WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

HEALTH ALERT/UPDATE #168
Expanding Testing for COVID-19: Clinician-Suspected Re-infection

TO: **West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities**

FROM: **Catherine Slemp, MD, MPH, Commissioner and State Health Officer**
Bureau for Public Health
West Virginia Department of Health and Human Resources (WVDHHR)

DATE: **June 8, 2020**

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Expanding COVID-19 Testing During Continued Reopening

In light of increased testing availability, evolving information on COVID-19 (pre-symptomatic and potentially asymptomatic spread), and increasing community movement and activities, the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Public Health (BPH) supports expanded provider and community testing for COVID-19. Providers should work with more than a single laboratory to assure ongoing availability of supplies and services. Viral testing supplies should first be obtained through the lab performing the test, but if not available, may be accessed through the West Virginia Office of Laboratory Services (OLS) working through your local health department (LHD). Personal protective equipment (PPE) needed to perform low-barrier community-based testing events can be arranged through contacting your local Emergency Manager, notifying them that the need relates to provision of community testing for COVID-19. Providers should partner with LHDs to expand testing, both office and community based.

The role of testing at this stage in the pandemic is to quickly identify individuals infected with COVID-19 regardless of severity; promptly isolate them; and trace, manage, and support contacts. Testing allows clearer and more comprehensive infection control and prevention activities and helps explain the status of COVID-19 in West Virginia communities. This supports sustainment of reopening activities as well as early detection of potential future waves in the months to come. Any person with symptoms† in whom you are considering a diagnosis of COVID-19 should be tested. Also critical is continued emphasis on testing in high-risk settings and populations, testing to guide infection control, and testing of individuals critical to providing patient care and other essential services who are ill. Testing of asymptomatic/potentially pre-symptomatic persons also plays a role in communities seeing higher disease incidence^ and in high-risk situations (e.g., close contacts*; outbreaks) as well as populations with disproportionate impact (e.g., African American, Hispanic/Latino, etc.). Providers are asked to help meet or partner with others to meet the following objectives for viral testing:

Objective: Ensure as many persons with COVID-19 as possible are identified in order to decrease community spread. Strategies include testing:

- Any individual with symptoms† in whom you are considering a diagnosis of COVID-19, regardless of severity.
- Individuals with or without symptoms† who are close contacts* of cases of COVID-19. (For asymptomatic close contacts, tests should be undertaken no sooner than 5 days after initial exposure.)

- Individuals identified through public health cluster and outbreak investigations to evaluate and manage community outbreaks, including those within workplaces and other large gatherings.
- Persons with or without symptoms† through community-based, low-barrier testing sites/events (e.g., drive through testing, etc.). This is most critical for areas with high or increasing incidence^ of COVID-19 and/or in community locales reaching persons at increased risk who may not regularly access health services (e.g., African American, Hispanic/Latino, homeless, low income, etc.). All community testing events/sites should ensure patient receipt of results, linkage to care, and public health reporting (e.g., results to the patient, their primary care provider (PCP) and LHD; linking those without a PCP to a provider, etc.).

Objective: Ensure persons at high-risk of complications and persons in congregate living environments have quick access to testing if showing symptoms. Strategies include testing:
- Staff and residents of long-term care facilities and other congregate living settings (e.g., homeless shelter, assisted living facility, group home, prison, detention center, jail, or nursing home) who are symptomatic†.
- Residents and staff of long-term care facilities and congregate living settings who are asymptomatic with potential exposure to COVID-19 when a case is detected in a facility. The purpose of testing individuals who are exposed and asymptomatic is to facilitate identification of positive cases that prompts enhanced isolation and quarantine within the congregate living setting to reduce the risk of virus transmission to others.
- Patients 65 years of age and older with symptoms†.
- Patients with underlying conditions with symptoms†. Epidemiologic evidence suggests that special consideration should be given for testing racial and ethnic minorities with underlying medical conditions increasing the risk of severe COVID-19.

Objective: Ensure optimal and safe care for all hospitalized patients, lessen the risk of healthcare-acquired infections, and ensure healthcare staff and other essential public service worker safety. Strategies include testing:
- Hospitalized patients with symptoms†.
- Healthcare workers with symptoms†. This includes behavioral health providers, home health workers, nursing facility and assisted living employees, emergency medical technicians, housekeepers and others who work in healthcare and congregate living settings with potential for high consequence spread.
- First responders, critical infrastructure workers, and public health workers with symptoms†.

Clinician-suspected SARS CoV-2 Re-infection

There have been several reports from South Korea and China of positive SARS-CoV-2 PCR test results among patients who had clinically recovered from COVID-19. Whether these cases represent re-infection or intermittent viral RNA detection is unclear. The extent to which such cases are occurring in the United States is unknown.

The Centers for Disease Control and Prevention (CDC) is partnering with the Emerging Infections Network (EIN) to identify and investigate clinician-suspected cases of re-infection to describe the clinical characteristics, management, and outcomes of patients. Clinicians should report any confirmed COVID-19 patient (aged ≥18 years) with clinical recovery and apparent recurrence at https://ein.idsociety.org/surveys/survey/125/. CDC will collaborate with the reporting clinician and public health.

For more information, contact the West Virginia Office of Epidemiology and Prevention Services (OEPS), Division of Infectious Disease Epidemiology at (304) 558-5358, ext. 2 or answering service: (304) 347-0843.

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^At present, the Eastern Panhandle Region (Jefferson, Berkeley, Morgan, Mineral, Hampshire, Hardy, Grant, and Pendleton counties) is an area at high incidence/at highest risk for increasing incidence.

†Symptoms of COVID-19 include cough, shortness of breath, difficulty breathing, or at least two of the following symptoms: fever, chills, shaking with chills, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea and vomiting, or diarrhea without another identified cause. Symptoms can range from mild to severe and may appear up to two weeks after exposure to the virus.

** A close contact is defined as any individual who was within 6 feet of a person infected with COVID-19 for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.*