CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

HEALTH ADVISORY: UPDATED GUIDANCE FOR COVID-19
May 1, 2020

Background

The United States and Texas are experiencing ongoing community transmission of the novel coronavirus, SARS-CoV-2, which causes the disease COVID-19. This advisory provides guidance for healthcare providers on testing criteria, discontinuation of transmission-based precautions for asymptomatic patients with a positive COVID-19 test, return-to-work criteria for healthcare personnel with confirmed or suspected COVID-19, and disease reporting.

COVID-19 Testing Criteria

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever[1] and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with other symptoms as well. Guidance by the Centers for Disease Control & Prevention (CDC), **"Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19),"** on April 27, 2020, is linked here.

Priorities for COVID-19 Testing (Nucleic Acid or Antigen)

High Priority

- Hospitalized patients
- Healthcare facility workers[2], workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms
- Persons identified through public health cluster and selected contact investigation

Priority

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

[1]Fever may be subjective or confirmed

[2]For healthcare personnel and first responders, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

[3]Close contact is defined as—a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – *or* – b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

Discontinuation of Transmission-Based Precautions for Asymptomatic Patients
Patients with laboratory-confirmed COVID-19 who have not had any symptoms should remain in Transmission-Based Precautions until either:

Time-based strategy
10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Test-based strategy
Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present. CDC guidance on **"Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance),"** issued April 30, 2020, is linked here.

Return-to-Work Criteria for Healthcare Personnel
On April 30, 2020, the Centers for Disease Control & Prevention (CDC) issued **"Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance),"** accessible here.

For healthcare personnel *with symptoms* and suspected or confirmed COVID-19, options include 1) a symptom-based strategy, and 2) a test-based strategy. With the symptom-based strategy, the individual is excluded from work until at least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms (e.g., cough, shortness of breath), and at least **10** days have passed since symptoms first appeared.

For healthcare personnel *without symptoms* and with laboratory-confirmed COVID-19, options include 1) a time-based strategy, and 2) a test-based strategy. Under the time-based strategy, the individual is excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms. If they develop symptoms, then the symptom-based or test-based strategy should be used. Because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

For either symptomatic or asymptomatic personnel, if using the test-based strategy, the individual is excluded from work until results of an FDA Emergency Use Authorized COVID-19 molecular assay from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart are both negative. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

Reporting of Cases:
COVID-19 is a notifiable condition under Texas statute. All suspected and confirmed cases are to be called immediately to the local health department. In addition, please submit lab results, demographics, and clinical progress notes via fax to:

San Antonio Metropolitan Health District
Epidemiology Program
Phone: (210) 207-8876 (24 hours)
Fax: (210) 207-8807