

THE COVID-19 CONNECTION | NEWSLETTER

NEWSLETTER FOR HEALTH PARTNERS IN CONTRA COSTA COUNTY, CALIFORNIA

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Disease Reporting

- [List of Reportable Diseases](#)
- [Confidential Morbidity Reports for COVID-19](#)
- [List of Laboratory Reportable Diseases](#)

Communicable Diseases

8am – 5pm, Daily (COVID-19)
8am – 5pm, Mon-Fri (Non-COVID-19 Diseases)
Phone: (925) 313-6740
Fax: (925) 313-6465

Public Health Laboratory

8am – 5pm, M-F
Phone: (925) 370-5775
Fax: (925) 370-5252

After Hours Public Health

5pm – 8am, M-F and
24hrs, Sat and Sun
Call County Sheriff's Dispatch
Phone: (925) 646-2441
Ask for Health Officer On-Call

To Our Health Partners in the Community

Please visit www.coronavirus.cchealth.org/healthcare-providers to receive the most up to date information on COVID-19 for providers. [This is the most recent Provider Health Alert Update](#). Also available are resources from the CDC at www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html. For urgent questions or to report a communicable disease, please call us at (925) 313-6740.

Contact Tracing 101

These days, the new sexy public health term trending is “contact tracing.” But what exactly is it?

Contact tracing, a **core disease control measure** employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19. It is part of the process of supporting patients and warning contacts of exposure in order to stop chains of transmission.

In the current pandemic, the Contra Costa Public Health Department takes **immediate action** after a positive COVID-19 lab report is received. A Public Health Investigator will call the new positive client to interview them and find out if they may have exposed others. The investigator will ask about their home, work, and play environment and the people in those spaces. They will ask for contacts and they will notify contacts of their exposure, assess their symptoms and risk, and provide instructions for next steps. Investigators will also link those with symptoms to testing and care. Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.

What **you can do as a provider** to help with contact tracing:

- ✓ Tell every patient that you give a positive COVID-19 result to that an investigator from the health department will be calling them.
- ✓ Tell every patient that is positive for COVID-19 and every symptomatic patient that is waiting for a test result to self-isolate until they get their test result.
- ✓ Put as much information as possible in the CMR when reporting a COVID-19 case. [Use this updated version of the CMR](#).

The More You Know: Terms young people coined thus far in the coronavirus era:

- **Miss Rona / The Rona** – an abbreviation for the coronavirus.
- **Post-Rona** – people are already preparing for their "post-rona" lives by planning outfits, looking up restaurants, future concert dates, etc.
- **Covidiot** – Someone who is not taking the pandemic seriously, ignoring "social distancing."
- **Quarantine & Chill** – Since people can't come over for "Netflix & Chill" anymore, young people are taking and posting pictures of themselves relaxing during home isolation.

Source: businessinsider.com

IF A HEALTHCARE WORKER IS DIAGNOSED WITH COVID-19: WHAT TO DO

If a healthcare worker is diagnosed with COVID-19, they will have to isolate at home for 10 days or for 72 hours after their symptoms resolve (fever has gone away without using a fever-reducing medication like Tylenol or ibuprofen AND symptoms like cough, body aches, sore throat, have improved), **whichever is longer**. It is also recommended that they wear a mask until all symptoms resolve or until 14 days after illness onset, **whichever is longer**; and be restricted from contact with severely immunocompromised patients until at least 14 days after illness onset. Please see [CDC criteria for return to work for healthcare personnel](#) for further details.

Healthcare workers should report close contact (defined as being within 6 feet of someone with known COVID-19 for at least 15 minutes without using appropriate PPE) to their employer. Healthcare workers who have been exposed to COVID-19 should self-quarantine for 14 days after exposure. If they are asymptomatic, their employer may decide, based on staffing needs, that they need to report to work. If they are instructed to return to work, exposed healthcare workers will need to monitor their symptoms closely, adhere strictly to hand hygiene practices, and **wear a mask at all times while in the healthcare facility**. Please see [Instruction for Exposed Healthcare Workers for further guidance](#).

MULTISYSTEM INFLAMMATORY SYNDROME IN THE PEDIATRIC POPULATION

On May 14, 2020, the U.S. Centers for Disease Control and Prevention (CDC) issued a health alert regarding children with signs and symptoms of a severe multisystem inflammatory syndrome (MIS-C) potentially associated with SARS-CoV-2 infection. Cases presenting with features resembling Kawasaki disease or toxic shock syndrome have been reported in Italy, the United Kingdom, New York City and other locations in the United States, including California. Please see the [Provider Alert Multi-System Inflammatory Syndrome](#) on www.coronavirus.cchealth.org/healthcare-providers.

Death Certificates

When COVID-19 is determined to be a cause of death, it is important that it be reported on the death certificate to assess accurately the effects of this pandemic and appropriately direct public health response. Aside from the public health significance, it is part of a permanent legal record. Physicians must use their best medical judgment to determine the cause-of-death. Here is guidance for COVID-19 death certification from the National Vital Statistics System:

www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf

Testing Recommendations

We now have increased capacity to test for COVID-19 in our county, in the region, and state.

With increased capacity, providers should consider testing all patients who have symptoms concerning for COVID-19.

Typical symptoms include:

- Fever (may be subjective) or
- Symptoms of acute lower respiratory illness such as cough and shortness of breath

Patients may also present with atypical symptoms:

- Fatigue, chills, myalgias
- Headache, sore throat, rhinorrhea
- New loss of taste or smell
- Vomiting, nausea, diarrhea

High-priority groups include:

1. Persons who live or work in congregate facilities: skilled nursing, board and care, assisted living and other senior living facilities, shelters, group homes, residential treatment programs, and jails.
2. Homeless persons regardless of current status of shelter.
3. Healthcare workers and first responders.
4. Persons who receive dialysis or chemotherapy in clinic settings.
5. Persons who are hospitalized.

Please see the [Provider Health Alert](#) and the [health officer letter](#) at www.coronavirus.cchealth.org/healthcare-providers for information on testing priorities.

Additionally, with the continued expansion of testing capacity, widespread testing of asymptomatic individuals is encouraged to detect asymptomatic infection and prevent the spread of COVID-19. Please review the [interim guidelines for prioritizing asymptomatic testing](#) for more information.

Laboratory Testing

Acceptable testing specimens include a nasopharyngeal (NP) (OP) swab collected by a healthcare provider **OR** nasal mid-turbinate or anterior nares swab collected by a healthcare provider or by a supervised onsite self-collection placed in viral transport media.

Serological testing for SARS CoV-2 has become available through the FDA Emergency Use Authorization (EUA), and many unauthorized serology tests are also available. Please be aware that at this time, **serology testing must not be used for the diagnosis** of acute COVID-19 infection. The only tests which are authorized for use in the diagnosis of COVID-19 are nucleic acid amplification tests, such as PCR.

How We Manage Outbreaks in High-Risk Settings

When a patient with COVID-19 is reported to Public Health, disease investigators initiate an investigation to determine if that individual or his/her contacts live or work in a high-risk setting, such as a congregate living facility. Contacts who live, work, or spend time in these sensitive settings are called to determine if they have any symptoms and to discuss recommendations for testing and quarantine.

Our outbreak team also closely monitors any congregate living facility when Public Health is notified of a staff member or resident with symptoms concerning for COVID-19. Once notified, Public Health will follow up with the facility to gather more information, help arrange testing, and give guidance while awaiting results.

If an outbreak is identified, outbreak team staff check in with the facility daily. Facilities are supported with continued education, support with PPE needs, and continued testing, as appropriate, until the outbreak is resolved.

Testing Resources

Testing for County Residents

Anyone living in Contra Costa County can get a test for COVID-19 via the health department.

Please inform your patients and your healthcare colleagues that they must make an appointment to get tested. They can call 7 days a week from 8am-3:30pm at **1-844-421-0804**.

For Drive-through testing and Walk-in testing information, please visit our testing webpagewww.coronavirus.cchealth.org/testing

Testing for Residents and Staff at Congregate Care Facilities

A mobile testing team is being deployed to perform testing when people cannot come to us. We will be working with facilities to support efforts for universal testing.

More resources at www.coronavirus.cchealth.org/healthcare-providers



[Contra Costa Health Services](#)



[@CoCoHealth](#)

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