California Department of Public Health
Weekly Facility COVID-19 Update Call
June 9, 2020
8:00 am – 9:00 am

I. **Welcome / Introduction:** **Heidi Steinecker**

None provided.

II. **Overview:** **Ngoc Ly Le**

As of date, Total tests: Total # PCR tests to date (cumulative) is about 2.4M tests; about 55K diagnostic tests; 305K serology tests.

There are 80 Optum Serve testing sites

- 151,460 sample collected
- Average turnaround time between sample collection and lab result is 64 hours

Positivity rate across Optum Serve sites has increased for symptomatic cases to 11.2% for the past 1-day average. 13 counties have symptomatic positivity rates above 8% threshold, with Imperial county at 27.1%

- There are 4th Verily mobile units. The 5th is launching Wednesday 6/10/20

Sites roam in the following counties Del Note; Trinity; Amador; Mariposa; Alpine; Inyo; Mono; Sierra; Modoc; Plumas

There are ample supply of swabs and transport media for testing. The testing task force works with the MHOACs to distribute supplies to the locals. MHOACs may submit additional requests for SNFs if the allotment does not meet the need in the operating area

There are known issues in obtaining rapid point-of care test kits (e.g., the Abbott ID Now cartridges, Cepheid cartridges, and BD Max cartridges)

TTF maintains and publishes a list of labs that have met all criteria to support COVID-19 testing. The objective of the list is to provide information on available lab capacity for COVID testing across the state https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/06/COVID-19-Testing-Task-Force-Lab-List-updated-06_04_20.pdf

III. **Laboratory Update:** **Dr. Christine Morales**

Transport Media

As FDA previously noted, certain types of transport media are not compatible with all testing platforms. Media containing guanidine thiocyanate can react with bleach on certain platforms leading to the formation of cyanide gas. Prime Store MTM, Zymo DNA/RNA shield, and the Spectrum collection device should NOT be used with the Hologic Panther or Panther Fusion systems (or any other system using bleach). Some transport media is not be distributed with the proper labeling and FDA is working with manufacturers to rectify this. Please see the FDA FAQ for a full list of alternative collection recommendations and their limitations.

PCR Testing for SARS-CoV-2 at Skilled Nursing Facilities

Skilled Nursing Facilities (SNFs) have been severely impacted by COVID-19, with outbreaks causing high morbidity and mortality. The vulnerable nature of the SNF population combined with the inherent risks of congregate living in a healthcare setting require aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within SNFs. Therefore, establishing a plan for baseline, surveillance, and response-driven testing of SNF residents and HCP is necessary to protect the vulnerable SNF population. To help SNFs and LHJs meet the testing demands of SNFs for baseline and weekly surveillance testing requirements per AFL 20-55, the CA Testing Task Force has released a list of labs (link available with the call notes) that LHJs should share with SNFs to identify laboratories that can meet their testing needs.

Whole genome sequencing

The **California SARS-CoV-2 Whole Genome Sequencing (WGS) Initiative** is a partnership between the CDPH, the CZ BioHub, and local California health departments to sequence the virus causing COVID-19 to better inform public health action with respect to outbreak investigations, contact tracing, and for situational awareness of circulating virus strains within the state (surveillance). The CZ Biohub will provide free WGS for local health jurisdictions and will also provide the technology, training and tools for local health departments and public health labs to do WGS at their own facilities. All virus sequences generated will be made publicly available on GISAID and nextstrain.org websites.

COVID-19 Serology Updates

As of June 8, 2020, there are 17 serology tests that have been granted EUA status and can be found on the FDA's EUA website. The FDA has also published a summary of the performance characteristics for 16 serology tests granted EUA status as determined by several federal agencies (FDA, NIH, CDC, and BARDA) using a panel of known/established verification samples. The estimated sensitivity, specificity, positive predictive value and negative predictive value (assuming 5% prevalence) are provided for each test with respective 95% confidence intervals. As mentioned previously on these calls, SARS-CoV-2 serologic assays are NOT approved for diagnosing acute cases of COVID-19 and therefore should not be used for decision making relating to patient management or care.

Select Guidance Links:

- Specimen collection: https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html

- Lab Safety: https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-biosafety-guidelines.html

- FDA documents and guidance:
    - EUA: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations
    - FDA Serology guidance: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/eua-authorized-serology-test-performance

- The California COVID-19 Testing Task Force: https://testing.covid19.ca.gov

- Laboratory list for SNF testing: https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/06/COVID-19-Testing-Task-Force-Lab-List-updated-06_02_20.pdf

IV. Healthcare-Associated Infections — Dr. Erin Epson

This morning I'd like to highlight a few issues around respirators. Over the weekend, there was a FDA press release regarding their reissuance of emergency use authorizations that include revisions on which types of respirators can be decontaminated for reuse by healthcare personnel. These revisions were prompted by concerns about the appropriateness of decontaminating certain respirators because of problems identified with their performance and design.

Testing by the CDC's NIOSH found respirators manufactured in China may vary in their design and performance, and as such, FDA determined that the available information does not support the decontamination of these respirators and has accordingly revised the relevant EUAs. We anticipate CDPH will also soon issue additional guidance regarding the KN95 respirators manufactured in China.

The FDA is also revising relevant EUAs to no longer authorize decontamination or reuse of respirators that have exhalation valves. Because these respirators allow the wearer to exhale through the valve, they are not considered source control and should not be used in healthcare facilities where universal source control is necessary for all persons in the facility.

FDA also reiterated CDC guidance that decontaminated respirators should only be used when new FDA-cleared N95 respirators, NIOSH-approved N95 respirators, or other FDA authorized respirators are not available. Every facility needs to continuously evaluate their respirator supplies and usage, and be in regular communication with their local health department and MHOAC regarding resource availability and requests, in order to determine whether it remains appropriate for them to use decontaminated respirators.
And finally, remember all healthcare facilities treating COVID-19 patients must have their HCP respirator fit tested. OSHA suspended ANNUAL fit testing due to PPE shortages, but initial fit testing is still required. If SNF are having problems getting staff fit tested, we suggest:

- Contact the respirator manufacture representative and ask if they perform fit testing
- Consider CDC NIOSH fit testing resources and tools for performing fit testing
- SNFs Contact your local hospitals to see if they have someone available to assist

In the meantime, ensure all HCP understand how to perform a respirator seal check every time to ensure proper fit for ANY N95 respirator.

V. **Remdesivir Update** **Dr. Philip Peters**

Remdesivir Distribution Update for all Healthcare Facility Call

Since last week's update, California received its fourth shipment of 225 cases or 9,000 doses on June 4th. Please note that this is the last shipment until the week of June 15. The federal government has indicated that California will receive additional shipments the week of June 15 and June 29, but the amounts have not been determined.

The excel spreadsheet that details remdesivir distribution to each county continues to be updated and posted on the CDPH website on the guidance page (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx) under remdesivir and a link will be provided in the meeting notes: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/CaliforniaRemdesivirAllocationAndDistribution-6.5.20.xlsx

One addition note for this distribution, there have been nine counties that have had hospitalized COVID-19 cases but their allocation has repeatedly been fewer than 6 vials and was therefore rounded down to zero. For this allocation we have summed the number of vials these counties would have received across all 5 of the shipments to date and provided at minimum one treatment course to each county. In the excel file there is a "Special Allocations" tab which provides further details on the distribution to these nine counties.

Finally, CDPH has developed resources that we have shared with MHOACs that includes an informational PowerPoint on remdesivir, as well as patient handouts on remdesivir in 8 languages including Arabic, Armenian, Chinese, English, Korean, Spanish, Tagalog, and Vietnamese. We hope to post the patient information in those 8 languages to the website soon they are intended to support hospitals in treating our state's diverse patients.

VI. **Question and Answer**

Q: Having issues obtaining testing supplies, regarding N95 fit testing, are smell tests needed or can we simply measure respiration?
A: We will follow up on this issue and provide a contact offline to answer your questions.

Q: Questions related to testing capacity, their acute care facility also includes a SNF as well, do we need to apply the same level of testing requirements to all employees?
A: All precautionary measures should be taken. Please refer to past AFLs that outline guidance on the different testing options available to healthcare workers.

Q: Clarification for acute care facilities and screenings, do symptom screenings need to be documented for both positive and negative cases?
A: It is a best practice to keep all documentation for negative and positive screening results.

Q: Question about daily reporting, is there a chance that these statistics are double counting deaths?
A: We are working as hard as we can to prevent duplicative information. This information though is used to help guide our policy decisions on a local/county level.

Q: In the process of testing all employees at SNF via baseline, in the event of positive asymptomatic case, what guidance is available for personnel in these situations?
A: These individuals would still be considered as normal cases and follow normal time frames for monitoring their status. If needed, we can provide further guidance on these types of situations.

Q: AFL 20.45: Clarification of staff refusing different types of testing options?
A: While we provide guidance on the various types of testing options, it is ultimately up to the employer to discuss with those employees to understand these reasons for refusal and educate the need for testing.

Q: What metric are we looking for that would no longer require daily reporting to allow staff to take weekends off?
A: At this time, we do not have a metric in place, but we will keep this in mind and keep you apprised if there are any updates.