



**California Department of Public Health
All LHD Coronavirus Update Call October 15, 2020
1:00 pm – 2:00pm**

Contents

.....	1
Clinical	2
Cases of Potential Reinfection	2
Multisystem Inflammatory Syndrome in Children (MIS-C) Reporting.....	2
Reporting of Pregnant and Pediatric Cases	2
Assistance in Determining Cause of Deaths	3
COVID-19 Warmline.....	3
Epidemiology & Surveillance Update	3
Do Not Board (DNB) Information for COVID-19	3
Rideshare Exposures.....	5
VRDL.....	5
Viral testing to distinguish SARS-CoV-2 from Influenza.....	5
CalREDIE	6
HAI.....	6
OHB	6
Contact Tracing.....	7
Guidance Documents.....	7
Contact Tracing Performance Metrics (tied to ELC funding).....	7
Training	7
Data Management Platform (CalCONNECT).....	8
Investigations	9
Questions & Answers.....	10
URLs Mentioned.....	13
Team Contacts	14

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. While there have been a few cases of potential reinfection published, we continue to suspect reinfection is a very rare event at this time.

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

While we are happy to review any cases that have been reported to you, at this time we are chiefly prioritizing cases with lower PCR cycle threshold (Ct) values (ideally, Ct values <33) and/or with symptoms for further work-up.

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.

Multisystem Inflammatory Syndrome in Children (MIS-C) Reporting

As of October 13, 111 cases of MIS-C have been reported statewide

Please send us an email at CoVmis-c@cdph.ca.gov if our team can be of assistance in these cases.

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

Reporting of Pregnant and Pediatric Cases

As a reminder, 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.

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 CoronavirusClinical@cdph.ca.gov 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.

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

Epidemiology & Surveillance Update

Do Not Board (DNB) Information for COVID-19

If LHJs are following up with confirmed COVID-19 patients or high-risk contacts to confirmed case patients that insists on traveling by air, Do Not Board orders can be issued to prevent further travel-related transmission. Understanding this process is especially important during

this time of the year since there is potential for increased travel during the upcoming holiday season.

The Division of Global Migration and Quarantine and CDPH can help determine if a case patient or case contact should be placed on the DNB list, and coordinate the necessary follow up with quarantine station officials to enact the order.

The conditions which must be present for a person to be placed on DNB are the following:

- Infectious/ likely infectious OR at risk of becoming infected with a communicable disease that would constitute a public health threat should the individual be permitted to board a commercial aircraft OR travel in a manner that would expose the public AND
- Unaware of diagnosis or has been advised regarding diagnosis and is non-adherent with public health recommendations; or there is a reason to believe the individual will become non -adherent; or unable to be located AND
- At risk of traveling on a commercial flight or of traveling internationally.

This is an urgent public health function, so LHDs that encounter this situation should immediately contact the [CDPHE Travel Epi](#) and [Epi Lead](#) inboxes

When you contact CDPH please provide the following information that will be requested by DGMQ and the quarantine station:

- Patient info (name, DOB, CalREDIE ID if possible)
- Flight dates and details
 - Ideal information: Airline, departing & arrival cities, flight number, seat number
 - If flight number is not available, flight time is acceptable
 - If seat number is not available, general area is acceptable (right/left, front/back/middle)
- Date of symptom onset
- Symptoms on day of travel
- If asymptomatic on day of travel, symptoms after onset
 - Attach lab results (lab results are important)
 - County Investigator (phone, e-mail) include this so they can direct follow up questions to the interviewer instead of you
 - Sending a PDF of the CalREDIE case report that includes all of this information will simplify matters. You will still have to provide county investigator contact information as that is not included in the case report

Rideshare Exposures

LHDs should report exposures for confirmed case patients that have driven for or ridden with a rideshare company (Uber, Lyft, etc.) while infectious. Important details to collect for public health follow up include the rideshare company name, driver name, and pick-up/drop-off locations. LHDs can contact the appropriate rideshare company directly to share public health information (e.g., if a driver was exposed to a sick passenger, the county/state of jurisdiction for the driver can be alerted by CDPH about their exposure). The case patient will need to provide permission to have their medical information provided to the rideshare company. The appropriate contact methods regarding public health requests for Uber and Lyft will be provided with the meeting minutes. CDPH is also able to assist if LHDs encounter issues with reporting rideshare exposures.

Uber: Submit a [public health request](#) through the online portal

Lyft: Email ler@lyft.com; more information available at [Guidelines for Public Health Authorities](#)

VRDL

Viral testing to distinguish SARS-CoV-2 from 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). All 4 assays are approved as CLIA-waived tests.
 - As a reminder, these antigen tests are not as sensitive as nucleic acid amplification assays such as PCR. 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.

Multi-analyte antigen test for both SARS-CoV-2 and Influenza A/B

- Quidel Sofia 2 Flu+SARS Antigen FIA test; requires the Sofia 2 instrument to read the test results.

List of [FDA EUA assays](#), both molecular and antigen, available for SARS-CoV-2 testing, including those that can also simultaneously detect influenza.

CalREDIE

Please continue to contact CalREDIE Help calrediehelp@cdph.ca.gov if your local health department needs assistance with importing records from the DISA.

Please do NOT send protected health information (PHI) when emailing CalREDIEHelp. Use the Incident ID# or Patient ID# instead.

The CalREDIE Lab Reporting Team has prepared a list of all laboratories and their reporting status, including whether they are reporting in Production, are onboarding (Active or Inactive), and whether they are reporting (or planning to report) via ELR or CSV. We are planning to publish this list on a weekly basis. In the meantime, we plan to distribute the list with the notes/transcript from this call.

HAI

This week, CDPH released [AFL 20-80](#) with recommendations for prevention and control of influenza in skilled nursing facilities (SNF) during the COVID pandemic, which links to the guidance document posted on the HAI program website. We recognize and appreciate the challenges facilities will face with implementing the appropriate transmission-based precautions and determining resident room placement while avoiding movement of residents between COVID-19 cohorts. HAI staff are currently developing materials to provide webinars for SNF providers as well as for local health departments to review this guidance and address your questions more in-depth than we are able during these weekly calls; we will provide updates on the scheduling of those webinar during the coming weeks. In the meantime, we are emphasizing SNF should focus on optimizing influenza vaccination coverage among residents and all healthcare personnel.

In addition, we anticipate the release of two new AFLs today regarding visitation – one for SNF and the other for hospitals. We plan to discuss these as agenda items during the CACDC call on Friday.

OHB

The Occupational Health Branch would like to share a reminder about workplace outbreak reporting. Non-healthcare employers are required to report to their local health department when they identify three or more workers with COVID-19 within a 14-day period. If your health department determines that these cases constitute an outbreak, using the CDPH outbreak

definitions, please report the outbreak to CDPH via the CalREDIE or CalCONNECT. When reporting, please make sure to enter the name of the workplace where the outbreak is taking place, and choose the appropriate setting type from the list of choices (for instance, restaurant, grocery store, etc). If the type of workplace does not fit into an existing setting type, please choose “Other” and write in the type of location as free text. If additional cases are identified after initial outbreak data entry, we ask that you please go back and update the number of associated cases in the reporting module. Having access to all of this information allows us to understand which types of workplaces in California are experiencing COVID-19 outbreaks, which helps us target our outreach and prevention efforts, so we’re very grateful for your assistance.

If you have questions as you are entering workplace outbreak data, please feel free to reach out to us at CovOHB@cdph.ca.gov. Our branch also remains available for consultation as your health department responds to workplace COVID-19 outbreaks.

Contact Tracing

Guidance Documents

Last week CDPH released new patient education materials providing succinct instructions for how cases and contacts should self-isolate or self-quarantine. These can be found on the COVID-19 CDPH Guidance webpage ([Self-isolation Instructions for Individuals Who Have or Likely Have COVID-19 – Flyer](#) and [Self-quarantine Instructions for Individuals Exposed to COVID-19 – Flyer](#)). The new documents provide a one-page summary of the longer guidance documents posted earlier, with links to those more detailed documents on isolation and quarantine.

Contact Tracing Performance Metrics (tied to ELC funding)

The first set of contact tracing and isolation and quarantine metrics are due to be reported by all LHJs to CDPH by October 19. A link to the reporting survey tool (REDCap) and the data definition guide was sent out to all LHJs via CCLHO, CHEAC, CACDC, and CCLHDME. CDPH is currently seeking input on the definitions of a few additional metrics that will be added to the November reporting, which is due November 10th. We are meeting with CCLHDME, CACDC (this Friday’s meeting), as well as a workgroup from CCLHO/CHEAC on Monday to determine consensus around these definitions. There are no additional future metrics currently being considered after the addition of these November metrics. Questions or concerns about these required metrics can be directed to the CDPH Contact Tracing Program Evaluation Team at: CACTEval@cdph.ca.gov

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 new Outbreak Management course will be offered every two weeks during the months of October and November, rotating with the “classic” contact tracing/case investigation VTA training. Please see the attached fall VTA calendar to view the complete course schedule. The new outbreak course offers several tracks, including management of outbreaks in skilled nursing and correctional facilities, schools, and workplaces, as well as among people experiencing homelessness. 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. 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. Please note that the outbreak course currently has a maximum capacity of 50 learners/week and the October courses are already full. In addition, the Communities of Practice (CoP) program, which provides ongoing support forum for case investigators, contact tracers and supervisors, continues to expand. If you are interested in working with the VTA team to develop a CoP for your LHJ, please email vta.uc.info@gmail.com.

Data Management Platform (CalCONNECT)

The State’s contact tracing data management platform, CalCONNECT, continues to implement significant enhancements through releases that are rolled out every two weeks. The update that went live today allows for the import of manually entered antigen test results from CalREDIE, in addition to ELR results and manually entered PCR results which became available in the platform a couple of weeks ago. The next update now in development will allow users to create a new case in CalCONNECT which will enable LHDs to jumpstart contact tracing efforts more quickly (Note: these cases will not push back into CalREDIE until a confirmed positive test comes into CalCONNECT from CalREDIE and merges with the CalCONNECT case). Additionally, in the upcoming release we are expanding the virtual agent (VA) to initiate automated symptom monitoring for exposed contacts during quarantine for those who opt in to this check in; we are adding fields in CalCONNECT and the Virtual Agent case outreach survey to capture school affiliation and related fields; and we are developing a user-friendly portal access for community organizations such as K-12 schools. This school access portal will facilitate contact tracing coordination between LHDs and schools by allowing school staff to enter core information on exposed contacts directly into the platform. We are also working closely with the UCs and CSUs to explore ways CalCONNECT might assist coordination of contact tracing with LHJs for cases identified among university students, faculty, and staff.

For additional questions, please email our team at CALHJ_COVIDCT@cdph.ca.gov. This email address is for LHD use only—please do not share it outside of LHD staff.

Investigations

I'm happy to announce that updated CDPH [outbreak definitions and reporting thresholds for non-healthcare congregate settings](#) were posted yesterday. The link will be in the minutes.

Outbreak definitions for healthcare settings were published as [AFL 20-75](#) on September 22.

The updated definitions apply to non-healthcare congregate settings such as workplaces, schools, universities, jails, prisons, shelters, and adult and child day care facilities, among others.

In general, the outbreak definition for these settings is at least three probable or confirmed COVID-19 cases within a 14-day period in people who are epidemiologically-linked in the setting, and are not identified as close contacts of each other in any other case investigation.

However, there is a provision for large congregate settings (e.g., 100 or more persons in a potential risk cohort), particularly those in jurisdictions with widespread community transmission. In those settings, local health departments may determine that a higher absolute or proportional, such as 5% or 10%, number of cases may be appropriate for defining an outbreak.

Also, as requested by local health departments, reporting thresholds are addressed in the guidance. Local health departments are free to define reporting thresholds, that is, when you want to be notified about cases occurring in these settings. The only exception is for workplaces, which as of January 1, 2021, have a legislatively defined reporting threshold of three cases within a 14 day period.

When a setting meets the reporting threshold and reports cases to the local health department, it is up to the local department to determine if further investigation is warranted, and if it is investigated, whether an outbreak is occurring.

Questions & Answers

Q: The Quidel Sofia 2 will have the capability to do both flu and COVID testing?

A: Yes, the Quidel Sofia 2 will have the ability to test both.

Q: Do you know if the state/MHOAC will be providing reagents to PHLs for the Quidel Sofia 2 Flu+SARS Antigen FIA test or other POC antigen tests

A: The Quidel Sophia 2 Flu+SARS Antigen FIA test and the BD Veritor POC antigen tests are being supplied directly from the federal government to facilities. The state is not handling these instruments and is not receiving any supplies from the federal government so no reagents will be available through the MOHACs.

Q: How will the information be disseminated to the counties about the Quidel Sofia 2 distribution?

A: No information about distribution is available other than the list of facilities that CMS is sending the tests to directly. TTF has shared a list of the facilities that have received the tests so far from the federal government.

Q: Will oral saliva tests be considered Point of Care (POC) or diagnostic testing?

A: Update after the call: There are several FDA EUA-approved molecular diagnostic assays available for use and can be found here: [Individual EUAs for Molecular Diagnostic Tests for SARS-CoV-2](#). Saliva may be less sensitive than other sample types, but the specificity seems acceptable. The FDA EUA-approved assays that VRDL uses do not currently list saliva as an accepted specimen type, so it would not be for diagnostic testing if VRDL agreed to test the specimen.

Q: Are reporting outbreaks only done through CalREDIE or can it be through CalCONNECT as well?

A: Yes, you can report through CalCONNECT and CalREDIE

Q: Is PCR testing recommended for hospital or nursing home visitors?

A: It depends on your county's situation, if you are in a high transmission county that may be considered but not required and it would be up to facility or the LHJ to make a decision. However, they do need to be screened for symptoms. It might be addressed in the upcoming AFL.

Q: Are there any implications on the storage requirements for the vaccines since they have to be in a freezer are there any possible changes for storage?

A: We don't have an answer but we are hoping to invite the vaccination task force to our next call so that questions like these can be addressed. Some vaccines (e.g., one from Pfizer) require storage at -70, however, counties are not yet expected to purchase freezers for this purpose.

Q: There is a hospital that is willing to hold specimens for reinfection investigation but storage requirements are prohibitive. Is there suggestions for storage of specimen and is the state willing to store specimen on county's/hospital's behalf?

A: At VRDL, specimen in transport media have been stored at -80. However, we face similar storage issues and since re-infection continues to be a rare event, we do not expect to be able to store specimen from the counties for this purpose.

Q: We have been experiencing delays in getting positive and negative results from CalREDIE, some labs are having a hard time reporting through ELR.

A: We are aware of the ongoing situation and it is being worked on.

Q: Regarding the "Do Not Board" list, will this include those that require quarantine and/or isolation. If counties already have direct communication with DGMQ, will they need to be notified as well as CDPH?

A: The list will include people that require quarantine and isolation. More details on this Do Not Board list will be sent with the minutes. If you are already working close with DGMQ, you can follow your normal process for any flight notification.

Q: Is there information on the availability for high dose vaccines?

A: No one at the moment has information about the vaccines for long term care facility, we will have to get back to you on that.

Q: Is there guidance for essential workers? A cluster of Caltrain workers were tested positive where local guidance is more restrictive than CDC,. When recommendation was made to quarantine based on local guidance, there was a lot of push back that state allows for return to work before 14 days. We would like to clarify if there is a state guidance and if it is less restrictive.

A: We do not have guidance released that would state that information however workplace guidance states that all workers will need to quarantine for 14 days. There are case by case exceptions but the information that the county is sharing is in line with CDPH guidance.

Q: Right now, it is not recommended that one be retested within 3 months of a positive case. Will this be extended to six months based on new evidence?

A: Evidence suggests that people continue to be positive by PCR for 90+ days. It is likely that the current 3-month guideline will become six months or longer but it has not happened yet.

Comments:

I received confirmation that MHCC does not have any more testing supplies for the Quidel Sofia 2

There has been discussions on COVID vaccines all immunization branch should have received information if you don't have that information reach out to your county's immunization

URLs Mentioned

Title of Articles	Article URLs
Uber Public Health Request	https://lert.uber.com/s/terms-and-conditions?language=en_US
Guidelines for Public Health Authorities	https://help.lyft.com/hc/en-us/articles/360052516093 .
FDA EUA Assays	https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas
AFL 20-80	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-80.aspx
Self-isolation Instructions for Individuals Who Have or Likely Have COVID-19 – Flyer	https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/COVID-19/self-isolation-instructions.pdf
Self-quarantine Instructions for Individuals Exposed to COVID-19 – Flyer	https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/COVID-19/self-quarantine-instructions.pdf
CA COVID-19 VT Academy Portal	http://www.uclaextension.edu/ca-vta
Non Healthcare Congregate Facilities COVID-19 Outbreak Definitions and Reporting Guidance for LHD	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/OutbreakDefinitionandReportingGuidance.aspx
AFL 20-75	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-75.aspx

Individual EUAs for Molecular Diagnostic Tests for SARS-CoV-2	https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas
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Team Contacts

Team	Email
Clinical Team	CoronavirusClinical@cdph.ca.gov
MIS-C	CoVmis-c@cdph.ca.gov
Travel Epi	CovTravelEpi@cdph.ca.gov
Epi Lead	NcovEpiLead@cdph.ca.gov
CalREDIE Help Desk	calrediehelp@cdph.ca.gov
CovOHB	CovOHB@cdph.ca.gov
Contact Tracing Program Evaluation Team	CACTEval@cdph.ca.gov
VTA Registration	vta.uc.info@gmail.com
Contact Tracing	CALHJ_COVIDCT@cdph.ca.gov

Fall Schedule

Courses offered weekly (rotating topics).

Yellow highlight indicates course schedule.

Case Investigation/Contact Tracing*

October 2020						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	Dec. 1	2	3	4	5

* Register online via the VTA Learning Portal uclaextension.edu/ca-vta.

Note: No classes 11/3 – Election Day.

Outbreak Management**

October 2020						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	Dec. 1	2	3	4	5

** Register by emailing vta.uc.info@gmail.com.

Course space limited to 50 attendees.

Note: Tentative offering 11/23-11/24.