California Department of Public Health
Weekly Facility COVID-19 Update Call
May 26, 2020
8:00 am – 9:00 am

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

None provided.

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

None provided.

III. **Laboratory Update:** **Dr. Debra Wadford**

COVID-19 Testing Guidance

As discussed last week, the CDPH has released its COVID-19 testing guidance for clinicians (the link will be provided in the notes for this call). This guidance describes three types of laboratory tests for COVID-19 and their use in a clinical setting. Two test types directly detect the presence of virus, real-time RT-PCR and antigen detection tests. A third test type is an indirect test, serology, which detects the presence of antibodies from an individual which may indicate previous or current infection. However, the performance of serology tests varies depending on prevalence of the disease in the population and the sensitivity and specificity of the test in question.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Health-Care-Providers.aspx

- Standard real-time RT-PCR tests remain the most sensitive and specific tests for diagnosing COVID-19 and are widely used in public health and clinical laboratories.
- There is currently only one antigen detection test granted emergency use authorization (EUA) by the FDA and while its performance characteristics meet FDA EUA requirements of 80% sensitivity*, actual performance of this antigen detection test in clinical settings has not yet been reported.
  *https://www.fda.gov/media/137885/download
- As previously mentioned, serology assays are not approved for diagnosing cases of COVID-19 and therefore should not be used for decision making relating to patient management or care.

Whole genome sequencing

The California SARS-CoV-2 Whole Genome Sequencing (WGS) Initiative is a partnership between the CDPH, the CZ BioHub, and local California health departments to sequence the virus causing COVID-19 to better inform public health action with respect to outbreak investigations, contact tracing, and for situational awareness of circulating virus strains within the state (surveillance). The CZ Biohub will

provide free WGS for local health jurisdictions and will also provide the technology, training and tools for local health departments and public health labs to do WGS at their own facilities. All virus sequences generated will be made publicly available on GISAID and nextstrain.org websites.

Select Guidance Links:

Specimen collection:
https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html

Lab Safety:
https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html

FDA documents and guidance:
EUA:
https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

FDA Serology guidance:
https://www.fda.gov/medical-devices/emergency-situations-medical-devices/eua-authorized-serology-test-performance

The California COVID-19 Testing Task Force:
https://testing.covid19.ca.gov

This past Friday, CDPH released AFL 20-53 which provides recommendations for testing of health care personnel (HCP) and residents at skilled nursing facilities (SNF). On this morning's call, I'm going to provide an overview of the guidance in this AFL, a few items of particular interest to both hospitals and SNF, and some general principles about the use of testing to help inform infection prevention and control (IPC) measures; for our Thursday SNF IPC call, I will go over the recommendations in more detail and from a more practical standpoint.

The AFL includes guidance for SNF to establish a plan for baseline, surveillance, and response-driven testing of SNF residents and HCP to help detect introduction of COVID-19 to a facility as early as possible and to target infection prevention and control measures such cohorting of residents and HCP to help separate positive from exposed and negative individuals and prevent transmission within the facility. The AFL includes a link to a flowchart which illustrates the connections among baseline testing of all SNF residents and HCP and regular surveillance testing of SNF HCP for facilities without known cases, ongoing testing of symptomatic residents and HCP, and more aggressive response-driven testing of residents and HCP as soon as a case is identified in order to inform cohorting to contain transmission.

The AFL also includes guidance for testing residents prior to admission or readmission, including transfers from hospitals or other healthcare facilities; if the hospital does not test the patient, the SNF must test upon admission. Newly admitted or readmitted residents that test negative prior to or upon admission/readmission should be quarantined in a single room or separate observation area in the

facility for 14 days and then retested; if negative, the resident can be released from quarantine into the general or negative population.

As with any testing, SNFs as well as other healthcare facilities must understand that testing does not replace or preclude other infection prevention and control interventions, including monitoring all HCP and residents for signs and symptoms of COVID-19, universal masking by HCP and residents for source control, use of recommended personal protective equipment, and environmental cleaning and disinfection. When testing is performed, a negative test only indicates an individual did not have detectable infection at the time of testing; individuals might have SARS-CoV-2 infection that is still in the incubation period or could have ongoing or future exposures that lead to infection – this is the rationale for the quarantine or observation period for new admissions/re-admissions that test negative upon admission, as well as the rationale for maintaining a separate cohort of residents who had a negative test result upon response-driven testing but were exposed within the last 14 days.

IV. **Remdesivir Update:** **Dr. Philip Peters**

Remdesivir Distribution Update for all Healthcare Facility Call

As distributing remdesivir is a new process we wanted to continue to provide weekly updates.
Since last week's call, CDPH has received a third shipment of remdesivir from the federal government that arrived on Friday, May 22nd and consisted of 432 cases of 40 doses each. This is likely to be our largest shipment, and our last shipment until early June. As most counties are moving into Stage 2 of modifying the Stay-at-Home order, we are closely monitoring for increased hospitalization rates. To account for potential changes in COVID-19 related hospitalizations occurring over the next two weeks, CDPH is distributing 50% of this shipment based on May 22 data for hospitalized patients with confirmed COVID-19. The other 50% will be distributed based on May 29 hospitalization data.

The excel spreadsheet that details remdesivir distribution to each county continues to be updated and posted on the CDPH website on the guidance page (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx) under remdesivir and a link will be provided in the meeting notes:
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/CaliforniaRemdesivirAllocationandDistribution%20_5-23-20.xlsx
We expect to receive a fourth allotment from the U.S. government in early June and that allotment is likely to be half the size of our most recent shipment.
The federal government is now publicly posting the remdesivir allocation to all the states and the website link will also be provided in the meeting notes if you are interested in viewing.
https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Pages/remdesivir.aspx.

Please note the Veterans Administration and the Department of Defense have separate allocations.
Finally, in the past week, a preliminary analysis of data from the NIH Adaptive COVID-19 Treatment Trial was published.
https://www.nejm.org/doi/full/10.1056/NEJMoa2007764?query=featured_home

The main finding was a 32% faster time to recovery (11 days vs. 15 days) for participants who received remdesivir compared with those who received placebo ($p<0.001$). Results also suggested a survival

benefit, with a mortality rate of 7.1% for the group receiving remdesivir versus 11.9% for the placebo group (p=0.059). In a subgroup analysis, participants with hypoxemia who required oxygen therapy but not mechanical ventilation (or high-flow oxygen or noninvasive ventilation) had the most benefit. These findings suggest that identifying COVID-19 illness early and starting treatment in people with hypoxia before they have progressed to require mechanical ventilation could maximize the individual and public health benefit of this medication. However, it is important to note there may be benefit of remdesivir in intubated/more severely ill patients as well; the current data are limited by lack of follow-up time. Also, in this study, there was no difference between patients who were started at < 10 days vs > 10 days of symptom onset.

V. **Question and Answer**

Q: Question related to states opening more services, can you provide guidance on domestic travel for healthcare workers and any other related restrictions?
A: We do not have additional information at this point and it is something we will continue to track; healthcare workers should continue to be tested and wearing PPE/following safety precautions.

Q: Question related to mitigation plans and trying to operationalize in facilities, several items would benefit facilities differently, such as baseline testing. Another question is related to 14-day quarantine period with COVID-negative tests.
A: The 25% of all healthcare workers is a recommendation based on to the economy opening and expecting more cases to go up, this is to help mitigate any outbreaks that may occur. We acknowledge it is an operational challenge and we will continue to provide guidance as it becomes available.

Q: Question related to shelter at home for employees/team members, with lifting restrictions are we still recommending that those 65+ are still recommended to work from home?
A: Yes, this recommendation has not changed.

Q: Follow up question for collecting swabs, looking for clarification on significant differences on different types of collection. Additionally, are there updates on routine use of healthcare workers other than SNF?
A: There is data available comparing the different collection sites. AFL 20.50 relates to SNF and does not specifically refer to ALL facilities, while we are not recommending this level of routine testing procedures, Public Health would recommend testing healthcare workers in settings where exposure is prevalent, emphasize monitoring for symptoms remains critical.

Q: Question related to school doctors, understand CDPH developing interpretations of CDC guidelines for opening schools, how can schools have an input in this process?
A: Please send any questions/comments to her and she will attempt to relay them to the proper groups.

Q: Question related to 14-day isolation period, if hospital is not having an outbreak, can they start the clock?
A: If someone tested negative, it is reasonable to start the cloth at admission.

Q: With testing and finding SNFs have more COVID-positive employees and residents, do we have any guidance on healthcare workers at multiple sites?
A: This a real challenge, as limiting workers to different sites can present unintended consequences both economically and in terms of healthcare access, healthcare workers need to work with their company/facilities to develop the best procedures.

Q: For COVID-designated facilities, is it required to test residents and workers weekly or is it a percentage?
A: The baseline is mostly related to non-COVID dedicated staff, it would be prudent to use a percentage rather than all staff, the 25% recommendation is related to healthcare personnel and continue to do symptoms monitoring.

Q: In testing guidelines, there is conflicting information about testing guidelines from CDC regarding testing for healthcare workers, is this mandatory or recommendation?
A: The discrepancy of tests of Abbot ID now assay, there are conflicting reports, however a positive test can be considered seriously. If need further guidance, use another test to confirm the results.