



To: CAHAN San Diego Participants

Date: August 17, 2020

From: Public Health Services

## Health Advisory Update #17: UPDATED Coronavirus Disease 2019 (COVID-19) Testing Guidance & Additional updates

### Key Messages

- [Centers for Disease Control and Prevention \(CDC\) testing priorities](#) were updated as well as [California Department of Public Health \(CDPH\) testing priorities](#). These have been adapted locally to San Diego County to address local operational considerations and allow organizations to reference in the context of decreased testing-related supplies that some facilities are experiencing. This interim guidance is subject to change as the situation evolves.
- Local reporting guidance and resources are highlighted below in addition to [updated guidance from Cal/OSHA](#) on respirator supply shortages; an [announcement](#) from the Center for Medicare and Medicaid Services (CMS) that providers can be reimbursed for patient counseling; and CDC updated guidance on several topics, including ending home isolation and discontinuation of transmission-based precautions for hospitalized patients, retesting with or without symptom development in individuals within 3 months of initial symptom onset, eye protection for healthcare workers in communities of moderate to substantial spread, and a new peer to peer clinical management resource.

### Situation

- As case counts increase locally and across the nation, molecular assay-based testing capacity is facing logistical and resource limitations with increased reagents, related testing materials, and personal protective equipment (PPE) demands.
- [Centers for Disease Control and Prevention \(CDC\) testing priorities](#) were updated, as well as [California Department of Public Health \(CDPH\) testing priorities](#). These have been adapted locally to San Diego County to address local operational considerations and allow organizations to reference in the context of decreased testing-related supplies that some facilities are experiencing. These interim guidance documents are subject to change as the COVID-19 situation evolves. See below, with many notes, including that *each organization should be aware of federal, State, and County testing guidance and implement institutional testing strategies contingent on priority testing recommendations, including available testing, laboratory capacity, staffing, and PPE supply.*
- [Reporting guidance](#) for testing outcomes should be reported as mandated by the Health Officer Order.
- Providers should give patients who test positive a [Health Officer Order](#), as well as [Home Isolation Instructions](#), and tell patients to alert close contacts about [Quarantine Instructions](#), if not an essential worker (See prior [CAHAN #11](#) as well). The Center for Medicare and Medicaid Services (CMS) recently [announced](#) that providers can be reimbursed for patient counseling at time of COVID-19 testing using existing evaluation and management (E/M) payment codes (see counseling checklist [here](#)).
- Medical providers and/or their delegates can refer clinically stable, independent COVID19 patients for temporary lodging by calling 858-715-2350 from 7 am to 9 pm.

- Providers should refer to CDC’s updated [symptom-based strategy](#) for ending [home isolation](#) and for discontinuation of transmission-based precautions for [hospitalized patients](#). Two negative tests are no longer recommended.
- The CDC now [recommends](#) no re-testing within 3 months for persons previously diagnosed with symptomatic COVID-19 *who remain asymptomatic* after recovery. For those previously diagnosed positive who develop new symptoms within 3 months, the CDC [recommends](#) possible retesting and isolation in consultation with an infection control expert, if no alternative etiologies are identified.
- Clinicians who want peer-to-peer support on clinical management can now also call the CDC Information line (800-CDC-INFO or 800-232-4636) and be connected to volunteer clinicians from the Infectious Disease Society of America (learn more [here](#)).
- CDC [advises](#) that providers in areas of moderate to substantial community spread also wear eye protection in addition to face masks or respirators and do not recommend respirators with exhalation valves for source control.
- Organizations should be aware of [updated guidance from Cal/OSHA](#) on respirator supply shortages.

### **Actions Requested**

- Consider below Priority Tiers for RT-PCR COVID-19 or antigen testing when updating testing algorithms in your organization based on available testing, laboratory capacity and materials, staffing, and PPE supply. Of note, antigen testing is a relatively newer form of diagnostic testing for COVID-19 for which currently two tests have received Emergency Use Authorization by the Food and Drug Administration (FDA). Please understand their limitations if you choose to utilize these in your testing strategy, especially with interpretation of negative results, and refer to their FDA EUA and materials for healthcare providers [here](#) under “Individual EUAs for Antigen Diagnostic Tests for SARS-CoV-2”.
- As per the FDA,
  - Providers should give patients who test positive a Health Officer Order as well as Home Isolation Instructions and tell patients to alert close contacts about Quarantine Instructions, if not an essential worker. The Health Officer Orders and Home Isolation and Quarantine Instructions are available in English and other languages, [click here](#) (See prior [CAHAN #11](#) as well).
    - Of note, those who need to be quarantined and continue to be exposed due to ongoing, unavoidable household contact with a case should continue quarantine until 14 days after the infectious period of the lab-confirmed case.
    - Those who cannot be isolated or quarantined at home may be eligible for temporary lodging, if medically stable and functionally independent. Medical providers and/or their delegates should call 858-715-2350 from 7 am to 9 pm.
  - After diagnosis, repeat testing is rarely needed. Providers should use CDC’s [symptom-based strategy](#) for ending [home isolation](#) and for discontinuation of transmission-based precautions for [hospitalized patients](#). Confirmed cases requesting negative testing to return to general work settings should not be tested as per [CDPH](#).
  - Providers and labs should report the results of their testing to PHS as per [detailed reporting guidance](#) and as mandated by the [Health Officer Order](#).
  - The below Priority Testing Categories are locally adapted from updated [CDC](#) and [CDPH guidance](#) and organizations can expand beyond these as the supply chain, PPE, and staffing becomes sufficient.

### **Priority Testing Tiers**

Below are updated County of San Diego (County) testing priorities. The last County priorities were updated on April 22, 2020. This summary is adapted locally from [federal](#) and [state](#) guidance, influenced

by current testing capacity/availability, and is subject to changes in the future as new information is known and conditions change.

Diagnostic and screening tests, like all clinical tests, should be ordered if they influence management and resource allocation. These tests are a point in time assessment and clinical judgment is warranted when a Polymerase Chain Reaction (PCR) diagnostic or antigen test is negative, but clinical suspicion or pre-test probability is high. Each healthcare organization must evaluate their supplies, staffing, and personal protective equipment (PPE) when determining how to prioritize diagnostic COVID-19 testing. Where applicable, organizations should fully provide testing through a tiered approach before proceeding to the subsequent, lower priority tier. Children who fall into these tiers should be tested where possible, as well. Any individuals not in the first four priority Tiers below may also be tested, if these initial four Tiers are first served and remaining resources permit testing with adequate processing times. Organizations should give guidance to those awaiting test results, particularly of importance when experiencing increased turnaround times. As an example, see [here](#) for the handout provided at County testing sites.

There is very limited national and state guidance addressing frequency of testing for asymptomatic individuals. Organizations should be aware that [CDPH recommends](#) that, outside of a known outbreak, asymptomatic staff in Skilled Nursing Facilities should be tested monthly. Understanding that this recommendation is for a “high-risk setting” will help guide an organization’s assessment regarding frequency of testing asymptomatic individuals in lower Tiers, who are generally at lower risk and/or in low-risk settings.

Due to [updated evidence](#), testing is no longer recommended by the CDC to release individuals from [home isolation](#) or [discontinuation of transmission-based precautions](#) in healthcare settings. Changes are reflected in the updated Health Officer Order for Isolation and the Home Isolation Instructions, both found [here](#).

<p><b>TIER 1 – High-Risk Symptomatic Individuals and Public Health Investigations</b></p> <ul style="list-style-type: none"> <li>• <a href="#">SYMPTOMATIC</a>* individuals not diagnosed with COVID-19 in past 3 months<sup>1</sup> who are: <b>hospitalized</b>; in <b>congregate facilities</b>;<sup>2</sup> <b>older adults</b> and those with <b>underlying</b> medical conditions<sup>7</sup>; or in a vulnerable population.<sup>3</sup></li> <li>• Persons identified for testing by <b>public health investigations</b> and disease control activities including those in potential outbreak settings.</li> </ul>
<p><b>TIER 2 – Other Symptomatic Individuals and Hospital and Procedure Testing</b></p> <ul style="list-style-type: none"> <li>• <a href="#">SYMPTOMATIC</a>* persons who do not meet above symptomatic criteria, including <b>healthcare workers</b> and <b>first responders</b>, not diagnosed with COVID-19 in past 3 months.<sup>1</sup></li> <li>• Hospital admission testing for <b>patients</b> who do not exhibit COVID-19 <a href="#">symptoms</a>.*</li> <li>• Scheduled <b>surgical procedures</b>, especially those that are aerosol generating.</li> </ul>
<p><b>TIER 3 – Asymptomatic Individuals from High-Risk Settings &amp; Close Contacts</b></p> <ul style="list-style-type: none"> <li>• Screening of ASYMPTOMATIC individuals not diagnosed with COVID-19 in past 3 months<sup>4</sup> who are residents or employees of <b>congregate living facilities</b>,<sup>2</sup> such as skilled nursing facilities,<sup>5</sup> assisted living facilities, homeless shelters, substance use disorder residential facilities, and detention centers.</li> </ul>

<ul style="list-style-type: none"> <li>• ASYMPTOMATIC <b>close contacts</b><sup>6</sup> not diagnosed with COVID-19 in past 3 months<sup>4</sup> at 5-7 days after last exposure to a known COVID-19 case.</li> </ul>
<p><b>TIER 4 – Asymptomatic High-Risk Individuals</b></p>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC <b>healthcare workers and first responders</b> not diagnosed with COVID-19 in past 3 months<sup>4</sup> in direct patient contact roles.</li> </ul>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC individuals in <b>vulnerable populations</b><sup>3</sup> not diagnosed with COVID-19 in past 3 months<sup>4</sup> who are not in other categories above.</li> </ul>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC persons not diagnosed with COVID-19 in past 3 months<sup>4</sup> in <b>other essential occupations</b>. This includes occupations such as utility workers, grocery store workers, food supply workers, and other public-facing employees including childcare and school workers.</li> </ul>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC <b>older adults</b> (i.e., persons &gt;65 years of age) OR any age with <b>chronic or other underlying medical conditions</b>,<sup>7</sup> such as pregnancy, that may increase the risk of severe COVID 19 illness as per the CDC<sup>8</sup> who were not diagnosed with COVID-19 in past 3 months.<sup>4</sup></li> </ul>
<ul style="list-style-type: none"> <li>• ASYMPTOMATIC <b>Caretakers of older adults or those with underlying medical conditions</b> defined above who were not diagnosed with COVID-19 in past 3 months.<sup>4</sup></li> </ul>
<ul style="list-style-type: none"> <li>• <i>When facing limitations of testing capacity for Tier 4, consider prioritizing testing amongst those in zip codes with higher prevalence rate than the Countywide prevalence rate over testing those in zip codes with lower prevalence rate than the Countywide prevalence rate. Zip code and Countywide prevalence data can be found <a href="#">here</a>.</i></li> </ul>
<p><b>TIER 5 – Public Health Surveillance</b></p>
<ul style="list-style-type: none"> <li>• Other ASYMPTOMATIC individuals being tested for purposes of public health surveillance for COVID-19.</li> </ul>

**Notes:**

\*COVID-19 symptoms may be updated by the CDC and can be found [here](#). They currently include fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Note that elderly people might not develop fever.

**References:**

<sup>1</sup>As per [CDC](#): “For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.”

<sup>2</sup>Congregate facilities include facilities where individuals live together, such as skilled nursing facilities, assisted living facilities, detention facilities, homeless shelters, and substance use disorder residential treatment facilities.

<sup>3</sup>Vulnerable populations include those in ethnic and racial minority groups, people with HIV/AIDS, people experiencing homelessness, those in rural areas, migrant workers, and Native Americans. National and local data suggest that some groups are disproportionately affected by COVID-19 and thus are included here. See CDC Health Equity considerations [here](#) and [here](#) for local data.

<sup>4</sup>As per [CDC](#): “For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the

initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.”

<sup>5</sup>Due to high morbidity and mortality, skilled nursing facilities (SNFs) have strong surveillance testing recommendations and should follow respective [state](#) and [national](#) guidance.

<sup>6</sup>Close contacts need to be quarantined for 14 days after last exposure regardless of their test result. Median time to symptom onset or the median incubation period is 4-5 days as per [CDC](#) so testing is locally being recommended around 5-7 days, unless the close contact becomes symptomatic earlier.

<sup>7</sup>Underlying medical conditions that CDC associates with increased risk or potentially increased risk of severe illness from COVID-19 can be found [here](#).

Please see [this updated table](#) for a comparison between [federal](#), [state](#), and local guidance documents.

General public inquiries about COVID-19 should be directed to [2-1-1 San Diego](#) or to the [County COVID-19 website](#).

Thank you for your participation.

**CAHAN San Diego**

County of San Diego Health & Human Services Agency

Epidemiology and Immunization Services Branch

Phone: (619) 692-8499; Fax: (858) 715-6458

Urgent Phone for pm/weekends/holidays: (858) 565-5255

E-mail: [cahan@sdcounty.ca.gov](mailto:cahan@sdcounty.ca.gov)

Secure Website: <https://member.everbridge.net/892807736722952/login>

Public Website: <http://www.cahansandiego.com>