



To: CAHAN San Diego Participants

Date: April 23, 2020

From: Epidemiology and Immunizations Services Branch, Public Health Services

Health Advisory Update #13: Coronavirus Disease 2019 (COVID-19)-Expansion of COVID-19 Testing

Key Messages

- Molecular assay-based testing capacity continues to increase, however limitations with reagents, related testing materials, and personal protective equipment (PPE) pose logistical challenges.
- [California Department of Public Health \(CDPH\) testing priority guidance](#) has been adapted locally to San Diego County below. Each organization should be aware of [federal, State, and County testing guidance](#) and implement testing strategies contingent on priority testing recommendations, including available testing, laboratory capacity, staffing, and PPE supply.
- Molecular assay-based testing guidance is expanded from prior guidance to address long-term care and other congregate facilities, homeless individuals, and surveillance testing, such as for deaths not otherwise linked to coronavirus disease 2019 (COVID-19).
- 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).
- As testing capacity increases, providers may choose to consider use of Centers for Disease Control and Prevention (CDC)'s [test-based strategy](#) for discontinuation of transmission-based precautions for patients who are hospitalized, severely immunocompromised, or being transferred to a long-term care or assisted living facilities, and return to congregate settings that are not healthcare facilities. As per [CDPH guidance](#), COVID-19 patients may be transferred to skilled nursing facilities after hospital consult with the County of San Diego Public Health Services.
- Reports of testing outcomes should be reported as mandated by the Health Officer Order.
- Temporary lodging can be accessed for medically stable, independent COVID-19 patients by calling 858-715-2350 from 7 am to 9 pm.

Situation

- The number of new coronavirus disease 2019 (COVID-19) cases in San Diego County continues to increase (see [here](#) for local data updated daily).
- Molecular assay-based or Nucleic Acid Amplification Tests (NAAT) testing capacity, such as Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR), continue to increase and new, less sensitive forms of molecular assay-based testing are becoming available, such as Point-of-Care (POC) tests.
- However, limitations with reagents and other laboratory materials, and personal protective equipment (PPE) continue to challenge the ability to maximize testing.
- The Centers for Disease Control and Prevention (CDC) currently [recommends](#) prioritizing testing amongst symptomatic individuals, while the California Department of Public Health (CDPH) has expanded testing priority groups as listed in their [April 19th All Facilities Letter 20-44](#), which have been adapted locally for the County of San Diego below.

- Each organization should be aware of [federal, State, and County testing guidance](#) and implement testing strategies contingent on priority testing recommendations, including available testing, laboratory capacity, staffing, and PPE supply.
- Due to the increase in available testing in the setting of limited PPE and lab testing supplies, the County of San Diego Public Health Services (PHS) is expanding priority testing recommendations to include long-term care and other congregate facilities, such as homeless shelters, substance use disorder (SUD) facilities, and correctional facilities, people experiencing homelessness, and surveillance testing, such as for deaths not otherwise linked to COVID-19.
 - While increased testing capacity allows clinicians to consider COVID-19 testing for a wider group of symptomatic patients, it also may allow for testing of asymptomatic or pre-symptomatic individuals in congregate settings as detailed below.
 - When testing asymptomatic individuals, providers should understand that the RT-PCR tests were validated for symptomatic individuals.

Actions Requested:

- Consider below expanded Priority Populations for RT-PCR COVID-19 testing when updating testing algorithms in your organization based on available testing, laboratory capacity and materials, staffing, and PPE supply.
 - 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).
 - Those who cannot be isolated at home may be eligible for temporary lodging, if medically stable and functionally independent. Staff should call 858-715-2350 from 7 am to 9 pm.
 - As testing capacity increases, providers may choose to consider use of CDC's [test-based strategy](#) for discontinuation of transmission-based precautions for patients who are hospitalized, severely immunocompromised, or being transferred to a long-term care or assisted living facilities, and return to congregate settings that are not healthcare facilities. As per [CDPH guidance](#), skilled nursing facility patients may still be transferred back to their respective facilities if COVID-19 positive after hospitals consult with PHS.
 - Providers should note that newer methods of sample collection, if validated by the performing laboratory, e.g., anterior nasal and nasal mid-turbinate sampling may reduce the need for full PPE (N95 respirators, gowns, larger swab), and may be considered for access and operational reasons (i.e., if nasopharyngeal swabs are short in supply). Contact the performing laboratory prior to implementing a sample collection change. See respective CDC Guidance for Collecting, Handling, and Testing Clinical Specimens [here](#).
 - Providers and labs should report the results of their testing to PHS. See link [here](#) for more information.
 - The below RT-PCR Priority Testing Categories are locally adapted from recent [CDPH guidance](#):

Priority 1:

- Hospitalized patients
- Symptomatic* healthcare workers
- Persons identified for testing through public health investigations and disease control activities in high risk settings, including both congregate setting residents and staff
 - E.g., congregate living facilities, correctional facilities, SUD treatment facilities, homeless shelters

Priority 2:

- Symptomatic* persons in essential health and public safety occupations
 - E.g., first responders, law enforcement, congregate living facility workers
- Symptomatic* persons >65 years of age or with chronic medical conditions
- Screening of asymptomatic residents of congregate living facilities prior to admission or re-admission to congregate living facility
 - E.g., a hospitalized patient will be screened for COVID-19 prior to discharge to a congregate living facility
- Screening of asymptomatic healthcare workers
 - E.g., skilled nursing facility workers, hospital workers, especially as part of an outbreak investigation or in areas with medically vulnerable patient populations
- Screening of vulnerable populations not identified above (symptomatic* and asymptomatic)
 - [People with HIV/AIDS](#)
 - People Experiencing Homeless
 - Those in Rural Areas
 - Racial/Ethnic Groups
 - Native Americans
 - Older Adults

Priority 3:

- Symptomatic* persons in essential infrastructure occupations
 - E.g., utility workers, food supply workers, other public employees
- Asymptomatic essential workers, including first responders and others, especially as part of an outbreak investigation or in areas with medically vulnerable patient populations.

Priority 4:

- Community-based testing of all low-risk symptomatic* persons
- Surveillance testing of asymptomatic persons
- Surveillance testing of deaths not otherwise linked to COVID-19

*Symptoms = a fever, cough, sore throat, nausea, vomiting, diarrhea, muscle aches, fatigue, loss of taste or smell. Note that elderly people might not develop fever.

Enroll in the [Medical Reserve Corps](#) and the [California Health Corps](#) 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](#).

Thank you for your participation.

CAHAN San Diego

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