



## **COMMONWEALTH of VIRGINIA**

### ***Department of Health***

#### **COVID-19 Update for Virginia**

November 6, 2020

Dear Colleague:

As the COVID-19 pandemic continues, please visit the [Virginia Department of Health \(VDH\) website](#) for current guidance and epidemiologic data. COVID-19 cases and hospitalizations are on the rise across the Commonwealth, and the number of reported outbreaks (70 confirmed outbreaks) for the week ending October 24 is the highest weekly number of outbreaks reported since the start of the pandemic. I want to highlight the following updates:

#### **[VDH Interim COVID-19 Antigen Testing Recommendations](#)**

Although VDH considers RT-PCR to be the “gold standard” for diagnosing COVID-19, VDH developed interim antigen testing recommendations for COVID-19 that summarize current recommendations about the use, evaluation, and interpretation of antigen tests. Test results should be interpreted with consideration of pre-test probability of infection, including the patient’s recent exposures and presence/absence of signs and symptoms. The table below summarizes result interpretation for symptomatic and asymptomatic persons. VDH also updated the [antigen and molecular testing algorithms](#) for healthcare personnel.

**By law, all positive and negative COVID-19 test results from diagnostic testing or screening must be reported electronically to VDH within 24 hours, regardless of the test type.** [VDH's Reporting Portal for Point-of-Care \(POC\) Test Results](#) may be used to meet this rapid reporting requirement for POC tests and allows for aggregating negative results for high-volume sites.

### **COVID-19 Transmission in Acute Care Hospitals**

Since August 2020, the number of reported COVID-19 outbreaks in Virginia hospitals has increased substantially. The largest monthly number of hospital COVID-19 outbreaks since the pandemic began was reported in October. Increases in the number of hospitalizations and ICU bed utilization also have been [observed](#). Recent investigations have highlighted the need to reiterate the infection prevention and control (IPC) procedures listed below. In addition, simultaneous transmission of COVID-19 and multidrug-resistant organisms (MDROs) is occurring in several hospitals and other healthcare facilities across Virginia, further highlighting the need to focus on IPC measures across all units.

VDH reminds hospitals and healthcare personnel to:

- Enforce social distancing between staff in common areas like break rooms and cafeterias
- Routinely educate staff on the proper use of personal protective equipment (PPE)
- See guidance for [PPE for aerosol generating procedures](#)
- [CDC](#) emphasizes that staff should not be extending use or reusing PPE if adequate supplies are available
- Implement enhanced IPC rounds
- Monitor and validate PPE and hand hygiene compliance on COVID and non-COVID units
- On non-COVID units, ensure products used for environmental cleaning are effective against MDROs
- Review employee health policies
- Follow CDC [return-to-work criteria](#) for healthcare personnel
- Follow VDH [guidance](#) for managing exposed, asymptomatic healthcare personnel
- Continue to implement universal source control (masks) for staff, patients, and visitors
- Continue to screen and monitor staff for signs/symptoms of COVID-19
- Review visitation policies to ensure that visitors and non-essential personnel are screened and educated on IPC practices
- Evaluate the process of transferring information regarding a patient's COVID-19 status to other facilities
- Immediately notify the local health department when a suspected outbreak is occurring

### **[VDH Tools for Evaluating a Child with COVID-19 Symptoms or Exposure](#)**

VDH updated an [algorithm](#) to assist parents and guardians, schools and childcare facilities, and healthcare providers in determining when a child should be excluded from the facility; when care and further evaluation for COVID-19 should be pursued; and when the child can return to the school or childcare facility. VDH also developed a guideline [“When Should a Child Stay Home from School and/or Child Care”](#) to explain key decision points with images and text for parents, schools, and healthcare providers. These materials are available on these websites: [K-12 Education](#), [Child Care & Camps](#), and [Resources and Support](#).

## Recommendations for Isolation and Quarantine

As a reminder, VDH recommends a time- or symptom-based strategy, not a test-based strategy, for most people diagnosed with COVID-19. This means that people with COVID-19 may be released from isolation if there has been at least 10 days since symptoms appeared (or 10 days since positive test, if asymptomatic), at least 24 hours with no fever without fever-reducing medication, and symptoms have improved. A test-based strategy can be considered for determining either when to end isolation for infected persons who are severely immunocompromised or [when to discontinue transmission-based precautions](#) for patients in healthcare settings earlier than if the symptom-based strategy were used. Close contacts of people with COVID-19 may be released from quarantine 14 days after their last contact; close contacts who have a negative COVID-19 test still must quarantine for the entire 14-day period. This is because it can take up to 14 days for symptoms to develop. Available VDH tools about isolation and quarantine are posted on the [VDH Resources and Support page](#) and include [VDH Isolation and Quarantine: What's the Difference?](#), [VDH When to End Isolation or Quarantine](#), and [VDH Algorithm for Evaluating Non-Critical Infrastructure Workers with COVID-19 Symptoms or Exposures](#).

## Vaccination for Flu and Other Diseases

Influenza (flu) vaccination is more important this year than any other to protect ourselves, our loved ones, and our healthcare system. Without high flu vaccination rates this winter, we can expect increased burden on our healthcare system while treating those sickened by flu and COVID-19. With flu vaccination, we can prevent some of those illnesses or reduce the severity of illnesses to preserve healthcare capacity for those that are sickened by SARS-CoV-2.

I am excited to report that based on doses entered into the Virginia Immunization Information System (VIIS) between July 1 - October 15, 2019 vs. the same time period in 2020, flu vaccination is up over 35%. Please continue to provide flu vaccination to your patients and urge those who have not yet been vaccinated to do so as soon as possible.

Routine childhood immunization in Virginia took a deep dive early in the Spring of 2020. Fortunately, over time, routine immunization has increased from its lowest point in April. However, it is still not back to normal. Please join me in this important call to action:

- Identify families whose children have missed doses and contact them to schedule appointments
- Use a prompt to identify children who come to clinic who are due or overdue for vaccinations and offer the vaccines at that visit
- Let families know what precautions are in place for safe delivery of in-person services
- To prepare for COVID-19 vaccination, please consider joining or promoting the Virginia Medical Reserve Corps: [vamrc.org/vvhs](http://vamrc.org/vvhs) or [vamrc@vdh.virginia.gov](mailto:vamrc@vdh.virginia.gov).

Thank you for all your continued efforts to protect Virginians from COVID-19. Please continue to contact your [local health department](#) if you have questions about COVID-19.

Sincerely,

M. Norman Oliver, MD, MA

**Table 1. Antigen test result interpretation for symptomatic and asymptomatic persons**

Test Result	Person Being Tested		
	<p><b>Symptomatic Person</b> <i>(test as close to symptom onset as possible and as recommended by manufacturer)</i></p>	<p><b>Asymptomatic Person with Close Contact<sup>#</sup> to a known COVID-19 case</b></p>	<p><b>Asymptomatic Person without Close Contact<sup>#</sup> to a known COVID-19 case</b></p>
<p><b>Positive</b></p>	<ul style="list-style-type: none"> <li>• Current infection</li> <li>• Prompt isolation until no longer contagious by <a href="#">symptom-based strategy</a></li> </ul>	<ul style="list-style-type: none"> <li>• Current infection</li> <li>• Prompt isolation until no longer contagious by <a href="#">time-based strategy</a></li> </ul>	<ul style="list-style-type: none"> <li>• Presumptive current infection</li> <li>• Prompt isolation while awaiting confirmatory test result</li> <li>• Confirm positive result with a PCR test done in a high-complexity CLIA-certified laboratory<sup>+</sup>*</li> <li>• Patients with positive confirmatory test should isolate until no longer contagious by <a href="#">time-based strategy</a></li> </ul>

<p><b>Negative</b></p>	<ul style="list-style-type: none"> <li>• No antigens were detected</li> <li>• Confirm negative antigen result with a PCR test done in a high-complexity CLIA-certified laboratory<sup>+</sup></li> <li>• Prompt isolation while awaiting confirmatory test result</li> </ul>	<ul style="list-style-type: none"> <li>• No antigens were detected</li> <li>• Close contacts who test negative must still complete 14 days of quarantine.</li> <li>• Obtain COVID-19 PCR test if person develops symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• No antigens were detected</li> <li>• No additional case follow-up necessary</li> <li>• Reinforce prevention measures</li> </ul>
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<sup>#</sup>Close contact is defined as being within six feet of someone known to have COVID-19 for a total of 15 minutes or longer over a 24-hour period, or having exposure to respiratory secretions from an infected person (e.g., being coughed or sneezed on, sharing a drinking glass or utensils, kissing), starting from two days before the person became sick (or two days before specimen collection if asymptomatic) until the person was isolated.

<sup>\*</sup>A positive antigen test result in an asymptomatic, unexposed individual should be immediately followed by a PCR test in a high-complexity CLIA-certified laboratory to verify the positive result. This follow-up specimen should be collected within 24 hours of the original test, if possible, and no more than 48 hours after the antigen test. Specimens collected more than 48 hours after the initial test may lead to discordant results. If the confirmatory PCR is negative on an appropriate specimen collected in the proper time frame, and the individual has remained asymptomatic, the antigen test would be considered a false positive and the individual not counted as a COVID-19 case.

<sup>+</sup>While multiple specimen types may be acceptable, if possible, confirmatory tests should be performed using specimens with evidence of the most sensitivity, such as nasopharyngeal or mid-turbinate swabs.

A version of this letter is available on the VDH [Resources for Health Care Professionals](#) web page.