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URGENT HEALTH BULLETIN

COVID-19 Updates for Discontinuation of Isolation, Return to Work, Diagnostic Testing, and Reporting; Immunization Recommendations; Other Communicable Diseases Considerations

This document contains hyperlinks and can be accessed on our [Health Bulletin webpage \(https://kernpublichealth.com/health-bulletin/\)](https://kernpublichealth.com/health-bulletin/) or on the [COVID-19 webpage \(https://kernpublichealth.com/2019-novel-coronavirus/\)](https://kernpublichealth.com/2019-novel-coronavirus/)

July 21, 2020

Dear Kern County Healthcare Provider:

- **Discontinuation of Isolation for Persons in Non-Healthcare Settings by Healthcare Providers**
Healthcare providers may discontinue isolation for patients that meet [CDC's Criteria for Discontinuation of isolation](#) (updated July 17, 2020) and provide written documentation to patients under their care. Healthcare providers do not need to receive approval from the Kern County Public Health Services Department (KCPHSD) in order to complete these assessments and provide documentation for their patients. Patients should still be advised to communicate with KCPHSD staff regarding contact tracing and follow-up.

Updated symptom-based strategy for discontinuation of isolation:

- At least 10 days have passed *since symptoms first appeared* **AND**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **AND**
- Symptoms (e.g. cough, shortness of breath) have improved.

Time-based strategy (for asymptomatic patients) for discontinuation of isolation:

- At least 10 days have passed since the first date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their first positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used.

While previous recommendations for a test-based strategy remain applicable, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture. Additionally, California Department of Public Health (CDPH) has stated in their [Updated Testing Guidance](#) that proof of a negative test should not be required prior to returning to the workplace after documented COVID-19 infection.

- **Counseling of Exposed Persons, including Household Members of a Confirmed COVID-19 Case**
Any person who has been in close contact (<6 feet for 15 minutes or more) with an infectious COVID-19 case is potentially exposed to COVID-19. These persons should be counseled to quarantine at home and watch for symptoms for 14 days after last exposure to the infectious case. If the infectious case lives in

the same household as the exposed person, the person is considered repeatedly exposed until the isolation of the infectious case is discontinued. Therefore, a contact who is repeatedly exposed to an infectious case should remain on quarantine through 14 days *after* the infectious case has been released from isolation. It should be noted that a person *known* to be infected with COVID-19 may discontinue isolation earlier than a person who is quarantined because of the *possibility* that exposed person is infected. Illness can develop in an exposed close contact at any time between the 2 and 14 days after the last exposure. A negative test result during the quarantine period does not shorten the duration of the quarantine.

- **Discontinuation of Transmission-Based Precautions for Patients with COVID-19**

Similar to the discontinuation of isolation in non-healthcare settings, CDC has updated guidance for [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings](#).

For patients with [mild to moderate illness](#) who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **AND**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **AND**
- Symptoms (e.g. cough, shortness of breath) have improved.

For patients with [severe to critical illness](#) and who are severely immunocompromised:

- At least 20 days have passed *since symptoms first appeared* **AND**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **AND**
- Symptoms (e.g. cough, shortness of breath) have improved.

For severely immunocompromised patients who are asymptomatic throughout their infection, Transmission-based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

As described in CDC's [Decision Memo](#), an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms.

- **Return to Work Criteria for Healthcare Personnel with SARS-CoV Infection**

CDC also updated the [Criteria for Return to Work for Healthcare Personnel](#) (HCP) to reflect the changes made in both guidance documents for discontinuation of isolation. Except in rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work. In general, the criteria follow the Guidance for Discontinuation of Transmission-Based Precautions in healthcare settings. HCP can return to work based on their severity of symptoms.

As described in the [Decision Memo](#), in some instances, a test-based strategy could be considered to allow HCPs to return to work earlier than the symptom-based strategy; however, many individuals have prolonged viral shedding, which limits the utility of this approach.

- **Diagnostic Testing for COVID-19**

CDC recommends using viral nucleic acid or antigen detection assays that have received [FDA EUA](#) to test persons with symptoms when there is a concern for potential COVID-19. There are both send-out and point-of-care tests available. CDPH has stated in their [testing document](#) that PCR testing is preferred, as they are more sensitive than antigen tests. While positive antigen test results tend to be highly accurate,

negative antigen test results in patients with clinically compatible symptoms may need to be confirmed by PCR.

FDA has alerted clinical laboratories, healthcare providers and the public of multiple test concerns.

- [Early data that suggest potential inaccurate results with Abbott ID NOW Point-of-Care Test.](#)
- [Increased risk of false positive result with BD SARS-CoV-2 Reagent for the BD Max System.](#)
- [Serology/Antibody tests that should not be used.](#) The associated [“removed” test list](#), can found on the FDA’s [FAQs](#) page.

CDC does not currently recommend using antibody testing as the sole basis for diagnosis of acute infection and antibody tests are not authorized by the FDA for such diagnostics purposes. Serologic assays may be used to support clinical assessment of persons who present late in their illness when used in conjunction with viral detection tests. In addition, if a person is suspected to have post-infectious syndrome (e.g. Multisystem Inflammatory Syndrome in Children) caused by SARS-CoV-2 infection, serologic assays may be used. Antibodies may take 1 to 3 weeks to develop. IgM and IgG antibodies arise nearly simultaneously and how long antibodies remain detectable following infection is not currently known.

- **Lab Testing Turn-Around Time**

Multiple laboratories are experiencing significant delays in turn-around time for SARS-CoV-2 test results. The California Testing Task Force has developed a document with [California laboratories performing COVID-19 testing](#) to help providers identify additional options. Be aware that the location listed on the document may be a corporate/headquarters location and may not necessarily reflect local availability.

- **Updated COVID-19 Testing Guidance**

California Department of Public Health has updated [Guidance on Testing Prioritization](#) which creates four tiers of testing priority.

- Tier One: hospitalized individuals with COVID-19 symptoms, persons associated with outbreaks, and close contacts of confirmed cases.
- Tier Two: all other individuals with COVID-19 symptoms and asymptomatic individuals in high risk settings or situations.
- Tier Three: Individuals who work in environments where it is not practical to maintain a distance of at least 6 feet of distance, individuals who work in public transportation, and individuals who work in education sector.
- Tier Four: all others, including routine testing by employers.

See the guidance for more specific examples of each tier.

- **Discontinuation of PUI forms and CMRs for Patients with Pending or Negative Test Results**

In order to decrease the burden on healthcare providers, effective immediately, healthcare providers do not need to report patients with *pending* or *negative* COVID-19 test results to KCPHSD by fax or electronically through CalREDIE. Healthcare providers must continue to report patients who test *positive* using the COVID-19 [Confidential Morbidity Report \(CMR\)](#). The CDC’s PUI form is no longer required and has been discontinued.

Healthcare facilities providing point-of-care tests who do not automatically transmit laboratory results into CalREDIE must also send a copy of the test result with the COVID-19 CMR.

As stated in CDPH's [Letter to Laboratories regarding Testing for SARS-CoV-2/COVID-19](#), all laboratories approved to test for SARS-CoV-2 must report all positive and non-positive test results through the CalREDIE Electronic Laboratory Reporting system. Laboratories should continue to send required reports to KCPHSD. In accordance with [Title 17, California Code of Regulations, Section 2505](#), laboratory reports must include the address and telephone number of the patient, in addition to patient name, gender, pregnancy status, and date of birth. Contact information readily available on the laboratory report expedites patient contact and follow up.

- **Routine Immunizations Continue to be Recommended During COVID-19 Pandemic**

A [May 2020 MMWR](#) reported significant decreases in immunization rates during the initial phase of the COVID-19 pandemic and have caused concern throughout the healthcare community. Administration of vaccines continues to be an essential medical service and CDC continues to recommend routine vaccination during this time. Patients of all ages should be assessed at every visit to avoid missed opportunities for vaccination and ensure timely vaccine catch up. See CDC's [Vaccination Guidance During a Pandemic](#) for more information.

While many local school districts are still determining whether learning will occur virtually, in person, or both, there are no anticipated waivers for school-aged immunization requirements. CDPH has developed the "Don't Wait Vaccinate" campaign to help healthcare providers and other partner encourage patients to attend routine checkups and immunization. The [Don't Wait Vaccinate](#) toolkit can be found online.

KCPHSD continues to offer vaccinations by appointment. Patient can call (661) 321-3000 for more information and to schedule an appointment.

- **Other Communicable Disease Consideration**

While it is too early to determine if there has been an increase in coccidioidomycosis cases this year, Kern County Public Health Laboratory (KCPHL) has noticed an increase in the number of cocci serology results that are IgM-positive and IgG-negative. Between April 17 and July 15, 2020, 6.5% of serology tests performed at KCPHL were IgM-positive and IgG-negative, compared to 2.4% of tests performed during the same time period in 2019. KCPHL has verified results to ensure that these are true positive results, and while overall testing volume is lower than in 2019, the findings may suggest increased early detection of coccidioidomycosis in 2020. KCPHSD applauds the efforts of local providers to assess patients for additional communicable diseases during the COVID-19 pandemic.

HIV, Syphilis, and other sexually transmitted infections continue to be a substantial concern in Kern County. Preliminary data indicates a 20% increase in new HIV infections between 2018 and 2019. Preliminary data also indicates an 8% increase in Primary syphilis infections and a 20% increase in Syphilis of all stages between 2018 and 2019. With reduced appointments and walk-in services throughout the community, patients may experience difficulty being assessed and treated for sensitive services. KCPHSD encouraged providers to assess patients at every visit to avoid missed opportunities for testing and treatment.

West Nile Virus (WNV) has been detected in multiple mosquito pools in Kern County. To date, no human cases have been confirmed in Kern County residents. Patients should be assessed for WNV when presenting with clinically compatible illness and all. Visit our [WNV webpage](#) for more details.

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- [COVID-19 Update for Healthcare Providers](#)
- [Risk Assessment and Management of Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 \(COVID-19\) Clarification and Additional Testing Options Now Available](#)
- [Additional Healthcare Provider Updates for COVID-19.](#)
- [Kern County Cases, Additional Guidance for Laboratory Testing, Medical Health Resources Requests](#)
- [Health Officer, Discontinuation of Isolation, Laboratory Testing, Skilled Nursing Facilities](#)

The situation regarding COVID-19 continues to evolve in California, the U.S., and around the world. Interim guidance and recommendations are subject to change as more and more information becomes available. For the most up to date information, please refer to the [CDC website](#) and the [CDPH website](#).

If you have any questions, please contact KCPHSD by phone at 661-321-3000, via email at publichealth@kerncounty.com, or visit our [KCPHSD website](#).

Thank you,


Kristopher Lyon, MD
Health Officer