testing symptomatic people.

### Isolation

- Symptomatic IDP should be isolated individually while testing is pending; isolation for symptomatic IDP should be separate from those who are laboratory-confirmed.
- Laboratory-confirmed COVID-19 cases among IDP may be isolated in a cohort.
- Detailed information on isolation appears in:
  - [CDC: Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)
  - [CDC: Interim Guidance for SARS-CoV-2 Testing in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html)

## Managing outbreaks

- Ensure that all COVID-19 prevention measures have been implemented to stop the outbreak. Mitigation strategies are discussed in detail in:
  - [CDC: Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)
  - [CDC: Interim Guidance for SARS-CoV-2 Testing in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html)
- Determining when to discontinue COVID-19 prevention strategies is discussed in detail at [Interim Guidance for Correctional Settings Based on Community and Facility Transmission Levels of COVID-19 \(www.health.state.mn.us/diseases/coronavirus/jailspread.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/jailspread.pdf).
- 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 for source control is recommended in correctional settings, regardless of vaccination status.
  - [CDC: Recommendations for Quarantine Duration in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/quarantine-duration-correctional-facilities.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/quarantine-duration-correctional-facilities.html)
  - [COVID-19 Personal Protective Equipment \(PPE\) Grid for Correctional Settings \(www.health.state.mn.us/diseases/coronavirus/jailppe.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/jailppe.pdf)

## Understanding treatment and post-exposure prophylaxis options

- Monoclonal antibody treatments are available through the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) for non-hospitalized COVID-19 positive patients. Visit [Therapeutic Options for COVID-19 Patients \(www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html) for more information.
- The FDA has also authorized an additional use for the COVID-19 monoclonal antibody therapy REGEN-COV. The REGEN-COV Emergency Use Authorization (EUA) has been expanded to include post-exposure prophylaxis. Refer to [FDA authorizes REGEN-COV monoclonal antibody therapy for post-exposure prophylaxis \(prevention\) for COVID-19 \(www.fda.gov/drugs/drug-safety-and-availability/fda-authorizes-regen-cov-monoclonal-antibody-therapy-post-exposure-prophylaxis-prevention-covid-19\)](https://www.fda.gov/drugs/drug-safety-and-availability/fda-authorizes-regen-cov-monoclonal-antibody-therapy-post-exposure-prophylaxis-prevention-covid-19).

## 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

Describe contact:

2. Dates of exposure:

3. Did you wear the following personal protective equipment (PPE) or source control?

**Eye protection** ☐ Yes ☐ No

Goggles ☐ Yes ☐ No

Face shield ☐ Yes ☐ No

**Type of Mask** ☐ Yes ☐ No

N95 respirator ☐ Yes ☐ No

Medical/surgical mask ☐ Yes ☐ No

Cloth face covering ☐ Yes ☐ No

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

Describe:

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

6. 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

7. 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

8. 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 14 days

## Appendix B: Sample COVID-19 contact tracing tool

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

**Interviewee name:**

**Interview conducted by:**

**Date of interview:**

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?

Name of contacts	Date(s) of contact	Describe contact	Were you wearing a facemask the entire time?	Was the contact wearing eye protection (goggles or face shield)?	Was the contact wearing a mask?	Do we have your permission to share your name with the contact?	Public health recommendation
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> None	<input type="checkbox"/> N95 <input type="checkbox"/> Surgical mask <input type="checkbox"/> Cloth mask <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No exposure <input type="checkbox"/> Quarantine/exclude from work for 14 days
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> None	<input type="checkbox"/> N95 <input type="checkbox"/> Surgical mask <input type="checkbox"/> Cloth mask <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No exposure <input type="checkbox"/> Quarantine/exclude from work for 14 days
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> None	<input type="checkbox"/> N95 <input type="checkbox"/> Surgical mask <input type="checkbox"/> Cloth mask <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No exposure <input type="checkbox"/> Quarantine/exclude from work for 14 days
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> None	<input type="checkbox"/> N95 <input type="checkbox"/> Surgical mask <input type="checkbox"/> Cloth mask <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No exposure <input type="checkbox"/> Quarantine/exclude from work for 14 days

## Appendix C: Public health recommendations for asymptomatic contacts of COVID-19 patients

**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.

If the close contact:	Quarantine*	Testing in response to exposure**	Timing of testing after exposure
Had COVID-19 in the past 90 days	No	No	N/A
Is staff who appropriately used a respirator (N95 or PAPR) or surgical face mask and eye protection when interacting with the COVID case	No	No	N/A
Is fully vaccinated	No	Yes	3-5 days
Is unvaccinated, partially vaccinated, or has unknown vaccination status	Yes	Yes	Immediately 3-5 days 12-14 days

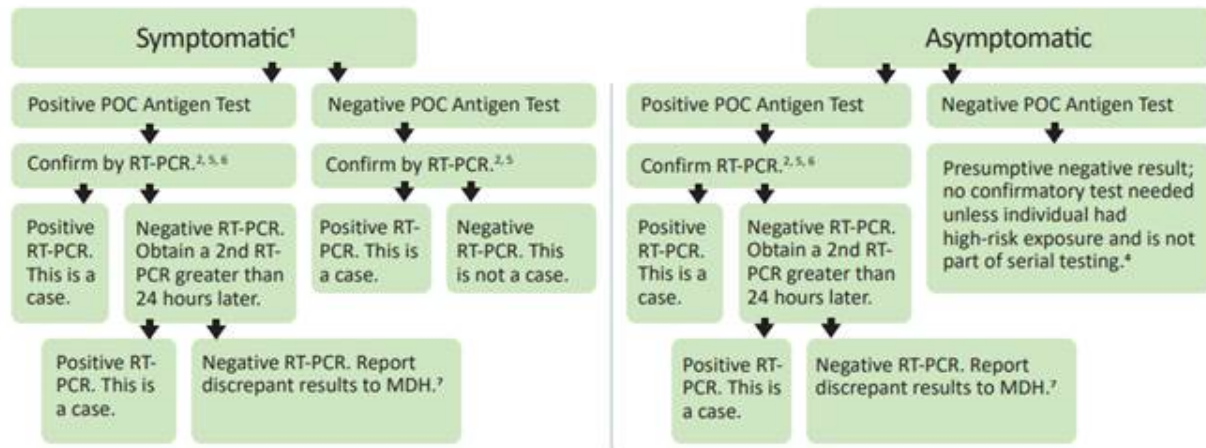
\*Quarantine duration is 14 days. Quarantine recommendations may vary in exceptional circumstances, such as with circulation of a more infectious variant or when a cluster of vaccine breakthrough cases are observed. Consult with MDH in these circumstances.

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

## Appendix D: Antigen testing

Using Antigen tests for SARS-CoV-2 in congregate living settings (excerpted from [Using Antigen-based Point-of-Care \(POC\) Testing for COVID-19 in Long-term Care Facilities](https://www.health.state.mn.us/diseases/coronavirus/hcp/lc_antigentest.pdf) ([www.health.state.mn.us/diseases/coronavirus/hcp/lc\\_antigentest.pdf](https://www.health.state.mn.us/diseases/coronavirus/hcp/lc_antigentest.pdf))).

### Management of Point-of-Care (POC) Antigen Test Results in Long-term Care Settings



1. Symptomatic staff should be excluded from work; symptomatic IDP should be placed in isolation.
2. Symptomatic IDP and those who are close contacts of a known COVID-19-positive person should be placed in isolation while awaiting confirmatory RT-PCR. IDP who test positive by antigen test should be placed into individual isolation while awaiting confirmatory testing by RT-PCR. Ideally, all antigen-positive results should be confirmed by RT-PCR before moving into a cohort COVID-19 isolation situation. Asymptomatic antigen-positive IDP should be confirmed with RT-PCR before moving into a cohort isolation space with laboratory-confirmed positives. Symptomatic staff who test negative should be excluded from work, with return to work determined based on results of RT-PCR testing and alternative diagnoses, if any. See Appendix E.
3. As part of outbreak response, negative staff and residents should be retested every three to seven days, in accordance with recommendations.
4. Negative staff should continue to be tested consistent with testing recommendations outlined in Interim Guidance for SARS-CoV-2 Testing in Correctional Settings (<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>).
5. Confirmatory RT-PCR must happen within 48 hours. Place antigen-positive IDP in individual isolation.
6. When confirming results with RT-PCR, facilities should still follow appropriate infection prevention and control and work-exclusion guidance triggered by the positive antigen test.
7. Once RT-PCR testing is completed, discrepant results can be reported to the MDH Congregate Living Team at [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us).



## Appendix E: Guidance on 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 lower 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 of correctional facilities are a priority group for COVID-19 testing in Minnesota and should be referred for testing immediately.

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.

**If staff do not get tested and are not medically evaluated, or they test positive, follow the COVID-19 work exclusion and [CDC: Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html). If a staff member is tested for COVID-19 and is negative by PCR, yet is still experiencing symptoms, the staff member should follow the guidance below:**

- If persistent symptoms are consistent with an established chronic health condition, the staff member may return to work after consultation with their manager and occupational health department.
- If the staff member is fully vaccinated (two or more weeks from final dose of vaccine) and has no known exposure to a person with confirmed COVID-19, the staff member may return to work after consultation with their manager and occupational health department.
- If persistent symptoms are not consistent with a known chronic health condition, and the staff member is not fully vaccinated, the staff member should be evaluated by a health care provider.
  - If the health care provider provides an alternate diagnosis, criteria for return to work should be based on that diagnosis.
  - If the health care provider does NOT provide an alternate diagnosis and the staff member does NOT have a known exposure to a person with confirmed COVID-19, the staff member should remain isolated and not return to work until at least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath).
  - If the health care provider does NOT provide an alternate diagnosis and the staff member does have a known high-risk exposure, the staff member should obtain a second SARS-CoV-2 RT-PCR test. The staff member should remain isolated until the test results are known. If positive, follow the COVID-19 work exclusion and isolation guidance outlined above. If negative, the staff member can return to work following the test-based strategy if at least 24 hours have passed since resolution of fever without use of fever-reducing medications and symptoms are improving.

- A negative antigen test in staff or incarcerated/detained people 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 \(www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html\)](https://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.

Date	Staff name	Confirmation that staff has	Initials of screener
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms* <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms* <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms* <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms* <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	

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

- Fever (temperature greater than 100 degrees Fahrenheit or feeling feverish)
- Sore throat
- Muscle pain
- Headache
- Chills
- New loss of taste or smell

## Appendix G: Active monitoring for COVID-19 symptoms among incarcerated/detained people

Keep this form in a secure place that is inaccessible to incarcerated/detained people 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 incarcerated/detained people

Unit		Date: __/__/21 Time:			Date: __/__/21 Time:			Date: __/__/21 Time:			Date: __/__/21 Time:		
Name	Cell	T	SpO <sub>2</sub>	Symptom	T	SpO <sub>2</sub>	Symptom	T	SpO <sub>2</sub>	Symptom	T	SpO <sub>2</sub>	Symptom
# symptomatic people:													
Notes													

T = temperature; SpO<sub>2</sub> = oxygen saturation

## Appendix H: Resources

- [CDC: Quarantine and Isolation \(www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html\)](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)  
Website covers quarantine and isolation definitions. Note: MDH does not recommend shortening quarantine in congregate living facilities if receiving a negative test result.
- [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html)  
Website covering a range of topics specific to correctional and detention facilities, including vaccination, investigating cases, testing, quarantine, and isolation.
- [CDC: Cleaning and Disinfecting Your Facility \(www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)  
Website covering recommended cleaning protocols.
- [CDC: Using Personal Protective Equipment \(PPE\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)  
Website discusses the importance of PPE and explains how to correctly put it on and it off.
- [CDC: Travel \(www.cdc.gov/coronavirus/2019-ncov/travelers/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)  
Website covering recommendations for quarantine after traveling domestically or internationally, along with other commonly asked questions about travel and COVID-19.

### Post-exposure prophylaxis and treatment:

- [FDA authorizes REGEN-COV monoclonal antibody therapy for post-exposure prophylaxis \(prevention\) for COVID-19 \(www.fda.gov/drugs/drug-safety-and-availability/fda-authorizes-regen-cov-mono-clonal-antibody-therapy-post-exposure-prophylaxis-prevention-covid-19\)](https://www.fda.gov/drugs/drug-safety-and-availability/fda-authorizes-regen-cov-mono-clonal-antibody-therapy-post-exposure-prophylaxis-prevention-covid-19)
- [Fact Sheet For Health Care Providers Emergency Use Authorization \(EUA\) of REGEN-COV™ \(www.fda.gov/media/145611/download\)](https://www.fda.gov/media/145611/download)
- [Therapeutic Options for COVID-19 Patients \(www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html)
- [COVID-19 Medication Options \(www.health.state.mn.us/diseases/coronavirus/meds.html\)](https://www.health.state.mn.us/diseases/coronavirus/meds.html)



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