



Shasta County
**Health & Human
Services Agency** | **Public Health
Branch**

COVID-19 Health Advisory #12

May 7, 2020

Please distribute to all providers in the facility

Go to: <https://tinyurl.com/ShastaCOVID-19> for an electronic version of this Health Alert

- **OptumServe test site** is now operating at Shasta College and will do diagnostic swab specimens for people with or without symptoms. Visit <https://lhi.care/covidtesting> to make an appointment for this new walk-up testing option. Appointments are available from 7 a.m. to 7 p.m. Monday through Friday. Insurance is billed but if a person has no insurance the state is paying for the testing. OptumServe does not notify primary care providers of results so those being tested should make that notification.
- Dignity Health is providing **mobile drive through testing** for symptomatic patients by appointment. This also is a diagnostic swab specimen collection. This is a collaboration of Dignity Health Medical Group – North State and Shasta County Health and Human Services Agency’s Public Health Branch (SCPH) and is no charge to the patient. Patients can be referred by their provider or can self-refer if they do not have a provider. Symptom screening and appointment scheduling are done by SCPH Call Center at (530) 225-5591.
- **Inconclusive diagnostic PCR swab results** are most likely due to low viral load and therefore low viral RNA detected. The laboratories will repeat the test on the same specimen, and if it is still inconclusive will ask you to resubmit a new specimen. This type of result is more likely at the end of the viral infection and the second specimen may be negative.
- **Serology testing.** As of 5/4/2020 there are 12 serology tests that have received Emergency Use Authorization (EUA) by the FDA. All of these tests must be performed in a moderate or high complexity laboratory and none are approved for point of care or home use. Serology tests cannot be used for diagnosing COVID-19 infection and many unknowns remain about the immune response to SARS-CoV-2. The use of these tests in areas of low disease prevalence (like Shasta County with 31 positive tests out of 1,746 done, mostly on symptomatic patients) is going to have a very high false positive rate, perhaps 50%, which is not going to be useful. [From the FDA:](#) *“... those who use an antibody test need to understand its limitations and use test results as just one piece of data to inform decision making. All tests can provide at least some false results. Even a high-performing antibody test when used on individuals in a population that does not have many cases of COVID-19 infection – a population with low prevalence – may produce as many or more false results as true results because the likelihood of finding someone who has been infected is very small. This doesn’t mean the test is bad, but rather recognizes the inherent limitations of these kinds of tests. Therefore, it may be necessary for some individuals to have two serology tests performed to*

generate reliable results. That is why antibody tests should only be used as part of a well-conceived testing plan and why the results should always be interpreted by appropriate experts.”

<https://www.fda.gov/news-events/fda-voices/insight-fdas-revised-policy-antibody-tests-prioritizing-access-and-accuracy>

Additionally, the California Department of Public Health has posted guidance on indications for use and interpretation of serology testing.

https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/05/serology-indications_5-5-2020_final.pdf

- [Return to work criteria](#) for COVID-19 infected healthcare workers and essential business workers was changed on April 30 by the Centers for Disease Control and Prevention (CDC). Repeat testing is no longer a preferred strategy and is not recommended by SCPH. The new guidance is a “10 + 3” strategy either based on symptoms or time if a worker has no symptoms but has had a positive diagnostic PCR swab test. This means 10 days since onset of symptoms or date of testing and at least 3 days without fever without fever reducing medicine and symptoms that are improving. This means the minimum time must be at least 10 days. Previously this was a “7 + 3” days guidance. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

- The CDC has issued new guidance for [responding to COVID-19 in nursing homes](#) and [testing in nursing homes](#). Key points in this guidance include considerations for establishing a designated COVID-19 care unit, management of newly admitted and readmitted residents with confirmed COVID-19 or unknown status, response to newly identified COVID-19 infected healthcare personnel or residents, and the use of testing to inform the response to COVID-19 in nursing homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

References:

<https://www.fda.gov/news-events/fda-voices/insight-fdas-revised-policy-antibody-tests-prioritizing-access-and-accuracy>

https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/05/serology-indications_5-5-2020_final.pdf

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>