S.C. Department of Health and Environmental Control

South Carolina Health Alert Network

This is an official

DHEC Health Update

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10463-DHU-05-19-2020-COVID-19

COVID-19 testing considerations for community healthcare providers

Summary

- Healthcare providers should increase testing for COVID-19 to help identify new cases as access to testing is expanded, but should ensure they can provide testing for all previously identified priority groups for testing. CDC has provided updated guidance on priority categories.
- Symptomatic patients should be prioritized before asymptomatic patients. Any asymptomatic patients who are tested should be appropriately educated about limitations in testing.
- PCR testing to directly detect viral RNA or viral antigen are the preferred tests to diagnose acute cases in symptomatic cases.
- Antibody testing may be appropriate for asymptomatic patients to determine if they were previously exposed to the virus, but the results must be interpreted carefully considering uncertainty about the validity of that testing.
- Patients with a confirmed COVID-19 infection by detection of viral RNA or antigen who have completed their isolation period do not need to initiate a new quarantine after a new exposure.
- **Suspected reinfection**: Any cases of clinician-suspected reinfection with COVID-19 that meet reporting criteria can be reported to CDC at the information below.
- **Multisystem Inflammatory Syndrome in Children (MIS-C)** associated with COVID-19: A CDC HAN was shared describing this syndrome. Report any suspected cases to DHEC.

Background

This HAN supplements and updates previous DHEC guidance provided March 29, 2020, in addition to other guidance.

DHEC is working to rapidly increase testing and contact tracing capacity for COVID-19. Location of testing sites are being provided on the DHEC website as they become available. Additionally, multiple mobile testing sites are being set up as outreach to communities. Testing to identify new cases is a necessary strategy to effectively control COVID-19 as South Carolina moves toward more normal operations.

Priority testing
Priority groups provided in previous guidance should receive first consideration for testing. CDC has updated guidance for prioritizing nucleic acid amplification testing (NAAT) or PCR testing and antigen testing. CDC has identified five (5) acceptable specimens for this testing.

PRIORITIES FOR COVID-19 TESTING **(Nucleic Acid or Antigen)**

High Priority

- Hospitalized patients **with** symptoms
- Healthcare facility workers, 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

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.

Other testing considerations
Community providers should prioritize testing NAAT or antigen testing for the diagnosis of acute cases.

Testing asymptomatic cases:
Any patients tested for COVID-19 when they do not have symptoms should be educated about the limitations in testing.

- PCR: A negative test even if recently exposed may mean the virus is not present at sufficient levels to be detected.
    - If patients have been told to quarantine, they must continue until the criteria is met to end it even if they test negative. Those who eventually test positive on retesting must complete the isolation criteria.
- Antibody testing: The validity of these tests is still uncertain. No positive result should be used to presume immunity to future COVID-19 exposures.

False negatives: As with any other condition, healthcare providers should be aware of the possibility of false negatives, especially for any PCR testing done early in the clinical course. If clinical suspicion of COVID-19 is high, consider advising patients to continue isolation and consider retesting.

Immunity to COVID-19
It is unknown at this time if those who have recovered from COVID-19 infection have immunity against reinfection and for how long. Many patients with confirmed COVID-19 infection have completed isolation requirements. These patients do not need to quarantine after a new

exposure. No positive result on antibody testing is sufficient at this time to presume immunity to COVID-19.

Clinician Suspected Reinfection with COVID-19

From the CDC Dear Colleague letter:

Several reports from China and South Korea have described cases of recurrent SARS-CoV-2 RNA detection (with or without symptoms) among patients who recovered from COVID-19; whether these cases represent re-infection versus intermittent viral RNA shedding is still being determined. The extent to which such cases are occurring in the United States is unknown.

We would like to learn more about clinician-suspected cases of reinfection. Have you or any clinician you know identified a confirmed COVID-19 patient with clinical recovery for approximately 10 days after symptom onset or diagnosis (if asymptomatic), and 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 for ≥30 days after recovery (without any recurrence of symptoms)

If so, please use the attached link to enter a case description:
https://ein.idsociety.org/surveys/survey/125/

Resources:

- DHEC COVID-19 Screening & Testing Sites: https://scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/covid-19-screening-testing-sites
- DHEC COVID-19 Mobile Testing Clinics: https://scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/covid-19-mobile-pop-clinics
- CDC Evaluation and Testing Persons for COVID-19: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
- CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html
- Kucirka et al. Variation in false-negative rate of reverse transcriptase polymerase chaing reaction-based SARS-CoV-2 tests by time since exposure. *Annals of Internal Medicine.* https://www.acpjournals.org/doi/10.7326/M20-1495

DHEC contact information for reportable diseases and reporting requirements

Reporting of **COVID-19 cases and deaths** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at:
https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2020

Mail or call reports to the Epidemiology Office in each Public Health Region

MAIL TO:

Lowcountry	Midlands	Pee Dee	Upstate
4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506	200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373

CALL TO:

Lowcountry	Midlands	Pee Dee	Upstate
Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	**Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York** Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	**Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg** Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	**Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union** Office: (864) 372-3133 Nights/Weekends: (864) 423-6648

For information on reportable conditions, see
https://www.scdhec.gov/ReportableConditions

DHEC Bureau of Communicable Disease Prevention & Control
Division of Acute Disease Epidemiology
2100 Bull St · Columbia, SC 29201
Phone: (803) 898-0861· Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.