



COVID-19 Health Update #27

September 14, 2021

Please distribute to all providers in the facility

Go to: <https://tinyurl.com/2c2vunsh> for an electronic version of this Health Update

The purpose of this health update is to provide healthcare providers with information on the following topics in alignment with the California Department of Public Health (CDPH) 2021/22 K-12 School Guidance:

- Return-to-school clearance protocols
- Definition and resources for modified quarantine testing

SCPH requests the assistance of the medical community to provide COVID-19 testing for symptomatic students and staff, or when appropriate, a note clearing the symptomatic individual to return to school due to the existence of an alternative diagnosis.

Actions requested of healthcare providers:

1. **Suspect COVID-19** early in a child or school/childcare staff with COVID-19 like symptoms.¹
2. **Test²** children and staff with COVID-19 symptoms for COVID-19 and influenza.
 - **In symptomatic individuals, a negative SARS-CoV-2 antigen test requires molecular test (PCR, LAMP, NAAT) confirmation, and individuals should isolate until test results are available.**
3. **Confirm assessment** as SARS-CoV-2 as outlined above OR provide documentation that the symptoms are typical of the patient's underlying chronic condition (e.g., allergies or asthma) OR an alternative named diagnosis (e.g., Streptococcal pharyngitis, influenza, Coxsackie virus).
4. **Recommend** children and staff with suspected/probable³ or confirmed COVID-19 to isolate until 10 days after onset of symptoms and 24 hours with no fever without the use of fever reducing medicines and 24 hours of symptom improvement. Self-isolation instructions can be found at <https://www.co.shasta.ca.us/covid-19/instructions>.
5. **Report** to SCPH cases of COVID-19 who are positive via PCR or antigen test. Fax a [confidential morbidity report](#) form to 530-225-5074 or 530-229-8301. Encourage parent/guardian to report positive test results to the School's COVID Liaison.
6. **Document** clearance to return to school if an alternative diagnosis for symptoms is made and they are fever-free for 24 hours with improved symptoms.

¹**Symptoms of COVID-19 (CDC)** : <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

²**Testing Guidance (CDPH)**: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Updated-COVID-19-Testing-Guidance.aspx>

³**Probable case**: A symptomatic individual that is a close contact to a confirmed COVID-19 case. A **close contact** is defined as someone who was within 6 feet of an infected person for a cumulative total of at least 15 minutes, over a 24-hour period.

Modified Quarantine

The CDPH 2021/2022 K-12 School Guidance prioritizes keeping kids in school by offering a modified quarantine option which applies as described here; it is not valid for any other type of exposure. Modified quarantine allows K-12 grade students (not staff) who are exposed in the school setting while supervised by school staff, and when both parties were wearing a mask, to continue to attend in-person instruction if they:

- i) Are asymptomatic;
- ii) Continue to appropriately mask, as required;
- iii) **Undergo at least twice weekly testing** (Antigen or PCR) **during the 10-day quarantine**; and
- iv) Continue to **quarantine** for all extracurricular activities at school, including sports, and activities within the community setting.

Note: During times of high community transmission, modified quarantine may not be recommended or feasible for individual schools to implement.

Testing Resources

Capacity for providing on-campus testing varies across Shasta county school districts who are working to secure testing resources. Shasta County Public Health recognizes that health care providers have limited ability to support testing for modified or shortened[†] quarantine. Please continue to refer families to Shastaready.org for testing options: <https://www.co.shasta.ca.us/ready/covid-19/get-tested>.

[†] Quarantine can end after Day 7 if a diagnostic specimen is collected on or after Day 5 from the date of last exposure and tests negative.

For questions regarding this health update, please contact the Shasta County Public Health Schools Team:

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Or:

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References:

COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year (CDPH)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

Antigen (SARS-CoV-2) test overview and performance (Shasta County Public Health) (Figure 1. Antigen Test Algorithm)

https://www.co.shasta.ca.us/docs/libraries/shasta-ready-docs/covid-19/general-antigen-test-guidance1e31c0226bfb69248dc7ff0000cfc8f.pdf?sfvrsn=32c6f589_2

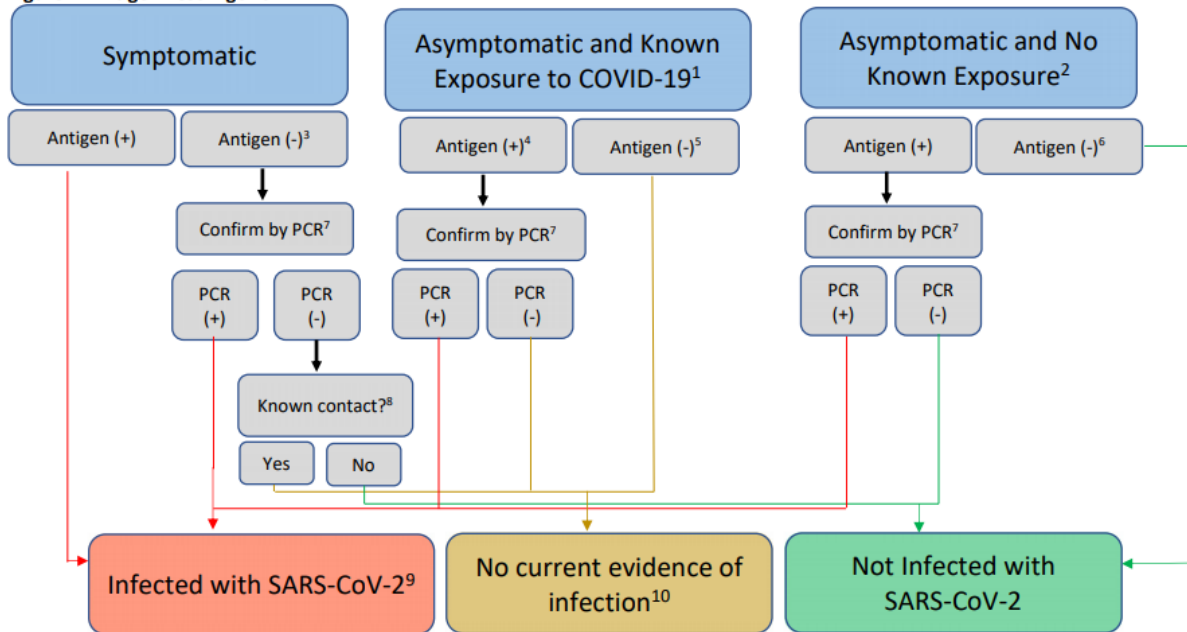
Updated Testing Guidance (CDPH)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Updated-COVID-19-Testing-Guidance.aspx>

Guidance on Isolation and Quarantine for COVID-19 Contact Tracing (CDPH)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>

Figure 1. Antigen Test Algorithm



¹ Single, multiple, or continuous known exposure to a person with COVID-19 within the last 14 days; perform NAAT first if short turnaround time is available, if person cannot be effectively and safely quarantined, or if there are barriers to possible confirmatory testing.

² No known exposure to a person with COVID-19 within the last 14 days.

³ This antigen negative may not need confirmatory testing if the person has a low likelihood of SARS-CoV-2 infection (e.g., is fully vaccinated or has had a confirmed SARS-CoV-2 infection in the last 3 months).

⁴ In instances of higher pretest probability, such as high incidence of infection in the community, clinical discretion should determine if this positive antigen result requires confirmation.

⁵ In certain settings, serial antigen testing could be considered for those with a negative antigen test result; serial testing may not require confirmation of negative results. The role of a negative antigen test result in ending quarantine depends upon when it is performed in the quarantine period. See CDC's [Options to Reduce Quarantine](#) for guidance on use of antigen testing for this purpose and when a negative antigen test result indicates not infected with SARS-CoV-2.

⁶ If prevalence of infection is high in the community, clinical discretion should consider whether this negative antigen result requires confirmation.

⁷ Nucleic acid amplification test; confirm within 24 hours using a NAAT, such as RT-PCR, that has been evaluated against FDA's reference panel for analytical sensitivity.

⁸ Known exposure to a person with COVID-19 within the last 14 days; if unsure, clinical discretion should determine whether isolation is necessary.

⁹ Isolation is necessary. See CDC's guidance for Isolation.

¹⁰ Quarantine is necessary. See CDC's guidance for Quarantine; clinical discretion should determine if and when additional testing is necessary. Fully Vaccinated* can refrain from quarantine and testing following a known exposure if asymptomatic.

*Fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen

Antigen (SARS-CoV-2) test overview and performance (Shasta County Public Health) (Figure 1. Antigen Test Algorithm, adapted from CDC)

https://www.co.shasta.ca.us/docs/libraries/shasta-ready-docs/covid-19/general-antigen-test-guidance1e31c0226bfb69248dc7ff0000cdf8f.pdf?sfvrsn=32c6f589_2