# California Department of Public Health
# Weekly Facility COVID-19 Update Call
# May 12, 2020
# 8:00 am – 9:00 am

I. **Welcome / Introduction:** **Heidi Steinecker**

**AFL 20-52** Coronavirus Disease 2019 (COVID-19) Mitigation Plan Implementation and Submission Requirements for Skilled Nursing Facilities (SNF) and Infection Control Guidance for Health Care Personnel (HCP)

This AFL advises SNFs of the requirement to submit a facility specific COVID-19 mitigation plan with specified elements to the California Department of Public Health (CDPH) within 21 calendar days and provides updated infection control guidance for HCP.
https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx

II. **Overview:** **Dr. Charity Dean**

None provided.

III. **Laboratory Update:** **Dr. Jill Hacker**

***Antigen Test for SARS-CoV-2***
An EUA was issued on May 8th for the Quidel Sofia 2 SARS Antigen FIA. This rapid test is for the identification of SARS-CoV-2 nucleocapsid protein antigen in NP and nasal swabs from suspect cases of COVID-19, and is authorized for use in high and moderate complexity laboratories certified by Clinical Laboratory Improvement Amendments (CLIA), as well as for point-of-care testing by facilities operating under a CLIA Certificate of Waiver.
An antigen test can provide results in minutes; however, it is not as sensitive as a PCR test. This means that positive results tend to be highly accurate, but there is a higher chance of false negatives. Thus, negative results do not rule out infection and may need to be confirmed by PCR. This particular antigen test does not differentiate between SARS-CoV and SARS-CoV-2.

***COVID-19 Serology Testing***
Serology testing for COVID-19 continues to be a topic of interest. As mentioned previously on these calls, No SARS CoV-2 serological assays are approved for diagnosing cases of COVID-19. Therefore, serology should not be used for decisions relating to patient management or care.

For information on which assays have been granted FDA Emergency Use Authorization status or to review data on the performance of these serological assays, useful FDA links will be provided in the notes:
https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations
https://www.fda.gov/medical-devices/emergency-situations-medical-devices/eua-authorized-serology-test-performance

The California Testing Task Force has also developed guidance for use of COVID-19 serologic tests as well as assay performance criteria that may be helpful in choosing a serologic assay for use in your facility:
https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/04/Serology_Performance_Criteria.pdf
https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/05/serology-indications_5-5-2020_final.pdf

***PCR Testing for SARS-CoV-2***
As previously mentioned, several academic institutions have stood up CLIA-certified laboratories for COVID-19 PCR testing in California. UCSF, through the CZ BioHub, is offering free PCR testing for SARS-CoV-2 to the Public Health Departments of all 58 California Counties: https://www.ucsf.edu/news/2020/04/417191/ucsf-offer-free-covid-19-test-analysis-results-public-health-departments-all-58. Please contact your local public health lab to access this testing.
The Viral and Rickettsial Disease Laboratory at CDPH also is available for overflow testing of specimens. Prior to sending specimens, please contact VRDL at VRDL.mail@cdph.ca.gov or (510) 307-8585 to discuss your testing needs.

IV. **Healthcare-Associated Infections:** **Dr. Erin Epson**

**CDPH released AFL 20-51 which notifies health facilities of CDC's updated list of COVID-19 symptoms to include:**
Cough
Shortness of breath or difficulty breathing
Fever
Chills
Muscle pain
Sore throat
New loss of taste or smell
Healthcare facilities should update their screening process to reflect the updated COVID-19 symptoms.

**CDC periodically updates their infection control FAQ**. Consistent with CDPH AFL 20-33.1, this FAQ includes CDC guidance that states a patient hospitalized for non-COVID-related illnesses whose COVID-19 status is not known can be transferred to a SNF without testing (unless such testing is mandated by your local public health department). However, hospitals and SNF should be aware of the limitations of testing - including the potential for negative results from patients during their incubation period who could become infectious later - and SNF should implement procedures for managing new admissions

and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. CDC recommends HCP use the same PPE recommended for suspected or confirmed COVID-19 positive residents during care of residents under observation; however, facilities facing PPE shortages should implement PPE conservation strategies including extended use, and prioritization of N95 respirators and gowns for the confirmed COVID-19 positive residents/cohort. Residents under observation could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected.

V. **Sample Collection Supplies:** **Robin Christensen**

None provided.

VI. **Remdesivir:** **Dr. Philip Peters**

***Remdesivir Distribution Information for all Healthcare Facility Call***

As you have heard reported in press releases, remdesivir has been demonstrated in an NIH clinical trial to be an effective antiviral against COVID-19.

In the NIH's Adaptive COVID-19 Treatment Trial with 1,068 participants, there was a 31% faster time to recovery for participants who received remdesivir compared with those who received placebo. Results also suggested a survival benefit, with a mortality rate of 8.0% for the group receiving remdesivir versus 11.6% for the placebo group.

Other trials have shown equivalent outcomes with 5 days of treatment compared with 10 days of treatment and better outcomes if treatment was started early (within 10 days of symptom onset). As the supply of this medication is expected to be limited initially, treating for 5 days and then deciding if further doses are needed and treating people with severe illness early could maximize the public health benefit of this medication.

After these clinical trial results became available, the FDA issued an emergency use authorization or EUA on May 1, 2020. The fact sheet for health care providers reviews the full conditions of use, and should be reviewed prior to administration of the medication. The EUA allows for treatment of COVID-19 in adults and children hospitalized with severe disease which is defined as a low blood oxygen level, needing oxygen therapy, or requiring mechanical ventilation or extracorporeal membrane oxygenation. Information on dosing, treatment duration, laboratory monitoring, and reporting adverse events are all in the fact sheet for healthcare providers.

Remdesivir is manufactured by Gilead and Gilead has donated an allotment of remdesivir to the U.S. government.

Access to this donated allotment of remdesivir is currently being coordinated by the U.S. government and being distributed by AmerisourceBergen. A limited supply of medication is anticipated to be sent

to the state of California this week, with additional allotments to be sent on a regular cadence going forward.
All California acute care hospitals submit daily data to CDPH on the number of patients with COVID-19 who are hospitalized, including those who are in the ICU.

For each allotment received from the federal government, CDPH will use the most recent hospital census data to proportionately distribute remdesivir to the counties' Medical and Health Operational Area Coordinator (MHOAC) per the established Multi-Agency Coordination (MAC) group process. Because the minimum treatment course requires six doses of remdesivir (two vials of medication on the first day and one vial of medication on days 2 to 5), any county whose allocation is fewer than six doses will not receive medication for that distribution.

Until the supply of remdesivir exceeds demand, CDPH recommends random allocation among acute care hospitals that are treating COVID-19 patients.

As the supply of remdesivir is limited at this time, hospitals should also consider an ethical framework for the distribution of remdesivir, and refer to the California SARS-CoV-2 Crisis Care Guidelines and California Guidance for Hospitals Regarding Allocation of Scarce Medications for COVID-19. On the CDPH website there are now links to these documents. This information that you have heard on remdesivir distribution was just sent to the MHOACs last night. We want to inform you on the progress of remdesivir distribution as soon as we had information but given that timeline we also ask for your patience as the MHOAC in your county prepares the distribution plan to local hospitals.

VII. **Question and Answer**

**Q:** What are the expectations of the mitigation plan?
**A:** It is in draft made and finalizing the AFL.

**Q:** Are there any updates on the G614 testing options?
**A:** We will follow up on this question.

**Q:** CCRC question pertaining to salons, are there any updates on when they will be allowed to re-open on campuses?
**A:** At this point, not nearly ready for this type of business to open. However, this can depend on county requirements and how many individuals have been tested as well.

**Q:** Question related to data requests for Remdesivir drug, how is this information being used and is it different than what was already collected?
**A:** We are working with CA Health Facilities Association and HHS partners to ensure that this information is not duplicative of past efforts taken to collect data on hospitals.

**Q:** For testing and FDA approval, what tests have received full FDA approval and are their different categories of approval?
**A:** Currently there are no fully FDA approved tests, they currently have emergency authorized tests available, encourage all providers to carefully review the assays used for testing.

**Q:** Related to Abbott ID NOW, smaller quantities of tests are being shipped and lowering capacity for testing, any updates on improvements?
**A:** We are currently facing a shortage from Federal partners and aware of the impact, no solution in place as of now but as new supply chains open up they will make announcements.

**Q:** Is there a point of contact at CDC we can direct provider-related questions for testing supply assistance?
**A:** We have a general POC but can work to get a specific POC for these issues, send an inquiry to the CDPH testing email for follow up.