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

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

None provided.

II. **Overview:** **Dr. Charity Dean**

None provided.

III. **Laboratory Update:** **Dr. Jill Hacker**

COVID-19 Testing Guidance

The CDPH has released its COVID-19 testing guidance for clinicians. This guidance provides information on when it is appropriate to consider using one of the 3 testing approaches for COVID-19: PCR, an antigen test, or a serology test. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-Health-Care-Providers.aspx

- Standard real-time RT-PCR tests remain the most sensitive and specific tests for diagnosing COVID-19 and are widely used in public health and commercial laboratories.
- As a reminder, rapid tests, which include the Abbott ID Now rapid molecular test and the newly approved Quidel rapid Sofia 2 SARS Antigen test, among others, have a higher chance of false negative results. Thus, negative results do not rule out infection and may need to be confirmed by a standard real-time PCR. In fact, based on published reports about false negatives with the Abbott ID Now, last Friday Abbott put out a press release stating that negative results should be presumed negative, but if results are inconsistent with clinical signs and symptoms or are necessary for patient management, then the patient should be tested with an alternative molecular assay. https://abbott.mediaroom.com/2020-05-14-Abbott-Provides-Update-on-ID-NOW-TM

As mentioned previously on these calls, No SARS CoV-2 serological assays are approved for diagnosing cases of COVID-19 and thus should not be used for decision making relating to patient management or care.

Overflow PCR Testing for SARS-CoV-2

- As previously mentioned, the Chan Zuckerberg BioHub at UCSF is offering free PCR testing for SARS-CoV-2 to all of California's local health jurisdictions. If you need help accessing PCR testing, please work with your local public health laboratory to gain free access to this testing.

- The Viral and Rickettsial Disease Laboratory at CDPH also is available for overflow testing of specimens. Prior to sending specimens, please contact VRDL to discuss your testing needs. VRDL.mail@cdph.ca.gov or (510) 307-8585.

Whole genome sequencing awareness:
There is a movement to sequence PCR-positive COVID-19 cases in California to understand the diversity of strains in circulation. To this end, the CZ BioHub is partnering with interested local health jurisdictions in California to sequence positive specimens. Please contact your local health jurisdiction if you are interested in providing PCR positive samples, or email Mr. John Bell (John.Bell@cdph.ca.gov) at CDPH to learn more about this program.

Collecting and Handling Specimens Safely
https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html

- For providers collecting specimens or within 6 feet of patients suspected to be infected with SARS-CoV-2, maintain proper infection control and use recommended personal protective equipment, which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens.
- **Minimizing PPE use through patient self-collection while the healthcare provider maintains at least 6 feet of separation**: For providers who are handling specimens, but are not directly involved in collection (e.g. self-collection) and not working within 6 feet of the patient, follow Standard Precautions; gloves are recommended. Healthcare personnel are recommended to wear a form of source control (facemask or cloth face covering) at all times while in the healthcare facility.

Helpful Links:
FDA 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 Testing Task Force** COVID-19 serologic test guidance: https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/05/serology-indications_5-5-2020_final.pdf

IV. **Healthcare-Associated Infections:** **Dr. Erin Epson**

1. CDC recently posted a framework for healthcare facilities to deliver non-COVID-19 health care during the COVID-19 pandemic in a way that balances the need to provide services while minimizing risk to patients and healthcare personnel (HCP). This framework includes prioritizing services that, if deferred, are most likely to result in patient harm and at-risk populations who would benefit most from those services (for example, those with serious underlying health conditions, those most at-risk for complications from delayed care, or those without access to telehealth). Facilities planning to expand services must also consider how they will continue to ensure rigorous adherence to all the recommended infection prevention and control practices, including screening all patients for COVID-19 signs and symptoms and universal source control.
In addition, facilities can consider guidance in CDC's infection control FAQ regarding pre-operative or pre-admission testing for COVID-19 depending on testing availability and how rapidly results are available. If testing is not available or cannot be provided in an actionable time period, facilities could consider using precautions specific to COVID-19 for all patients undergoing evaluation or treatment in a healthcare setting in regions experiencing high incidence of COVID-19 in the community, including

prioritizing N95 or higher level respirators for the care of all patients who are undergoing procedures that might pose higher risk (e.g., those generating potentially infectious aerosols or involving anatomic regions where viral loads might be higher). As with any testing based strategy, facilities need to be aware of the limitations of testing - including the potential for negative results from patients during their incubation period who could become infectious later, which is particularly important when considering pre-admission testing.

V. **Remdesivir:** **Dr. Philip Peters**

Remdesivir Distribution Information for all Healthcare Facility Call

Last week we provided an overview of remdesivir clinical trial results and its availability via the FDA emergency use authorization and Gilead's donation of medication to the U.S. government. As distributing this medication is a new process we wanted to continue to provide weekly updates.

Since last week's call, CDPH has received a larger shipment of remdesivir that arrived Saturday, May 16th. Altogether we have received 425 cases which is 17,000 doses. CDPH is considering these 425 cases as our first allocation from the U.S. government. CDPH has calculated the county distribution based on May 13th data for hospitalized patients with confirmed COVID-19. A link to an excel spreadsheet is posted on the CDPH website on the guidance page under remdesivir that details the distribution to each county and a link will be provided in the meeting notes (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx)

California Remdesivir Allocation (Excel) 5/16/2020

We expect to receive another allotment from the U.S. government in about two weeks based on the number of hospitalized patients in California with confirmed and suspected COVID.

For each new allotment received from the federal government, CDPH will use the most recent hospital data for patients with confirmed COVID-19 to continue to proportionately distribute remdesivir to the counties' Medical and Health Operational Area Coordinator (MHOAC) per the established Multi-Agency Coordination (MAC) group process.

The methodology used by the MHOACs to distribute the medication to hospitals should be transparent, data-driven, and fair. Wherever possible, MHOACs should work with their hospitals collectively to implement an allocation process that prioritizes patients who are most likely to benefit from the medication.

If the supply of remdesivir is insufficient to treat all patients who meet the clinical indications for remdesivir, hospitals should consider an ethical framework for the distribution of remdesivir, including the California Guidance for Hospitals Regarding Allocation of Scarce Medications for COVID-19. These documents are also on the CDPH website on the guidance page.

Allocation of Scarce Medications for COVID-19: Guidance for Hospitals

A few additional reminders, as the minimum treatment course requires six doses of remdesivir (two vials of medication on the first day and one vial of medication on days 2 to 5), any county whose allocation is fewer than six doses will not receive medication for that distribution.

In the past week, no further clinical trial results have been released. The EUA allows for treatment of COVID-19 in adults and children hospitalized with severe disease which is defined as a low blood oxygen level, needing oxygen therapy, or requiring mechanical ventilation or extracorporeal membrane oxygenation. We await the NIH ADAPT study results which may better defined which patient populations with severe illness benefit the most from remdesivir. To date, trials have shown equivalent outcomes with 5 days of treatment compared with 10 days of treatment and better outcomes if treatment was started early (within 10 days of symptom onset). As the supply of this medication is expected to be limited initially, treating for 5 days and then deciding if further doses are needed and treating people with severe illness early could maximize the public health benefit of this medication. CDPH is planning a training on remdesivir where clinicians can share best practices, more details on this training should be available next week.

VI. Question and Answer

Q: Question related to routine testing of residents based on AFL. Currently experiencing issues with local health departments with no local testing plan, is there any pressure from the state to motivate these LHDs to create plans?
A: We are aware of this and the state is working on addressing it. The AFL going out this week will provide different options for counties in this specific situation.

Q: During Phase 3, certain requirements were laid out in May 11th AFL. We need additional clarification of IP presence in facilities
A: An AFL will provide guidance and clarification on this.

Q: Living in community with a correction facility, we have issues with tests coming up both negative and positive. We are requesting guidance for these situations
A: The AFL coming out will provide some strategies on this.

Q: As we increase testing, do we have data that shows the sampling options are similar?
A: Both tests seem to be equivalent, except for oral – it's not as accurate as the other options available.

Q: We could use some more guidance of healthcare worker in an outpatient setting.
A: We will be sure to include guidance on this soon.

Q: Question related to pre-procedure testing timelines on an outpatient basis prior to surgery, issues over asymptomatic positives.
A: This is addressed in CDC FAQ (link included in notes), there is not a defined answer, depending on testing situations, continue to maintain protocols for testing these individuals.

Q: Outpatient clinics follow up, clarification on when to use time-based strategies and PPE use?

A: Continue to use PPE during the 10-day period for isolation and follow guidance given for both symptomatic and asymptomatic patient scenarios.