California Department of Public Health
All LHD Coronavirus Update Call October 29, 2020
1:00 pm – 2:00pm

Contents

Clinical

Cases of Potential Reinfection

Thank you to all who have come to us to discuss cases of potential reinfection. Based on our experience with these cases to date, we are now going to be prioritizing cases that have samples available from both the initial episode of infection and the potential reinfection. We recognize that obtaining the samples from the first episode is very difficult, but having the first sample is the only way that we can definitely evaluate if reinfection occurred.

Overall clinical criteria for cases has not changed

Clinical Criteria for Potential Reinfection Evaluation	
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 discuss any cases that have been reported to you, at this time we are prioritizing cases with the following for laboratory evaluation:

1. Cases with paired samples available (first and second episode available)
2. Cases with samples with lower PCR cycle threshold (Ct) values (ideally, Ct values <31)
3. Cases in which the patient was symptomatic for at least one of the episodes

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

Jurisdictions 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 laboratory investigation, should email the Clinical Team at CoronavirusClinical@cdph.ca.gov.

Guidance on False Positives and Potential Reinfection

The Clinical Team is working with other science branch teams to develop guidance on both reinfection and false positives. We know from discussions with many of you that these would be helpful, and we wanted to let you know that they are being developed. We appreciate your patience as we work on these.

Multisystem Inflammatory Syndrome in Children (MIS-C) Reporting

As of October 26, 119 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.

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.

Type of report	**WARMLINE** **8am-5pm, Monday - Friday**	**DCDC DUTY OFFICER** **5pm-8am,** **Monday-Friday; All weekend days**
Deaths	• <18 years old • Pregnant person • Fetal demise (stillbirth) • Death of special concern (at discretion of LHD)	
Outbreak / cluster in congregate	• First report from all outbreaks / clusters	Only if urgent assistance is required

living or community setting	• Unit of reporting is by outbreak; no need to report each individual case.	
Case with potential for large transmission and/or Case in vulnerable population	Report cases in: • <5 years old in ICU • Pregnant in ICU Other cases at LHD's discretion, e.g.: • People experiencing homelessness in a congregate living facility • Long-term care facility residents and staff	Only if urgent assistance is required

Epidemiology & Surveillance Update

Mechanisms for Reporting Confirmed COVID-19 Deaths in CalREDIE

CDPH uses three fields (variables) in CalREDIE to enumerate confirmed COVID-19 deaths. At least one field must be completed for CDPH to enumerate a COVID-19 death.

- If on the case investigation tab the "Patient died of this illness" (PtDiedIllness) field is marked "No," then the confirmed case is not considered a COVID-19 death.

- If on the case investigation tab the "Patient died of this illness" (PtDiedIllness) field is marked "Yes" or left blank, and/or the field "Did the patient die?" (NCOVPUISxDie) on the PUI tab is marked "Yes" or the variable "Date of death" (DtDeath) on the case investigation tab is filled in, then the confirmed case is considered a COVID-19 death.

Discrepancies with the above scheme may require the Epi Team to follow up with the LHJ

Outbreaks

We would like to remind local health departments that outbreaks of COVID-19 should be reported to CDPH and may be reported in CalREDIE using the Novel Coronavirus 2019 disease outbreak condition. When reporting in CalREDIE, please capture the type of setting where the outbreak occurred in the "Setting Information" section on the "Outbreak Report" tab. When possible, please link the individual patient IDs associated with the event to the outbreak record. Additionally, please use the "Resolution Status" field to indicate the status of the outbreak. Confirmed outbreaks should be assigned a resolution status of "Confirmed". COVID-19 outbreak definitions and reporting guidance for healthcare and non-healthcare settings can be found on the CDPH website:

- Coronavirus Disease 2019 (COVID-19) Outbreak Investigation and Reporting Thresholds

- Non-Healthcare Congregate Facilities COVID-19 Outbreak Definitions and Reporting Guidance for Local Health Departments

Travel Notification

CDPH continues to assist LHJs with notification to CDC Division of Global Migration and Quarantine when a confirmed case of COVID-19 has traveled on an airplane while infectious. As a reminder, if an investigation reveals that a case was on any domestic or international flights while infectious **in the last 14 days**, please email CovTravelEpi@cdph.ca.gov. Flights that have occurred more than 14 days in the past do not need to be reported because the passengers are passed the infectious period. Also, If notifying DGMQ, please include CDPH on the email. if you have not already reported the passenger and flight to the CDC DGMQ. As a reminder, for any reports, CDC will need the patient name, date of birth, symptom onset date, symptoms on last day of travel, lab results, and flight dates and details. This information will also need to be entered into CalREDIE.

CalREDIE

CCRS Go Live

- CCRS went live this past Saturday, October 24th
- With this cut-over, there are NO changes to how users access data in CalREDIE – rather the ELRs received in CalREDIE are standardized and deduplicated
- If users identify issues or have ELR-related questions, they should continue to email the CalREDIEHelp Desk and submit an ELR Issue Log, if needed.
- The CalREDIE team will work with the CCRS team to get those questions answered/issues resolved

We are currently working with Optum/CCRS to ensure that the new state lab in Valencia (e.g. Perkin Elmer) is reporting via ELR. The team has tested initial test transmissions and expects to promote this lab to Production 10/29/2020, to include the results from the initial samples tested. Additionally, the teams are working to transition existing lab submitters and new labs for onboarding to CCRS.

Finally, the CalREDIE Team is updating its Lab Status List – which outlines the labs and their CalREDIE reporting status – on a weekly basis. The lab status list is posted within the CalREDIE Document Repository in the CalREDIE system. Additionally, we will distribute this list through the CACDC distribution list on a weekly basis.

HAI

Last week CDPH released updated All Facilities Letters on visitation in SNF and acute care hospitals.

AFL 20-22.5 updates CDPH's visitation guidance for SNF to align with CMS QSO-20-39-NH including:

- Required visitation; failure to facilitate visitation without adequate reason related to clinical necessity or resident safety may be subject to citation and enforcement actions
- Updated previously issued indoor and outdoor visitation guidelines
- Allowance for visitation for residents in the green zone in a facility with an ongoing COVID-19 outbreak that has not yet achieved two sequential negative rounds of response testing over 14 days
- Exceptions to visitation restrictions, which include compassionate care visits

Indoor In-Room Visitation Requirement for Facilities Meeting Specific Criteria

Facilities that meet the following conditions shall allow residents indoor facility visitation:

- The county is in Tier 2 (Red), 3 (Orange), or 4 (Yellow) under Blueprint for a Safer Economy.

- Case status in the facility: Absence of any new COVID-19 cases in the facility for 14 days, among either residents or staff.

    - Facilities that had a COVID-19 outbreak and have achieved two sequential negative rounds of response testing over 14 days among residents should allow indoor in-room visitation, as long as the other conditions are met, while resuming regular screening testing of healthcare personnel (HCP) and targeted response testing of potentially exposed residents as described in AFL 20-53.3. Visits for residents who share a room should preferably be conducted in a separate indoor space or with the roommate not present in the room (if possible).

    - For facilities located in counties with substantial or lower levels of community transmission ("red tier" or less restrictive tier as per CDPH's Blueprint for a Safer Economy website) with an ongoing COVID-19 outbreak may allow "green" zone residents indoor in-room visitation even if they have not yet achieved two sequential negative rounds of response testing over 14 days. This visitation is permitted for residents in "green" (unexposed or recovered) areas (wings or buildings) with staffing that do not overlap the "red" or "yellow" status areas.

- Adequate staffing: No staffing shortages

- Access to adequate testing: The facility has a testing plan in place in compliance with AFL 20-53.3 and Title 42 CFR 483.80(h).

- An approved COVID-19 Mitigation Plan: The facility must maintain regulatory compliance with CDPH guidance for safety.

Continuing Outdoor and Communal Space Visitation Requirements

All facilities must continue to allow outdoor and communal space visitation options.

Outdoor Visitation

Outdoor visits pose a lower risk of transmission due to increased space and airflow; therefore, outdoor visitation is preferred and should be held whenever practicable. Facilities should allow scheduled visits on the facility premises where there is 6-feet or more physical distancing, and both residents and visitors wear facial coverings with staff monitoring infection control guidelines (e.g., drive-by visits, or visit through a person's window).

Visitation in Large Communal Indoor Spaces that Allow for Physical Distancing

If outdoor visitation is not possible (e.g., inclement weather, poor air quality, resident inability to be moved outside, etc.), facilities shall accommodate visitation in large communal indoor spaces such as a lobby, cafeteria, activity room, physical therapy rooms, etc. where six-foot distancing is possible. Facilities may need to rearrange these spaces or add barriers to separate the space to accommodate the need for visitation of multiple residents.

Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention:

- Residents who are not on isolation precautions or quarantine may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Facilities should consider defining groups of residents that consistently participate in communal dining together to minimize the number of people exposed if one or more of the residents is later identified as positive. Facial coverings should be worn when going to the dining area and whenever not eating or drinking.

- Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation or quarantine) with social distancing among residents, appropriate hand hygiene, and use of a face covering.

- Encourage as many of these activities to occur outdoors when feasible, especially when eating or drinking and face coverings will not be worn.

The AFL also includes COVID-19 infection prevention core principles and best practices for visitation in SNF.

AFL 20-38.5 updates CDPH's visitation guidance for hospitals, permitting facilities located in counties with medium or low COVID-19 positivity rates to allow one visitor per patient at a time. In addition, the AFL provides visitor guidelines for certain individuals, regardless of the COVID-19 county positivity rate:

- Pediatric patients
- Patients in labor and delivery
- Neonatal intensive care unit (NICU) patients
- Pediatric intensive care unit patients (PICU) patients
- Patients at end-of-life
- Patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments
- Students obtaining clinical experience

All visitors and support persons must stay in the patient's room. Visitors and support persons should be screened by the facility upon entry for fever and COVID-19 symptoms, and be asymptomatic for COVID-19 and not be a suspected or recently confirmed case. Visitors and support persons must wear a face covering upon entry and at all times within the facility, and must comply with any health facility instructions on PPE while in the patient's room.

Vaccination Task Force

There remain many unknowns. We do not know when vaccine will arrive nor how much. The Pfizer CEO did publicly share that final trial data is expected to submitted to the FDA around Thanksgiving or soon after. We are quickly gearing up to receive vaccine.

Description of convening groups

The Governor's Task Force comprised of Governor's Office staff and leads from many state departments meets weekly and is briefed by the vaccine planning team. The Scientific Safety Review Workgroup has been selected and approved by the Governor's Office and will kick-off today at 4pm. Their primary task is to review vaccine trial data and FDA and ACIP decisions. The Allocation Drafting workgroup will develop recommendations for how to allocate vaccine, which will be challenging if there is a limited vaccine supply. The Drafting workgroup recommendations will be reviewed by a Vaccine Community Advisory Committee which is presently in formation.

Overview of data available to health departments

The CDPH vaccine data workgroup has compiled information about vaccine target populations which has been shared with all LHDs. The workgroup is now analyzing data through an equity lens.

Allocation framework process

The data regarding target populations in conjunction with the upcoming ACIP recommendations and National Academy of Science allocation report will help the Drafting workgroup develop recommendations.

Provider registration update

Next week a vaccine provider registration portal will go live for use by LHDs. We will be working closely with LHDs to get their feedback on how the system works before it is available to other providers.

Storage requirements update

The Pfizer product has ultra-cold storage requirements which creates challenges for storage and distribution. The product will be shipped in containers with dry ice. Some hospitals and LHDs have ultra-cold freezers and we are working to ensure that is adequate geographic capacity to receive the vaccine.

For more detailed information please attend the weekly LHD COVID Vaccine Planning every Tuesday at 1pm.

Contact Tracing

Contact Tracing Performance Metrics (tied to ELC funding)

The reporting deadline for the second ELC/CDPH metrics reporting period of September 25 – October 24 has been pushed to November 18.

Line lists and metric data definitions for this reporting period will be emailed by close of business (COB) **November 4**

Link to our reporting survey tool will be sent by start of business **November 9**

The revised ELC metrics dashboard for CalCONNECT LHDs will be available in Analytics Studio/Einstein by COB **November 11**

Reporting in the survey tool has been pushed back to COB **November 18**

There will be four new metrics and three stratifications added for this reporting period. Detailed data definitions will be emailed by November 4:

Metrics

% of **cases** with initial outreach attempted

% of **cases** with initial outreach attempted within 24 hours of case report

% of **contacts** with initial outreach attempted

% of **contacts** with initial outreach attempted within 24 hours of information elicited

Stratifications that will be required for most metrics include: age group, race/ethnicity, and primary language.

We have been awaiting updates from CDC on their expanded required ELC metrics, therefore the new ELC metrics for CA that we have been discussing with the LHDs over the past two weeks have not yet been able to be finalized. We expect to receive these from the CDC soon, and will include them for the next reporting period of October 25 – November 24 (due in December).

Performance metrics webpage

Have a new metrics webpage on the "Contact Tracing Information for LHDs." The website requires a one-time login. Please contact the website administrators at CALHJCT_Webpage@cdph.ca.gov if you need access.

Please send any questions or feedback on the ELC metrics and reporting process to CACTEval@cdph.ca.gov. Thank you for your patience as we work through this process!

Training

The Virtual Training Academy (VTA) November schedule is now available; the classic VTA contact tracing/case investigation course will be held the weeks of November 2, 16 and 30, and the Outbreak Management course will be offered the weeks of November 9 and 30. The new refresher interviewing skills labs will be offered on Friday November 13.

How to register

Classic contact tracing/case investigation course visit COVID19 Virtual Training Academy

Outbreak management course: Outbreak Management Course. Scroll to the bottom of the page to find the registration form.

3Refresher interviewing skills labs: registration link pending – we will share as soon as possible.

Please note that the courses will accept registrations up until 5pm on the Wednesday prior to course start. We will do our best to accommodate all requests, but the outbreak course currently has a maximum capacity of 50 learners/week. VTA courses are open to staff from agencies in your community that you are partnering with. These external partners would simply need to indicate on their registration form that they are linked to an LHJ COVID-19 contact tracing effort. This can be done by providing a name and email for an LHJ contact as the "supervisor." This allows our registration team to know that the external partner is working on your behalf and/or with your consent.

Data Management Platform (CalCONNECT)

The State's contact tracing data management platform, CalCONNECT, continues to implement significant enhancements through releases rolled out every two weeks**.** The update that went live today allows users to create a new case in CalCONNECT which will allow LHDs to more quickly begin contact tracing. (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, today's new release expanded the virtual agent (VA) to initiate automated symptom monitoring for exposed contacts during quarantine for those who opt in to these check-ins; VA contact monitoring is now offered in English, with a Spanish version planned. Today's new release also includes added fields in CalCONNECT and the Virtual Agent case outreach survey to capture school affiliation and related data. Separately, we are developing a user-friendly portal access for community organizations such as K-12 schools and colleges and universities. This School Portal for Outbreak Tracking (SPOT), which will go live on November 5, will allow school staff who are partnering with their LHD on a school-affiliated exposure event or outbreak to enter core information on cases and exposed contacts directly into the CalCONNECT platform to facilitate data exchange and jumpstart contact tracing efforts.

California COVID Notify

In partnership with the University of California, CDPH and the California Department of Technology (CDT) are expanding the pilot program testing the use of exposure notification technology. In addition to the two initial pilot sites (UCSF and UCSD), UCLA, UC Riverside, UC Berkeley, and UC Davis will offer enrollment in the Google/Apple Exposure Notify Express system as they manage testing for students and staff on campus. UCSD is also considering expanding the pilot to a limited group of their patient populations, which will help to understand implementation challenges when considering a state-wide launch.

Close Contact Definition

CDC has updated its definition of a close contact as someone who was within 6 feet of an infected person for a *cumulative* total of 15 minutes or more *over a 24-hour period*. CDPH supports this definition but recognizes that since exposure is dependent on many factors,

including the duration and circumstances of each encounter, what constitutes close contact is difficult to precisely define and may be made on a case-by-case basis. Given this variability, CDPH recommends that each LHD should decide how to best operationalize the definition of a close contact for contact tracing within their jurisdiction.

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.

Questions & Answers

Q: Do LHD need to use CalCONNECT or CalREDIE for the new BinaxNow test, what needs to be entered, all positive or all negatives? Will this be counted with the positivity rates?

A: Reportable are all negatives and positives molecular assays. For positivity rate calculation, only those that are positive by PCR are counted.

Q: We have been experiencing difficulty with data entry for results not sent via ELR (e.g., via SFTP files). We understand that CalREDIE team is behind in data entry. In addition, there are providers wanting to send antigen testing results. Are there any solutions CDPH will implement so that CalREDIE can consume provider-formatted flat files?

A: Flat files being sent to CALREDIE via SFTP are not being manually entered by CalREDIE team. They're being converted as ELR messages. Looking into additional opportunities to consume CSV-formatted flat files; no specific answer at the moment but we are actively looking at this.

Q: How will the updated CDC definition of a close contact affect ELC metrics and reporting?

A: For LHJs adopting the updated definition, the number of close contacts created during case interviews may increase, but reporting remains the same. CDPH will not be changing the coding for ELC metrics on dashboard as a result of a change in definition of close contact

Q: Regarding the CDC close contact definition, it's helpful to know that LHDs will be able to operationalize; will there be any guidance on splitting time/encounters?

A: If you need a cut off use the CDC definition. We recognize it is case by case and give LHD the flexibility to decide if the case requires investigations

Q: For BinaxNow testing and reporting, do facilities need to use Navica App and CalREDIE or only one of those?

A: CDPH is not familiar with use of Navica reporting (someone on the call clarified that it is only used to communicate with patients). Results should be reported using to CDPH via usual methods.

Q: If facilities are already working with FEMA, do they need to sign up for CalREDIE?

A: Yes, CalREDIE reporting is still needed to get into state data. As of a few weeks ago, **CMS-certified** long term facilities are required by CMS/HHS to report results of their POC testing via NHSN, which will in turn report the results to CDPH. However, those CMS-certified facilities will still need to upgrade to get access to NHSN, which may take time. Until then, they should continue to report via CalREDIE.

Q: Is there any one doing surveillance testing for high schools and middle schools that are in session?

A: Different school districts are discussing this topic but we are not aware of any plans they've arranged.

URLs Mentioned

Title of Articles	Article URLs
Coronavirus Disease 2019 (COVID-19) Outbreak Investigation and Reporting Thresholds	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-75.aspx
Non-Healthcare Congregate Facilities COVID-19 Outbreak Definitions and Reporting Guidance for Local Health Departments	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/OutbreakDefinitionandReportingGuidance.aspx

Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx
Blueprint for a Safer Economy	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx
Coronavirus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF)	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
Title 42 CFR 483.80(h)	https://www.ecfr.gov/cgi-bin/text-idx?SID=6e1a2cf572a73c2b08b423c15de1d452&mc=true&node=pt42.5.483&rgn=div5#se42.5.483_180
AFL 20-38.5	https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-38.aspx
New Metrics Webpage	https://partners.cdph.ca.gov/sites/CALHJCT/Pages/Performance-Metrics.aspx
COVID19 Virtual Training Academy	https://portal.uclaextension.edu/corporate/landingPage.do?method=load&corporateGroupId=741838927
Outbreak Management Course	https://pandemic.ucsf.edu/outbreak-management-course

Team Contacts

Team	Email
COVID Clinical	CoronavirusClinical@cdph.ca.gov
COVID EpiTravel	CovTravelEpi@cdph.ca.gov
COVID MIS-C	CoVmis-c@cdph.ca.gov
COVID CT Webpage	CALHJCT_Webpage@cdph.ca.gov

COVID CT Program Evaluation	CACTEval@cdph.ca.gov
Contact Tracing	CALHJ_COVIDCT@cdph.ca.gov