



LAC DPH Health Update:
COVID-19 Updates
June 2, 2020



*This message is intended for all healthcare providers in Los Angeles County.
Please distribute as appropriate.*

Key Messages

- With the relaxation of Safer at Home orders allowing more businesses and workplaces to reopen, it is important to emphasize to patients the importance of personal prevention actions including wearing a face covering, physical distancing, and handwashing. View [Prevention Materials](#).
- All laboratory-confirmed COVID-19 cases and their close contacts will be contacted by LAC DPH for an interview. Please provide accurate patient contact information on laboratory test requisition forms and on the COVID-19 case report form. Please ask your patients to be responsive to LAC DPH calls. See [Facilitating Contact Tracing for Laboratory-Confirmed Cases](#) below.
- Healthcare providers should continue to instruct outpatients with presumed or suspected COVID-19 to immediately follow home isolation instructions and to give all of their close contacts home quarantine instructions. Please make note that the definition of a close contact has been revised. See [Providing Isolation and Quarantine Instructions](#) below.
- LAC DPH now recommends the testing of asymptomatic close contacts of a confirmed case. In the absence of a known exposure, however, routine testing of asymptomatic persons in the general population is still not recommended. See [Expanded DPH Testing Recommendations](#) below.

Updates:

- *Serology tests:* Both the California Department of Public Health ([CDPH](#)) and the [CDC](#) have released guidance on the use of serology tests. In addition, the Food and Drug Administration (FDA) is now publishing [serology test performance data](#) on all authorized tests. For a summary of updates, see [Serology Test Updates](#) below.
- *Direct viral detection methods:* The FDA has recently issued an Emergency Use Authorization ([EUA](#)) for the first antigen test and anticipates more will be authorized soon. While antigen tests are often faster and simpler to run than molecular (e.g. PCR) tests, they are less sensitive.
- *COVID Watch:* LAC DPH is now publishing [COVID Watch](#), a summary of COVID-19 related surveillance. It includes data on pneumonia, influenza, and COVID-19 mortality as well as emergency department visits for influenza-like illness.
- *SARS CoV-2 Reinfection Study:* Clinicians are asked to report suspected cases of reinfection with SARS CoV-2 to LAC DPH to inform a CDC/Emerging Infections Network reinfection study. See [CDC SARS CoV-2 reinfection study](#) for more information.

Situation

With the relaxation of Safer at Home orders allowing more businesses and workplaces to reopen as well as the mass protests that are ongoing in LA County, the potential for community transmission of COVID-19 will increase. In order to prevent a new surge in hospitalizations and deaths from COVID-19, it is critical that we remind everyone of the need to redouble our prevention and control efforts during this time. LAC DPH is grateful for your continued partnership in the response to this pandemic.

Facilitating Contact Tracing for Laboratory-Confirmed Cases

When a patient has laboratory-confirmed COVID-19, healthcare providers can help LAC DPH to improve the effectiveness of contact tracing by:

- Confirming and including the patient's current phone number(s) and current address when completing the laboratory test requisition form on which you are requesting SARS CoV-2 testing and when submitting the [Medical Provider COVID-19 Report Form](#).
 - Informing the patient that they will be contacted by LA County Public Health, why this is important, and what to expect:
 - A public health specialist from LA County Public Health will attempt to contact the patient by phone in order to interview them about possible exposures and to identify others who may have also been exposed to the infection (contact tracing). They will leave a call back number if necessary. If they cannot reach the patient by phone, they will send a letter. Please encourage your patients to answer LA County Public Health's calls and to call them back if they receive a message.
 - Reassure your patient that LA County Public Health will not disclose your patient's name or any personal information to their close contacts. Contacts will be advised to be tested for COVID-19 if appropriate.
 - LA County Public Health will also provide information to cases and contacts about how to protect themselves and others from COVID-19 and information about [resources](#) for delivery of essentials such as food and medicines if needed.
 - Beware of scammers doing fake contact tracing. LA County Public Health will never ask about immigration status, never request a social security number, and never ask for money.
-

Providing Isolation and Quarantine Instructions

It is important that healthcare providers continue to instruct outpatients with presumed or confirmed COVID-19 to **immediately** follow [home isolation](#) instructions and to provide their close contacts with [home quarantine](#) instructions in order to prevent continued disease transmission. There is no need for providers to elicit their close contacts, as LAC DPH will do this.

Revised Definition of a Close Contact

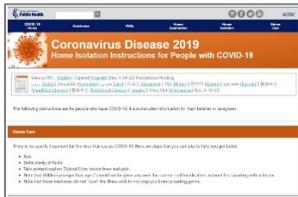
The [definition](#) was revised to extend the exposure time to an infected person from 10 minutes to 15 minutes and to improve clarity. Red text below indicates the significant revisions.

The term "close contact" refers to any of the following people who were exposed to a patient with presumed or confirmed COVID-19 while they were infectious*:

- a) A household member, intimate contact, or caregiver,
- b) An individual who was within 6 feet of the patient for more than **15** minutes,

- c) An individual who had unprotected contact with the patient's body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils or saliva, or providing care without wearing appropriate protective equipment.

*A patient with COVID-19 is considered to be infectious from 48 hours before their symptoms started until their isolation period ends (as described in the "[Home Isolation Instructions](#)"). Asymptomatic patients with laboratory-confirmed COVID-19 infection are considered to be infectious from **48 hours before** their test was taken until 10 days after their test was taken.



LAC DPH instructions for isolation and quarantine - webpages in English and Spanish and PDFs in multiple languages.

ph.lacounty.gov/covidisolation

ph.lacounty.gov/covidquarantine

Expanded DPH Testing Recommendations

The testing landscape continues to expand and change rapidly with the first antigen test receiving an FDA [EUA](#) and more options for patient self-collection, including at-home collection, of samples for molecular testing. Testing resource constraints continue especially related to swabs, reagents, and media. It is important to continue to use an evidence-based approach when prioritizing COVID-19 testing. For more information on the county-wide testing strategy and rationale, see the LA County COVID-19 Testing Strategy [summary](#).

The LAC DPH [priorities for COVID-19 testing](#) have been updated to include the recommendation that asymptomatic persons who are [close contacts](#) to confirmed cases be tested for COVID-19. Please note that the [criteria](#) for testing to be done through the DPH Public Health Laboratory has not changed.

The rationale for testing of close contacts is to detect people with asymptomatic or subclinical COVID-19 infection who need to be interviewed for further contact tracing to decrease further spread. Because of the expected high false negative rate during the incubation period, negative test results in these patients do not rule out infection. For this reason, when providing negative test results to patients who are close contacts to a confirmed case, we ask that you emphasize the importance of remaining in quarantine until 14 days after their last exposure to the case and instruct them notify your office if they develop COVID-19-like illness.

In the absence of a known exposure, routine testing of asymptomatic persons in the general population is not recommended. Note: if facilities elect to conduct pre-admission or pre-procedure COVID-19 screening, it is important to continue to adhere to COVID-19 infection prevention precautions on patients testing negative due to the risk of false negatives.

Serology Test Updates

The FDA now requires an EUA for all commercially marketed serologic tests and, in collaboration with other agencies, is evaluating and publishing the [performance](#) of these tests. In addition, the FDA is now publishing a [list](#) of serologic assays that should no longer be distributed unless an EUA is issued.

The FDA cautions that serology tests, when not appropriately informed by other relevant information, such as clinical history or direct viral test results, could identify too many false-positive individuals.

Use of Serologic Tests

The CDC has released new [Interim Guidelines for COVID-19 Antibody Testing](#) which discuss what is currently known about the development of antibodies and immunity to SARS CoV-2 infection, strategies to optimize test outcomes, test limitations, and recommendations for use. Healthcare providers and systems considering using serologic tests for patient care should adopt strategies to minimize false positive results as outlined in the CDC guidance and summarized briefly below.

Minimizing False Positive Serology Results

The CDC emphasizes the importance of minimizing false positive results, particularly when the results will be returned to individuals. The CDC expects that in most parts of the US at this point in time, including areas that have been heavily impacted, the prevalence of SARS-CoV-2 antibody is expected to be low, ranging from <5% to 25%, so that testing will result in relatively more false positive results. As recent local community-wide [seroprevalence studies](#) indicate that the prevalence of SARS CoV-2 antibodies in the LA County adult population is <5%, false positive results could be very common unless testing is done strategically.

Suggested strategies to improve the positive predictive value include using a serological assay with high specificity ($\geq 99.5\%$) and by testing populations and individuals with an elevated likelihood of previous exposure to SARS-CoV-2 (such as persons with a history of COVID-19-like illness or in outbreak settings). An additional approach when a high positive predictive value (e.g., 95%) cannot be assured with a single serology test, is to use an orthogonal testing algorithm where a first positive serology is tested with a second test with a different design. See CDC [Table 1](#) for examples of using one or two tests in populations with various prevalences of SARS-CoV-2 antibodies. The FDA is providing a [calculator](#) that will allow users to see the estimated performance of a single test or two independent tests based on their performance characteristics and the estimated prevalence of SARS-CoV-2 antibodies in the target population. For more information, see the CDC guidelines section on [Testing Strategies](#).

Recommendations for Use of Serologic Tests

Diagnostic uses:

- To help establish a diagnosis when a patient presents with late complications of COVID-19 illness, such as [multisystem inflammatory syndrome in children](#) (MIS-C).
- To support diagnosis of acute COVID-19 illness for persons who present late. For persons who present 9-14 days after illness onset, serologic testing can be offered in addition to recommended direct viral detection methods such as PCR. This will improve

diagnostic accuracy at a time when the sensitivity of nucleic acid detection is decreasing, and serologic testing is increasing.

Non-diagnostic uses of serological tests:

- To [monitor and respond](#) to the COVID-19 pandemic, such as measuring community seroprevalence.
- To help identify persons with past infection with SARS CoV-2 who have developed antibodies and may qualify to [donate blood that can be used to manufacture convalescent plasma](#) to treat patients with severe COVID-19 disease.

*When SARS-CoV-2 serology tests **should not** be used:*

- As sole basis to diagnose or rule out infection with SARS-CoV-2.
- To screen for asymptomatic shedders.
- To make decisions about grouping persons residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities.
- To release a person from isolation or quarantine or to clear a person to return to work.
- To determine if a patient is immune or protected from re-infection.
- To guide PPE use or infection control measures.

COVID-19 Serology Testing Guidelines for Use	
Yes	<ul style="list-style-type: none">• Evaluate for current or recent infection• Determine if COVID-19 is the cause of illness
Maybe	<ul style="list-style-type: none">• Identify persons with recent infection• Determine if recent infection is the cause of illness• Determine if recent infection is the cause of illness
DO NOT USE COVID-19 SEROLOGY	
No	<ul style="list-style-type: none">• Rule out current or recent infection• Determine if COVID-19 is the cause of illness• Determine if COVID-19 is the cause of illness• Determine if COVID-19 is the cause of illness

See CDC COVID-19 Antibody Testing [guidelines](#) and CDPH Serology Indications [guidance](#) for more information.

CDC SARS CoV-2 Reinfection Study

Providers are asked to contact LAC DPH if they have any patients:

- Aged ≥18 years with laboratory confirmed COVID-19 disease with clinical recovery for approximately 10 days after symptom onset or diagnosis (if asymptomatic), who subsequently had any of the following:
 - Two documented negative PCR results followed by a positive result
 - Recurrence of symptoms with a positive PCR result
 - Positive PCR results ≥40 days after initial symptom onset or diagnosis (if asymptomatic) without recurrence of symptoms

See [SARS CoV-2 reinfection study](#) for more information.

Visit the LAC DPH COVID-19 Provider [website](#) for up-to-date resources and guidance, including [home isolation](#) and [home quarantine](#) guidance now in html as well as PDF format Refresh your browser to view the latest versions. publichealth.lacounty.gov/acd/ncorona2019/

This communication was sent by Sharon Balter, MD, Director, Division of Communicable Disease Control and Prevention, Los Angeles County Department of Public Health

To view this and other communications or to sign-up to receive LAHANs, please visit

<http://publichealth.lacounty.gov/lahan>