



**California Department of Public Health  
All LHD Coronavirus Update Call October 1, 2020  
1:00 pm – 2:00pm**

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## Clinical

### Cases of Potential Reinfection

The Clinical Team at CDPH is available to help evaluate cases when there is a concern for potential reinfection with SARS-CoV-2. We continue to suspect reinfection is a very rare event.

We are interested in hearing about any cases that meet either of the following criteria:

- A positive RT-PCR result in a patient with recurrence of COVID-19 symptoms 45 days or more after initial illness onset. The patient should have previously met criteria for ending isolation. Additionally, recurrent symptoms should not be explained by an alternate etiology.
- A positive RT-PCR result in a patient with or without symptoms 90 days or more after initial diagnosis

Obtaining a PCR cycle threshold (Ct) for the recent positive test is helpful in directing the evaluation, as a Ct value above 33 suggests that laboratory work-up may not be successful given the low amount of viral material.

If you are concerned for a possible reinfection, please retain all available samples for the patient.

We do not recommend testing within 90 days after initial illness onset if the patient remains asymptomatic after recovery during that period.

LHDs who believe a patient meets criteria for additional workup for reinfection or who have questions about whether a patient is an appropriate candidate for further investigation, should email the Clinical Team at [CoronavirusClinical@cdph.ca.gov](mailto:CoronavirusClinical@cdph.ca.gov).

### Multisystem Inflammatory Syndrome in Children (MIS-C) Reporting

As of September 28, 98 cases of MIS-C have been reported statewide.

To report cases, please enter details under the CalREDIE condition entitled “Multisystem inflammatory syndrome associated with Coronavirus disease”. Please send us an email at [CoVmis-c@cdph.ca.gov](mailto:CoVmis-c@cdph.ca.gov) if our team can be of assistance in these cases. We are available to discuss if cases might meet the case definition, requirements for diagnostic testing, as well as outreach to local pediatric hospitals and providers.

Thank you all for your work in helping to track this condition.

### Reporting of Pregnant and Pediatric Cases

We continue to ask LHDs to please enter and update information in CalREDIE on pregnancy status as well as whether or not pediatric or pregnant cases have been hospitalized, are admitted to the ICU, or have died.

Reporting guidelines for these vulnerable populations have not changed and are summarized in the meeting notes.

The clinical team will follow up with you regarding any reports. Thank you all again for keeping us informed about these cases.

### Reporting of Pregnant and Pediatric Cases

We continue to ask LHDs to please enter and update information in CalREDIE on pregnancy status as well as whether or not pediatric or pregnant cases have been hospitalized, are admitted to the ICU, or have died.

Reporting guidelines for these vulnerable populations have not changed and are summarized in the meeting notes.

The clinical team will follow up with you regarding any reports. Thank you all again for keeping us informed about these cases.

<b>Reporting of Pediatric and Pregnant Cases</b>	
Children 5 years old or younger and all pregnant cases requiring an <b>ICU admission</b>	Please call the warmline during business hours.
For all pregnant and pediatric (age 18 years or younger) <b>deaths</b> , including stillbirths	Please call the warmline during business hours and the Duty Officer on evenings and weekends.

### Assistance in Determining Cause of Deaths

The clinical team at CDPH is available to assist jurisdictions in helping to determine whether mortality in any case is related to COVID-19. Please reach out to us at the email provided if we can be of assistance.

### COVID-19 Warmline

As a reminder, the CDPH warmline operates from 8am to 5pm on Monday through Friday. At all other times, urgent reports and requests for assistance should be directed to the DCDC Duty Officer. The warmline is only for local health departments to use. Thank you for not sharing this number with the general public.

<b>Warmline Reporting Requirements</b>		<b>DCDC DUTY OFFICER</b>  5pm-8am, Monday-Friday; All weekend days
Type of report	<b>WARMLINE</b>  8am-5pm, Monday - Friday	
<b>Deaths</b>	<ul style="list-style-type: none"> <li>• &lt;18 years old</li> <li>• Pregnant person</li> <li>• Fetal demise (stillbirth)</li> <li>• Death of special concern (at discretion of LHD)</li> </ul>	
<b>Outbreak / cluster in congregate living or community setting</b>	<ul style="list-style-type: none"> <li>• First report from all outbreaks / clusters</li> <li>• Unit of reporting is by outbreak; no need to report each individual case.</li> </ul>	Only if urgent assistance is required
<b>Case with potential for large transmission and/or</b>  <b>Case in vulnerable population</b>	Report cases in: <ul style="list-style-type: none"> <li>• &lt;5 years old in ICU</li> <li>• Pregnant in ICU</li> </ul> Other cases at LHD’s discretion, e.g.: <ul style="list-style-type: none"> <li>• People experiencing homelessness in a congregate living facility</li> <li>• Long-term care facility residents and staff</li> </ul>	

**Epidemiology & Surveillance Update**

The Epi Team continues to work with LHDs to more closely align case and death counts.

For CDPH to count a case as confirmed, the CalREDIE record must contain evidence of a positive PCR test in the laboratory tab, either via ELR or manually-entered into the section for PCR results. Please be sure to manually enter antigen test results into the section of the laboratory tab specifically for antigen tests. Records that contain evidence of positive PCR results only in the EFC or notes sections, will not be included in CDPH counts.

Confirmed cases are allocated to LHDs based on the “Primary Jurisdiction” as listed in CalREDIE. However, if a patient has a non-CA address listed on the patient tab (e.g., students at CA colleges with permanent addresses in other states) they will not be included in CDPH counts. If LHDs would like to count these patients, please use the patient’s CA address in the patient tab, and notate the out-of-state address elsewhere in the CalREDIE record.

At this time, CDPH continues to report only confirmed cases. The CSTE position statement and CDC definition for a confirmed case of COVID-19 does not include a definition or timeframe for re-infection. This means there should be only one positive confirmed COVID-19 incident reported for each person. Additional positive results should be appended to a patient's existing POSITIVE COVID-19 CalREDIE incident rather than reflected in a separate disease incident.

As a reminder, all cases and deaths should be counted by the jurisdiction in which patients were living at the time of illness. To assist with defining residence during this timeframe, CDPH proposes that LHDs consider where the person was residing in the 14 days prior diagnosis. If LHDs identify patients from their jurisdictions who spent the entire 14 days prior to illness onset or diagnosis away from home, please reach out to the CDPH Epi Team with the travel details so that we can share that information with the appropriate health department.

## VRDL

### Influenza and the SARS-CoV-2 Pandemic

With the official start of the seasonal flu season this week, there is much anticipation of the impact that influenza and SARS-CoV-2 will have on the overall number of cases of respiratory illness.

Clinician Outreach and Communication Activity (COCA) webinar held on Sept 17, 2020

- CDC held a Clinician Outreach and Communication Activity (COCA) webinar entitled: [Testing and Treatment of 2020-2021 Seasonal Influenza During the COVID-19 Pandemic](#). The link for the recorded presentation and slides will be included in the meeting minutes. Continuing educational units are available.

### Viral testing for SARS-CoV-2 and Influenza

- Molecular assays are available that test for either virus (rapid or real-time RT-PCR) – based on nucleic acid amplification
  - Numerous FDA Emergency Use Authorization (EUA) assays available for SARS-CoV-2
- Antigen tests available, with separate assays available for each virus
  - For SARS-CoV-2
    - There are 4 SARS-CoV-2 Antigen (Ag) assays available through FDA Emergency Use Authorization (EUA) and all 4 assays are approved as CLIA-waived tests (point of care).
    - As a reminder, these antigen tests are not as sensitive as nucleic acid amplification assays such as PCR. Thus, positive results tend to be accurate, but a negative result should be interpreted with caution, and

should be considered in the context of clinical suspicion of disease and risk status of the patient.

- Multiplex molecular assays that can test for both viruses in one test
  - CDC Flu SC2 multiplex assay – tests for influenza A/B and SARS-CoV-2
    - Available to local PHL via request through the state public health lab (CDPH)
  - Other commercial tests that have FDA EUA approval are also available.

Complete list of [FDA EUA assays available for SARS-CoV-2 testing](#), including those that can also simultaneously detect influenza.

## HAI

Last week, CDPH released several new AFLs, including [AFL 20-74 Coronavirus Disease 2019 \(COVID-19\) Recommendations for Personal Protective Equipment \(PPE\), Resident Placement/Movement, and Staffing in Skilled Nursing Facilities](#) and [AFL 20-75 Coronavirus Disease 2019 \(COVID-19\) Outbreak Investigation and Reporting Thresholds](#). This AFL reminds licensed health facilities of requirements to report outbreaks and unusual infectious disease occurrences to their local health department (LHD) as required under Title 17 and Licensing and Certification District Office as required under Title 22, and provides separate sets of investigation and reporting thresholds for COVID-19 in acute care hospitals and in long-term care facilities including long-term acute care hospitals. These thresholds are intended to expedite facilities' investigation of COVID-19 cases and reporting to public health authorities, to help ensure early detection of possible outbreaks and timely intervention to prevent the virus' spread. Reporting of outbreaks and unusual infectious disease occurrences does not replace reporting of individual COVID-19 cases as part of state and local COVID-19 surveillance nor daily reporting for upload on their behalf to the National Healthcare Safety Network (NHSN). When the reporting threshold is reached and reported, LHDs will determine if the cases constitute an outbreak.

These thresholds are based on investigation and reporting thresholds posted by the Council for State and Territorial Epidemiologists, but there are a few local adaptations for the hospital healthcare personnel thresholds in this AFL, which I'll go over now.

Acute Care Hospitals

Threshold for Additional Investigation by Facility

≥1 case of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition;

≥1 case of confirmed COVID-19 in Healthcare Personnel (HCP)

#### Threshold for Reporting to Local Public Health

≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage, where epi-linkage is defined as overlap on the same unit or ward for any duration or having the potential to have been cared for by common HCP within a 14-day time period of each other.

≥2 cases of confirmed COVID-19 in HCP with epi-linkage, where epi-linkage among HCP is defined as having the potential to have been within 6 feet for 15 minutes or longer while working in the facility during the 14 days prior to the onset of symptoms or positive test (for example, worked on the same unit during the same shift), in counties with <4 daily new cases per 100k population or <5% test positivity based on the county positivity rate reported in the past week, or

≥3 cases of confirmed COVID-19 in HCP with epi-linkage in counties with ≥4 daily new cases per 100k population or ≥5% test positivity based on the county positivity rate reported in the past week.

#### Outbreak Definition

≥2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage

≥2 cases of confirmed COVID-19 in HCP with epi-linkage who do not share a household, and are not listed as a close contact of each other outside of the workplace during standard case investigation or contact tracing in counties with <4 daily new cases per 100k population or <5% test positivity based on the county positivity rate reported in the past week or

≥3 cases of confirmed COVID-19 in HCP with epi-linkage who do not share a household, and are not listed as a close contact of each other outside of the workplace during standard case investigation or contact tracing in counties with ≥4 daily new cases per 100k population or ≥5% test positivity based on the county positivity rate reported in the past week.

Facilities and LHDs should refer to the California Blueprint for a Safer Economy website for their county's daily new cases per 100k population and percent test positivity. The reason for the tiered threshold for HCP based on community transmission is to account for the greater possibility that HCP cases in settings with substantial or widespread community transmission could be associated with community exposures and not transmission within the hospital.

The determination of epi-linkage should generally be made irrespective of whether HCP were wearing a respirator or facemask. Although respirator or facemask use mitigates the risk of exposures, a cluster of cases meeting the investigation and reporting thresholds suggests a breach or lapse in practice (for example, HCP not using appropriate personal protective equipment while caring for a patient with unrecognized COVID-19, or HCP not physically

distancing and wearing facemasks in breakrooms) that should be further investigated and reported.

## OHB

As many of you are aware, the Governor recently signed AB 685, a law that requires employers to report COVID-19 outbreaks to local health departments, and that will also require CDPH to post the number of reported outbreaks by industry to our website. AB 685 will require non-healthcare employers to report to local health departments when they identify 3 or more cases among workers within a 14-day period; this is also currently required under CDPH's workplace outbreak guidance: [guidance for LHD](#), [guidance for employers](#).

Our CDPH Occupational Health Branch team has begun working on AB 685 implementation, including developing resources for both employers and local health departments. We anticipate working closely with all of you throughout this process, so please stay tuned, and feel free to reach out to us with any questions in the meantime.

## Contact Tracing

### Contact Tracing Performance Metrics (tied to ELC funding)

Over the past two weeks, CDPH has met individually with many LHDs to discuss the new requirement for monthly and quarterly reporting of contact tracing performance metrics related to case interviews and isolation, contact elicitation, and contact notification and quarantine as part of LHDs' ELC Enhancing Detection funding for Strategy 5 (Contact Tracing, Isolation & Quarantine support). We greatly appreciate your constructive feedback. As a result of this feedback, we are pushing back the reporting deadline for the first month's report to October 19. This first month's data set will also not be reported on a public-facing dashboard. Yesterday (September 30), CDPH sent out an email to all LHJs (including CCLHO and CHEAC, as well as our contact tracing points of contacts for each LHD and LHD epi staff who have been participating in our reporting information calls), outlining these reporting process revisions. That email included an updated data definition guide to facilitate this reporting, an FAQ document, and a list showing CalCONNECT adoption rates by LHJ. For LHDs using CalCONNECT for at least 85% of their cases, CDPH will run and report their October reporting metrics; all other LHDs will report their own metrics using the REDCap reporting tool that has been provided. LHJ-specific line lists from CalREDIE that include all cases within each reporting cohort will be sent out monthly to your local health department – you will not need to request this. The line list for the first reporting period will be sent by October 9, 2020 to all LHJs that report cases via CalREDIE.

## Training

In partnership with UCSF and UCLA, CDPH continues to provide case investigator and contact tracer training and now offers outbreak management training through the Virtual Training



Academy (VTA). The VTA recently announced its October schedule. The “regular” VTA Case Investigation/Contact Tracing course will now be offered the weeks of Oct 5th and 19th and the new 8-hour Outbreak Management course will be held the weeks of Oct 12th and 26th. The Outbreak Management course will offer several tracks (including: skilled nursing and correctional facilities, schools, workplaces, people experiencing homelessness, and other congregate settings). You can register for the CI/CT course by visiting the [registration portal](#). A formal registration portal is being developed for the Outbreak Management course, but in the meantime, if you are interested in attending this course, please email the VTA registration team at [vta.uc.info@gmail.com](mailto:vta.uc.info@gmail.com) and indicate in your email which track(s) you would like to attend. These training opportunities are available to staff from community agencies you are partnering with for COVID-19 contact tracing efforts; please instruct your partners to provide the name and email of an LHD contact or supervisor when registering. The courses will accept registrations up until 5pm on the Wednesday prior to course start, and a fall VTA calendar will be sent out very soon.

### **Data Management Platform (CalCONNECT)**

The State’s contact tracing data management platform, CalCONNECT, continues to implement significant enhancements and new functionality through releases that are rolled out every two weeks. This week’s update allows the transfer of lab results from CalREDIE to CalCONNECT, including ELR lab records (PCR, antigen, serology results), as well as manually entered PCR results. While manually entered lab results will only come over if they exist in CalREDIE at the time the case is originally transferred into CalCONNECT, any future ELR lab results associated with a Novel Coronavirus incident already in CalCONNECT will be transferred into CalCONNECT for existing cases over time as they are reported. In addition, we continue to develop the virtual agent (VA) brief survey tool in CalCONNECT, which can be sent via text message to cases and contact in both English and Spanish. The Spanish version of the VA survey for contacts was released today. We hope this will expand LHD outreach capacity by providing isolation and quarantine instructions and collecting key information to prioritize additional outreach for further investigation based on survey responses. Other functionality that is actively being developed includes a user-friendly school access portal to facilitate LHD coordination on exposure event/outbreak contact tracing efforts with schools and other local business entities. We are also working closely with the UCs and CSUs to ideate ways to facilitate contact tracing coordinated efforts between these partners and LHDs related to cases identified among university students, faculty, and staff.

### **California COVID Notify**

In partnership with the University of California, CDPH and the California Department of Technology (CDT) are pilot testing the use of exposure notification technology through the California COVID Notify system. This privacy-preserving technology has the capability to

quickly notify users who may have been exposed to COVID-19 and may reduce the spread of this disease in our communities. California COVID Notify, which uses Google Apple Exposure Notification technology, was selected because it was designed with privacy as a key consideration. The system does not use location information or collect, store, or transmit any personal information at any time. California COVID Notify became available to students, faculty and staff at UCSD on September 24 and was rolled out yesterday (September 30) for UCSF students, faculty, and staff. With more than 10,000 downloads in less than a week since its launch, the app has received favorable attention by the UCSD community so far. With pilot results expected by the end of October, CDPH and CDT will evaluate the technology and its implementation to assess a state-wide launch.

For additional questions, please email our team at [CALHJ\\_COVIDCT@cdph.ca.gov](mailto:CALHJ_COVIDCT@cdph.ca.gov). This email address is for LHD use only—please do not share it outside of LHD staff.

## Questions & Answers

Q: Our LHJ hasn't received the Contact Tracing Performance Metrics.

A: CDPH sent out an email on September 30 (the day before the call) describing the reporting process changes mentioned. The email went out to all LHJs, including CCLHO and CHEAC as well as contact tracing points of contact for each LHD and LHD epi staff who were involved in earlier reporting information calls.

Q: When will the health and equity metrics that Dr Pan mentioned be sent out?

A: Template for the new COVID-19 health equity metric has not been sent out yet.

Q: Will CDPH consider having a write up asking that labs retain positive samples for some period of time after test, we are trying to use sequencing capacity in **outbreak** investigations but we noticed that labs have discarded samples too soon, for example Quest discards them after 30 days.

A: This is something that has been discussed and on the radar, and will be brought up to the leadership again for consideration. It is indeed difficult to trace when the sample is no longer available.

## URLs Mentioned

Title of Articles	Article URLs
<a href="#">Testing and Treatment of 2020-2021 Seasonal Influenza During the COVID-19 Pandemic</a>	<a href="https://emergency.cdc.gov/coca/calls/2020/callinfo_091720.asp">https://emergency.cdc.gov/coca/calls/2020/callinfo_091720.asp</a>
<a href="#">In Vitro Diagnostics EUAs</a>	<a href="https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas">https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas</a>
<a href="#">AFL 20-74</a>	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-74.aspx</a>
<a href="#">AFL 20-75</a>	<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-75.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-75.aspx</a>
<a href="#">Responding to COVID-19 in the Workplace</a>	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Guidance.aspx</a>
<a href="#">Responding to COVID-19 in the Workplace for Employers</a>	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Employer-Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Employer-Guidance.aspx</a>
<a href="#">Learner Portal for California's COVID-19 VTA</a>	<a href="http://www.uclaextension.edu/ca-vta">http://www.uclaextension.edu/ca-vta</a>

## Team Contacts

Team	Email
CoV Clinical	<a href="mailto:CoronavirusClinical@cdph.ca.gov">CoronavirusClinical@cdph.ca.gov</a>
CoV MIS-C	<a href="mailto:CoVmis-c@cdph.ca.gov">CoVmis-c@cdph.ca.gov</a>
VTA	<a href="mailto:vta.uc.info@gmail.com">vta.uc.info@gmail.com</a>
Contact Tracing	<a href="mailto:CALHJ_COVIDCT@cdph.ca.gov">CALHJ_COVIDCT@cdph.ca.gov</a>