To: CAHAN San Diego Participants  
Date: April 9, 2020  
From: Epidemiology and Immunizations Services Branch, Public Health Services

Health Advisory Update #11: Coronavirus Disease 2019 (COVID-19) - Revised COVID-19 Exposure Period, Updated Health Officer Orders, Close Contact Notification Instructions, and Death Certification Guidance

Key Messages
- Patients with COVID-19 are considered infectious 48 hours prior to symptom onset as per the Centers for Disease Control and Prevention (CDC). Individuals with presumed or confirmed COVID-19 should notify all persons with whom they have had close contact beginning 48 hours before their symptom onset.
- In order to limit the spread of COVID-19 further, healthcare personnel (HCP) should notify close contacts or next of kin of patients that are unable to notify contacts themselves, such as those who are critically ill or who have died, about the need to quarantine. If the close contact is considered an essential critical infrastructure worker, they should talk with their employer as they may be allowed to continue working after potential exposure to COVID-19 if they do not have symptoms and take additional precautions to protect themselves and the community. Health Officer Orders for Isolation and Quarantine are available as are Home Isolation Instructions, Home Quarantine Instructions and essential critical infrastructure worker instructions.
- CDC has elevated risk of all persons in the United States to be at “some risk” of COVID-19 given the increases in community spread.
- Refer to CDC’s recent Death Certificate guidance to accurately report COVID-19 as a cause of death on the death certificate when applicable.

Situation
- While people with COVID-19 are most infectious when symptomatic, there is growing evidence of asymptomatic and pre-symptomatic transmission (refer to CAHAN#9).
- In updated guidance from the CDC, the period of exposure risk to contacts is revised from the “onset of symptoms” to “48 hours before symptom onset.”
- San Diego County Public Health Services (PHS) has revised the time period that a patient with COVID-19 is considered infectious to begin 48 hours before symptom onset instead of from the first day of symptom onset due to evidence of asymptomatic and pre-symptomatic community transmission.
- Additionally, the definition of a contact now includes exposure to either a laboratory-confirmed case OR a clinically compatible case in regions with widespread ongoing transmission where testing is limited.
- In order to limit the spread of COVID-19, healthcare personnel (HCP) who diagnose COVID-19 clinically or by laboratory testing should inform the patient of home isolation instructions and the Health Officer Isolation Order, advise the patient to notify close contacts with quarantine or essential critical infrastructure worker instructions. Those close contacts who are essential workers should work with their employers to determine whether a 14-day quarantine or working with symptom-monitoring is the best option. When patients are unable to notify contacts themselves, such as those who are critically ill or those who have died, HCP should notify next of kin or close contacts directly.
- During public health emergencies, such as COVID-19, accurate and timely reporting of deaths related to COVID-19 improves mortality surveillance, which assists PHS in identifying potential outbreaks and communicating necessary information to the public.
Actions Requested

1. **Provide Isolation Instructions to COVID-19 Patients and Quarantine Instructions for Close Contacts**

PHS recommends that individuals with presumed or confirmed COVID-19 must notify their close contacts that they should quarantine at home for 14 days after their last contact with the presumed or confirmed COVID-19 individual. If the close contact is considered an essential critical infrastructure worker, they may be allowed to continue working after potential exposure to COVID-19, if they do not have symptoms and take additional precautions to protect themselves and the community. Essential critical workers should contact their employer and visit CDC guidance regarding safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19. Close contacts who are non-essential workers should all undergo quarantine.

A close contact is defined as a person in contact with a presumed or confirmed COVID-19 case, if, within 48 hours before the presumed or confirmed COVID-19 person’s symptoms began and until that person is no longer required to be isolated, they:

(a) were within 6 feet** of a person with presumed or confirmed COVID-19 for a prolonged period***; OR

(b) had unprotected contact with the body fluids and/or secretions (such as being coughed on/sneezed on, shared utensils, or saliva provided care without wearing protective equipment) of a person with presumed or confirmed COVID-19.

- When a HCP diagnoses COVID-19 clinically or by laboratory testing in a patient who is unable to inform close contacts, such as a patient who is critically ill or has died, the HCP must inform the patient’s next of kin or the close contacts directly about the need to self-quarantine. The Public Health Officer’s Orders can be provided at discharge along with provider-patient discussion. The federal Department of Health and Human Services recently issued a Limited Waiver of HIPAA Sanctions and Penalties During a Nationwide Public Health Emergency to cover these disclosures during the COVID-19 outbreak. Please refer to the following documents that can be shared with your patients and their close contacts respectively:
  - For COVID-19 Patients:
    - Public Health Officer Isolation Order
    - Home Isolation Instructions
  - For COVID-19 Close Contacts:
    - Public Health Officer Quarantine Order
    - Home Quarantine Instructions

- If an individual is unable to isolate at home, temporary housing is available. Staff should call the Temporary Lodging Hotline by dialing 858-715-2350, 7 days per week from 7 a.m. to 9 p.m.

** According to the CDC, data are limited to define close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk), and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

*** According to the CDC, data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.
2. **Be Aware of CDC’s Modified Categorization of Risk to All Americans**
   CDC has updated risk categories by removing “no risk” category and replaced with unknown risk to acknowledge that all persons in the United States are at “some risk” of COVID-19 given the increases in community spread throughout the United States. Due to increasing data on asymptomatic and pre-symptomatic spread and increased community transmission, facial coverings are recommended for the general public when leaving home and required for essential employees in specific sectors. Please refer to the [Public Health Order](http://www.cahansandiego.com) amended on April 9, 2020 regarding facial covering in public places, this includes:
   - All essential employees who may have contact with the public at grocery stores, pharmacy/drug stores, convenience stores, gas stations, restaurants, or other business establishments that serve food, banks, or transit systems shall wear a cloth face covering.

3. **Accurately Report COVID-19 as a Cause of Death**
   If COVID-19 played a role in a patient’s death, it is important that the physician report it accurately on the death certificate. Please refer to detailed instructions in recent [CDC guidance](http://www.cahansandiego.com) for guidance with certifying deaths due to COVID-19.

**Resources**
- Enroll in the [Medical Reserve Corps](http://www.cahansandiego.com) and the [California Health Corps](http://www.cahansandiego.com) to be notified about volunteer opportunities.
- General public inquiries about COVID-19 should be directed to 2-1-1 San Diego or to the County [COVID-19 website](http://www.cahansandiego.com).

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
Secure Website: [http://cahan.ca.gov](http://cahan.ca.gov)
Public Website: [http://www.cahansandiego.com](http://www.cahansandiego.com)