



**California Department of Public Health
Weekly Facility COVID-19 Update Call
August 25, 2020
8:00 am – 9:00 am**

- I. **Welcome / Introduction:** **Dr. Erin Epton**
- II. **Overview:** **Dr. Kathleen Jacobson**
None provided.
- III. **Laboratory Update:** **Dr. Debra Wadford**
Antigen Assays to detect SARS-CoV-2
- There are now three SARS-CoV-2 Antigen (Ag) Assays granted FDA Emergency Use Authorization (EUA) status and all 3 are approved as CLIA-waived tests or point of care tests.
 - 1) Quidel Sofia SARS Antigen FIA assay
 - 2) BD Veritor System for Rapid Detection of SARS-CoV-2
 - 3) LumiraDx SARS-CoV-2 Antigen Test
 - These antigen tests are lateral flow assays designed to detect the nucleocapsid of SARS-CoV-2 virus, if present, from a patient’s nasal swab and can provide results in about 15 minutes.
 - The Sofia Ag assay allows for the collection of NP specimen using a nylon flocced NP swab (not supplied)
 - All 3 tests require dry swab collection with NO transport media and recommend testing as soon as possible once the specimen is collected
- NOTE:** this detailed information is contained within the Instructions for Use (IFU) brochure and on the FDA EUA website for each test

Considerations for COVID-19 and Influenza testing for the Fall and Winter

With influenza season officially beginning on September 28th, I’d like to bring Influenza into the conversation and review a couple of questions/answers from the CDC website:

<https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.html>

Q1. Will there be flu along with COVID-19 in the fall and winter?

“While it’s not possible to say with certainty what will happen in the fall and winter, CDC believes it’s likely that flu viruses and the virus that causes COVID-19 will both be spreading. In this context, getting a flu vaccine will be more important than ever. CDC recommends that all people 6 months and older get a yearly flu vaccine.”

Q2. Can someone have flu and COVID-19 at the same time?

“Yes. It is possible have flu, as well as other respiratory illnesses, and COVID-19 at the same time. Health experts are still studying how common this can be.

Some of the symptoms of flu and COVID-19 are similar, making it hard to tell the difference between them based on symptoms alone. Diagnostic testing can help determine if you are sick with flu or COVID-19,” and the possible options for treatment depending on test results.

- Currently, there are three multiplex tests available under an FDA Emergency Use Authorization for co-detection of SARS-CoV-2 and influenza. All are molecular tests, all are high or moderate complexity, and all are limited in availability at present.
<https://www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html>
- Additional multiplex tests are anticipated, some for rapid point-of-care use, however, it is unclear what the supply will be later this fall.

Select Guidance Links:

- CDC guidance on CLIA Waived tests:
<https://www.cdc.gov/labquality/waived-tests.html>
- BD Veritor SARS-CoV-2 Antigen Instructions for Use:
<https://www.fda.gov/media/139755/download>
- Quidel Sofia SARS Antigen FIA Instructions for Use:
<https://www.fda.gov/media/137885/download>
- LumiraDx SARS-CoV-2 Antigen Test Instructions for Use:
<https://www.fda.gov/media/141304/download>
- The California COVID-19 Testing Task Force (CA TTF):
<https://testing.covid19.ca.gov>

Articles on infectivity of SARS-CoV-2 with respect to days post-onset and Ct values:

- **Predicting infectious SARS-CoV-2 from diagnostic samples.** Bullard J, Dust K, Funk D, Strong JE, Alexander D, Garnett L, Boodman C, Bello A, Hedley A, Schiffman Z, Doan K, Bastien N, Li Y, Van Caeselele PG, Poliquin G. Clin Infect Dis. 2020 May 22;ciaa638. PMID: 32442256
- **Clinical and virologic characteristics of the first 12 patients with coronavirus disease 2019 (COVID-19) in the United States.** COVID-19 Investigation Team. Nat Med. 2020 Jun;26(6):861-868. doi: 10.1038/s41591-020-0877-5. Epub 2020 Apr 23.
- **Virological assessment of hospitalized patients with COVID-2019.** Wölfel R, Corman VM, Guggemos W, Seilmaier M, Zange S, Müller MA, Niemeyer D, Jones TC, Vollmar P, Rothe C, Hoelscher M, Bleicker T, Brünink S, Schneider J, Ehmann R, Zwirgmaier K, Drosten C, Wendtner C. Nature. 2020 May;581(7809):465-469. PMID: 32235945
- **Viral RNA load as determined by cell culture as a management tool for discharge of SARS-CoV-2 patients from infectious disease wards.** La Scola B, Le Bideau M, Andreani J, Hoang VT, Grimaldier C, Colson P, Gautret P, Raoult D. Eur J Clin Microbiol Infect Dis. 2020 Jun;39(6):1059-1061. Epub 2020 Apr 27. PMID: 3234225

IV. Healthcare-Associated Infections

Dr. Erin Epton

1. There have been several questions lately about the management of patients exposed to positive healthcare personnel while the healthcare personnel was wearing a facemask for source control. This morning I'd like to go over one of CDC's recent FAQ about this question. CDC considers anyone who

had prolonged close contact (within 6 feet for at least 15 minutes) to be potentially exposed. HCP use of a facemask for source control and adherence to other recommended infection prevention measures (e.g., hand hygiene) mitigate this risk but probably don't eliminate it. Acknowledging that patients in areas with moderate to substantial community transmission are at risk of exposures in the community as well, CDC recommends several considerations for determining which patients are at higher risk for transmission and should be prioritized for evaluation and testing:

- Facemask use by the patient – Mirroring the risk assessment guidance for healthcare personnel, patients not wearing a facemask would likely be at higher risk for infection compared to those that were wearing a facemask.
- Type of interaction that occurred between the patient and infected provider – An interaction involving manipulation or prolonged close contact with the patient's eyes, nose, or mouth (e.g., dental cleaning) likely poses higher risk of transmission to the patient compared to other interactions (e.g., blood pressure check).
- PPE used by infected HCP – HCP wearing a facemask (or respirator) and face shield that extends down below the chin might have had better source control than wearing only a facemask. Note that respirators with exhalation valves might not provide source control.
- Current status of patient – Is the patient currently admitted to a hospital or long-term care facility? These individuals, if infected, can be at higher risk for severe illness and have the potential to expose large numbers of individuals at risk for severe disease.

V. **Remdesivir Update**

Dr. Philip Peters

We have now received our seventh commercial distribution of remdesivir which has also been significantly larger than previous distributions. The sixth distribution was for was 1,500 cases (or 60,000 doses) which is same amount of remdesivir that we had received in the first four commercial distributions put together.

A weblink is posted on the CDPH guidance page with the distribution details.

Link: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/CaliforniaRemdesivirAllocationCommercial-8.17.20.xlsx>

After two weeks of these larger allocations, we seem to have come close to meeting the need for remdesivir but if that is not the case for any facilities we are interested that.

In a clinical update, the Gilead open label trial that randomized approximately 600 participants with moderate COVID-19 illness to 5 days of remdesivir, 10 days of remdesivir, or standard of care was just published in JAMA and the link is provided in the notes. Moderate COVID-19 illness was defined as hospitalized but not requiring oxygen therapy. The one-line summary was that a slightly faster clinical improvement was seen with 5 days of remdesivir but the absolute improvements were small and of unclear overall clinical significance. This study should not change the treatment recommendations which recommend prioritizing Remdesivir treatment for patients with more severe COVID-19 illness who are hospitalized and require supplemental oxygen.

<https://jamanetwork.com/journals/jama/fullarticle/2769871>

VI. Question and Answer

Q: What has received an EUA for treatments?

A: The first were hydroxychloroquine and chloroquine. However, the studies have shown that they are not effective treatments, so those have been removed. Remdesivir and convalescent plasma currently have EUAs. Additionally, there are several devices that have EUAs.

Q: We have a lot of tools at our disposal for fighting the pandemic, but not a lot of the information on contact tracing. Can you we work towards getting more information on this?

A: We can certainly have a speaker next week on this call to provide updates and information on contact tracing.

Q: One of the Remdesivir studies illustrated that it was not very effective, is the state looking into other alternatives?

A: Yes, the state is always looking for better treatments and has a task force that is focused on this area. The convalescent plasma is something that has been looking promising.

Q: Are there any requirements for having facilities have 6 air changes per hour?

A: We are not aware of any requirements, but perhaps OSHPD will have more information on that. Can you please email Heidi.Steinecker@cdph.ca.gov on this issue?

Q: Do you know when the guidance from CDC will be released on the antigen testing?

A: We are still waiting on the CDC guidance, but CDPH has guidance, but it is currently under review for changes.

Q: For healthcare worker visitor screening, is it an absolute requirement that at the entrance of the facility they get screened?

A: Best practice is that you would have all your screening at the entrance of your facility, but we realize that is not always possible. As for the app, we are interested in the capabilities of these apps and be able to understand their utility. Please email Heidi.Steinecker@cdph.ca.gov to provide this information.