



**California Department of Public Health
Weekly Facility COVID-19 Update Call
May 5, 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. Jill Hacker**

COVID-19 Serology Testing

For the last few weeks, we have been sharing with you the latest information available on the possible uses and challenges associated with COVID-19 serologic testing. We are working to clarify and unify our messaging and have drafted guidance intended to be used by health care providers, on the use of COVID-19 serologic tests. We expect this guidance to be released this week.

Our message remains the same: antibody tests for SARS-CoV-2 currently have limited clinical utility. The antibody response to COVID-19 is still not completely understood, which makes interpreting serologic tests clinically challenging. In addition, the current antibody tests are varied and clinically unverified, and many, including some that are FDA EUA-approved, are not specific enough to ensure a low rate of false-positive results. Thus, serology should NOT be used as the sole test for diagnostic decisions. In fact, none of the 12 assays that have been granted EUA status have been approved by the FDA for use in diagnosing cases of COVID-19. PCR remains the test of choice for laboratory diagnosis. Current potential uses for serologic assays include public health research and identification of convalescent plasma donors.

Result Interpretation

What does a positive antibody result mean? A positive result may be consistent with:

- A recent or previous SARS-CoV-2 infection, whether symptomatic or asymptomatic. Antibodies tend to be measurable 7-14 days after onset of symptoms. **OR**
- A false positive result and no COVID-19 infection

A negative serologic test may mean:

- No recent or prior SARS-CoV-2 infection; **OR**

- Early SARS-CoV-2 infection, after exposure but prior to the development of antibodies; **OR**
- False negative results after true COVID-19 infection

Unfortunately, we do not yet have answers to questions such as:

- Who is immune to COVID-19?
- Can someone who was infected be re-infected with COVID-19?
- And, can people with antibodies return to work?

For more information on COVID-19 serology, visit these websites:

IDSA: <https://www.idsociety.org/globalassets/idsa/public-health/covid-19/idsa-covid-19-antibody-testing-primer.pdf>

FDA: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/serology-surveillance/index.html>

IV. **Healthcare-Associated Infections:**

Dr. Erin Epton

1. CDC updated their criteria for discontinuation of isolation and return to work for infected healthcare personnel. They changed the name of the ‘non-test-based strategy’ to the ‘symptom-based strategy’ for those with symptoms and created a ‘time-based strategy’ for those without symptoms, and updated these to extend the duration of Transmission-Based Precautions (or work exclusion for infected HCP) to at least 10 days since symptoms first appeared (or from the date of the positive COVID-19 diagnostic test, for asymptomatic individuals) instead of 7 days from symptoms onset; for symptomatic individuals, the time period must still include 72 hours afebrile without antipyretics and improving symptoms. CDC indicated this is based on evidence of culturable virus up to, but not beyond, 9 days from symptoms onset, and also acknowledge that detecting viral RNA via PCR does not necessarily mean that infectious virus is present. They continue to include the test-based strategy as an option, but it is no longer a “preferred” strategy.

V. **Sample Collection Supplies:**

Robin Christensen

Our forecast this week shows that we should be receiving about a half million swabs. In the month of May, if all deliveries go as planned, we hope to see about 10 M swabs in our warehouse.

We want to get these supplies to the front lines as quickly as possible to increase testing and support testing taskforce goals. Facilities may request supplies through their MHOAC.

Swabs on order are nasopharyngeal. We have viral transport media (VTM) available as well, though in lesser quantities than swabs. We have distributed supplies to 47 of the 58 operating areas to date and want to see that increase to all operating areas.

As always, forecasted supplies are contingent upon deliveries occurring as scheduled.

VI. **Question and Answer**

Q: Is a fit-test still required for N95 masks when switching a respirator style?

A: Fit-testing is required for the initial use of a respirator.

Q: Should a face mask be used over a N95 mask to protect the respirator?

A: The use of a face mask directly over the respirator is not preferred. The preferred method for protecting that respirator would be a face shield.

Q: Does Abbott ID NOW replace traditional PCR testing?

A: We recommend using the Abbott ID NOW for symptomatic patients. For asymptomatic patients, we recommend traditional PCR testing.

Q: If we have an infected healthcare worker who potentially exposed other healthcare personnel, do the potentially exposed workers need to isolate for 14 days?

A: At this time, no, we have moved away from work exclusion for potentially exposed healthcare personnel. We have moved towards a strategy of those potentially exposed healthcare personnel to continue to work with source control, monitoring their symptoms, and of course, testing and exclusion if they do develop symptoms.

Q: We have been following a 2-hour window for swabbing and getting into the testing machine for Abbott ID NOW, is that not correct?

A: You are allowed a two-hour window for collecting the sample and putting it in the machine.

Q: Are there any studies on herd immunity in California?

A: We do not have herd immunity in our state since we have been sheltering-in-place. Some studies illustrate 5% of the population in Santa Clara have antibodies, and possibly more in Los Angeles, but it will not look the same across the state. There are more studies are ongoing on this topic.

Q: How are those that are uninsured able to get testing covered?

A: We are unaware of any insurance company not accepting tests for COVID-19. For those that are uninsured, there are OptumServe sites. The State will cover the cost at those sites for testing. If you come across anyone that is having trouble getting testing covered, please email Testing.TaskForce@state.ca.gov.

Q: For facilities doing both contact tracing and risk assessments for both patients and healthcare personnel, do you still suggest looking at beginning 48 hours before onset of symptoms? And if asymptomatic, do you suggest looking at the time period of 48 hours before testing?

A: If you are in a region that is not heavily impacted that you can still do contract tracing to identify potential exposed healthcare personnel and patients, I do think it would make sense to extend the look back to identify potentially exposed healthcare personnel and patients.

Q: Earlier in the call, you stated to use a face shield to protect a respirator, not a face mask directly overlying it. Where did this come from?

A: CDC still recommends using a face mask; however, Cal OSHA recommends using a face shield to better protect the respirators.

Q: Is there guidance for ICF/DD-N facilities since we are licensed under the California Department of Public Health, but not a skilled nursing facility?

A: On the CDPH website, there is a lot of materials for long term care facilities. Also, there are skilled nursing facility guidance that can be used for ICF/DD-N as well.

Q: Are COVID-19 focus surveys going to be a happening more often than normal?

A: Yes, the new normal will be that you see a concerted effort of revisiting on site of a more physical presence at our long-term care facilities, particularly once we open the state. Our surveyors being out more frequently.

Q: Is there guidance on whether providers can treat patients via telehealth when the patient, who is a resident of California, is not currently in California?

A: We will follow up with you on this. There is a lot of telehealth guidance out there, but not sure if the current guidance specifies out-of-state.

Q: Is the department going to finalize their crisis care guidelines?

A: We will follow up with you on this.