



**California Department of Public Health
Weekly Facility COVID-19 Update Call
August 11, 2020
8:00 am – 9:00 am**

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

II. **Testing Taskforce Update:** **Dr. Kathleen Jacobson**

Tests run on 8/10/20, 187,626—likely represents a backlog and catch up from the last few days.

Total test to date **9,186,279**

7-day positivity: **6.2%**

14-day positivity: **6.1%**

Total serology to date 678K

The TTF continues to prioritize addressing the testing turnaround time as its top priority. Etiology of this multifactorial, TTF is addressing each of these factors and has been addressed on previous calls. The TTF lab list continue to be updated on nearly a weekly basis and can be found on the Testing Task Force Website. https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/07/COVID-19-Testing-Task-Force-Lab-List-updated-07_23_20-v7.28.2020-1.pdf

Supplies:

In the last week the TTF has distributed 700,000 each of swabs and transport media. This was an increase from previous and this may represent an increase in testing, or may simply be the result increased allocations being allowed. Currently, CA has 19 weeks of swab supplies and 6 weeks of transport media currently available.

Finally, the TTF recognizes that in order to meet the current testing needs in CA, it will be necessary to embrace other testing technologies beyond PCR testing.

III. **Laboratory Update:** **Jill Hacker**
None provided.

IV. **Healthcare-Associated Infections** **Dr. Erin Epton & Jane Siegel**
Last week, CDC posted updated [Evaluation and Management Considerations for Neonates At Risk for COVID-19](#). The updates address new data on risk of SARS-CoV-2 transmission to neonates, guidance on mother-neonate contact, emphasizing the importance of maternal autonomy in the medical decision-making process, and updated guidance on infection prevention and control.

Data gathered from more than 1,500 mother-infant dyads in the National Registry for Surveillance and Epidemiology of Perinatal COVID-19 Infection reveal the likelihood of a positive polymerase chain reaction (PCR) test result for SARS-CoV-2 was similar for infants who were separated from their mothers and those who roomed-in with mothers when infection prevention measures were used. About 2% to 5% of infants born to women with COVID-19 around the time of delivery have tested positive in the first 24-96 hours after birth.

Routes of Transmission

- Primary: via respiratory droplets during the postnatal period when neonates are exposed to mothers or other caregivers with SARS-CoV-2 infection.
- Vertical: Concern for possible intrauterine, intrapartum, or peripartum transmission, but appears to be rare and extent and clinical significance unclear; insufficient data to make recommendations on routine delayed cord clamping or immediate skin-to-skin care for the purpose of preventing SARS-CoV-2 transmission to the neonate.

Testing of Newborns

- Recommended for all neonates born to mothers with suspected or confirmed COVID-19, regardless of whether there are signs of infection in the neonate.
- Testing for SARS-CoV-2 RNA by reverse transcription polymerase chain reaction (RT-PCR). Detection of SARS-CoV-2 RNA can be collected using nasopharynx, oropharynx, or nasal swab samples.
- Serologic Testing not recommended
- Optimal timing unknown. Rec: a) at 24 hours of age; b) If initial test results are negative, or not available, testing should be repeated at 48 hours of age.
- Prioritization
 - Symptomatic
 - SARS-CoV-2 exposure requiring higher levels of care or who are expected to have prolonged hospitalizations (>48-72 hours depending on delivery mode).

Infection Prevention and Control

- Rates of SARS-CoV-2 infection in neonates do not appear to be affected by mode of delivery, method of infant feeding, or contact with a mother with suspected or confirmed SARS-CoV-2 infection.
- In general, mothers with suspected or confirmed SARS-CoV-2 infection and their neonates should be isolated from other healthy mothers and neonates and cared for according to recommended infection prevention and control practices.
- All caregivers should practice infection prevention and control measures (i.e., wearing a mask, practicing [hand hygiene](#)) before and while caring for a neonate.
- Considerations to maintain newborn in mother's room (rooming-in)
 - If choose to breast feed: wear a mask and practice [hand hygiene](#), to minimize the risk of virus transmission while feeding.
 - Mothers with suspected or confirmed SARS-CoV-2 infection should not be considered as posing a potential risk of virus transmission to their neonates if they have met the criteria for discontinuing isolation and precautions.
 - Separation may be necessary for mothers who are too ill to care for their infants or who need higher levels of care.

- Maintain distance of > 6 feet or, if maintained in an incubator, it is important to educate the mother and other caregivers, including hospital personnel, on proper use (i.e., latching doors) in order to prevent newborn falls.

NICU Visitor Recommendations

- People who are not immunocompromised may be considered noninfectious if their symptoms have improved; if they have been afebrile for 24 hours without use of antipyretics; and at least 10 days have passed since symptoms first appeared (or, for asymptomatic women identified only by obstetric screening tests, at least 10 days have passed since the positive test result).
- For those who were severely or critically ill with COVID-19, and for immunocompromised people, the length of time since symptoms first appeared can be extended to 20 days.
- Centers may choose to extend the amount of time needed to pass before parents with prior infection may safely enter the NICU.

Resources

[Evaluation and Management Considerations for Neonates At Risk for COVID-19 \(8/4/2020\)](#)

[AAP FAQs \(7/22/20\)](#)

[AAP News \(7/22/20\)](#)

V. **Remdesivir Update**

Dr. Philip Peters

We have now received our fifth commercial distribution of remdesivir which was 374 cases (or 14,960 doses). This fifth shipment brings the total remdesivir allocated to California in the last four weeks to about 1,800 cases (1,845) and almost 74,000 doses (73,800).

The weblink is now posted on the CDPH guidance page.

Link: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/CaliforniaRemdesivirAllocationCommercial-8.10.20.xlsx>

We are still interested in hearing if the supply is approaching the need for remdesivir or if there is still a significant gap in supply.

Overall for the state, the supply still does not exceed the number of patients with clinical indications for treatment so we ask that you continue to work closely with your Medical Health Operational Area Coordinator (or MHOAC) to ensure the amount of remdesivir allocated to your hospital is the amount of remdesivir that you intend to order from AmerisourceBergen. If you communicate to your MHOAC that you intend to order less than that remdesivir can be reallocated to another hospital in California. If you do not inform the MHOAC then that product will be reallocated nationally.

For a clinical update, I also wanted to inform or remind all of you that there will be a virtual grand rounds sponsored by the California Medical Association and CDPH at noon today. The title is COVID-19: The State of the Pandemic, Children and Opening Schools. The CMA is offering 1.5 AMA PRA category 1 credits. COVID-19 affects children differently. As schools attempt to reopen, the dynamics of COVID-19 in children is at the top of the mind for many clinicians whether they are pediatricians or other types of clinicians who are being asked for expert advice on reopening schools in their local

community. The speakers will include Drs. George Rutherford from UCSF, Dr. Naomi Bardach from UCSF, and Dr. Annabelle de St. Maurice from UCLA. They will review the latest data on children and COVID-19, including symptoms, patterns of disease and disease transmission, clinical presentation and management of pediatric syndromes like MIS-C. It promises to be an excellent grand rounds, if you have not registered for free I encourage you to go to www.cmadocs.org where you can still register.

VI. **Question and Answer**

Q: Can you give some clarification on the N95 extended use vs reuse? We are currently following the CDC guidance. Can you please comment on the requirement for eye protection or face shields in nursing home settings?

A: There was a recent release from Cal OSHA on the severe respiratory supply shortage that was released on August 6th. This guidance includes several consideration strategies to extend respirator use and this does include a description of extended use of respirators. In your regards to questions on eye protection or face shields, the CDC guidance for areas or regions where there's moderate to substantial community transmission is broadly recommending the use eye protection for healthcare personnel having direct patient care encounters. This was intended to be applicable to skilled nursing facilities as well.

Q: Several of us at my institution have heard that there was a glove shortage. Is that some thing you can validate or clarify that and if so, what are some of the steps the state is taking to alleviate the shortage for healthcare?

A: We have not heard about this. We will follow up and inquire about this to insure we are addressing those issues.

Q: One of our struggles is the instillation valve on the clean halo device as we as elastomeric masks. Can you comment on the comment on the Cal OSHA's guidelines saying surgical mask cannot be used where a respirator is required? Some people are interpreting it differently.

A: I read that as a surgical mask should not be used in place of a respirator when respiratory protection is required. I don't think it's saying anything about the use of a surgical mask over or in addition to a respirator. Regarding N95 respirators with an exhalation valve, CDC does not recommend them in healthcare settings.

Q: You said last week that because of the turnaround time and testing situation that we need to embrace other testing strategies. Can you talk about the positive predictive agreement of the Sofia antigen test at 96.7%? Can the use of this test be expanded? Can you talk about the alternate testing we need to embrace?

A: I think there are more people who are beginning to utilize antigen testing for more asymptomatic individuals, more as a surveillance tool. It's not easy to get access to antigen testing, just be aware of that. I concur with your potential use of antigen testing. Here at CDPH, we are working on a testing guidance document that we hope will come out withing the next week or so specifically discussing antigen assays, what they can and can't do and some guidance around their views. There are other antigen tests that are in development but are nowhere near ready to go live.

Q: In regards in the updated AFL 20-38.3 for Visitor Limitation Guidance, our maternity department was hoping to clarify for labor delivery patients, the presence of a doula, is that in addition to a partner or support person?

A: Yes, that is correct. The Doula would be in addition to a partner or support person.

Q: My second clarification was in regard to the Cal OSHA interim guidance from August 6th. For those of us who are participating in the processing, at this time, we should not be utilizing any disinfected respirators, we should be storing them for future use?

A: I believe this is correct according to this updated guidance

Q: Was there any discussion or if anybody knew anything about athletic trainers for various sport teams being able to do the nasal swab testing for athletes?

A: The recommendation is that those are done in the presence of a trained healthcare provider, but who that healthcare provider is, is not under regulation in the state of California. The purpose of the healthcare provider is to make sure the person is doing the test correctly. California doesn't regulate who the person can be.

Q: What is communicated to the field surveyors and field supervisors related to the need to sometime work with our local health jurisdictions and come up with alternative base plans for the patient population we are trying to protect?

A: I believe everyone's intentions are the same. We are all trying to do the right thing. Everyone just has a different method. I can definitely relay to our front lines that they need to collaborate with local public health. One thing that has come out of this pandemic is that state and local entities have developed more partnerships since we are working more often with one another.

Q: Am I correct in that antigen testing would not be the test to perform and is CDPH evaluating other antigen tests or existing antigen tests to determine if they can be used as an alternative to the PCR tests?

A: We do know that they are less sensitive when compared with the highly sensitive PCR tests. What we don't know about them is what does that mean in terms of clinical settings or somebody who has symptoms and are they more likely to transmit if they are PCT positive and antigen negative. Yes, we are looking at another potential assay that is potentially going to be on the market. We don't have much data on it. We are in the early stages, but we are wanting to address the issues of not having enough sensitive tests that can give people rapid results in a timely fashion.

Q: Which healthcare workers would be considered appropriate to collect COVID samples? We would like to train our dental staff to be able to do more than supervise self-collection of Nasal Swab. We are short on staff and we would like to train them to do the testing and collection.

A: I've reached out to our legal team on that question and as of today, have not received a response yet. I can reach back out to them and see.

Q: CDC had recommended that those who traveled internationally, self-quarantine for 14 days. They changed their recommendations on their website this weekend and now it isn't there. I was wondering if you have any specific recommendations for healthcare staff coming back from international travel? We have a couple of individuals in quarantine based on CDC's recommendations last week.

A: We haven't had any additional recommendations other than those from CDC. We have been using the CDC guidance.