

## **RCMA call with Dr. Kaiser, Riverside Co. Public Health Officer July 9, 2020 – Questions to be addressed**

1. Why are you not recommending re-testing previously positive patient after 14-day quarantine?

I will assume you mean after isolation, since this is a positive patient, and the time period they are isolated may not necessarily be 14 days (at least 10, and depending on symptoms, possibly longer). The reason we don't routinely recommend retesting is because positive individuals may shed non-viable detectable viral RNA for several weeks after the illness has resolved. There have been some anecdotal reports that immunocompromised individuals may be more likely to shed competent viral particles even after their illness has resolved, and some facilities have chosen to behave conservatively in those situations. If you choose to do so, please do repeat testing through your own systems rather than through the public health testing infrastructure, as we are geared for surveillance rather than clearance.

2. How is the hospital and ICU capacity? What will be the criteria that triggers a recommendation to close down elective procedures?

Currently hospital and ICU capacity is impacted and some facilities have activated surge plans, though the system right now is able to handle the volume. I reiterate we never officially ordered elective procedures to be cancelled and we have not done so currently, but facilities may wish to consider reducing their elective procedure volume to make PACU beds available for surge ICU capacity as part of their internal surge planning. The specific criteria are going to be based on what ICU resources you have available.

3. What are the chances that elective surgeries will once again be asked to be delayed/cancelled?

See above.

4. What is the main cause of this resurgence?

Certainly certain specific business sectors have been identified, particularly bars and restaurants where people have to have face coverings off to consume food or beverages and social distancing is not always strictly observed. This is the rationale behind the Governor's order moving many of those activities into outdoor spaces where sufficient external airflow is available. However, the largest contributor still continues to be gatherings, public and private, ranging from protest activity to private parties and other events on the sly. Enforcement is problematic for many of these things because of their spontaneous nature, and we end up playing whack-a-mole with a whole lot more moles.

It should be noted, however, that as our daily case numbers go straight up, it ends up being more difficult to separate any single signal from the noise. We are likely dealing with multiple fronts but when you add over 3,000 cases in three days there is no human way to contact trace them all quickly.

5. Are test kits available easily? My office, as primary care, still has difficulty in getting test kits.

Unfortunately, no. National reagent shortages have caused the large clinical laboratories to constrict their test volume and the easiest way to do that is to limit how many test kits they provide. San Bernardino county had to cancel several hundred tests. We have a stockpile but we are not distributing them, as we still need to maintain our surveillance volumes. As this improves we will provide more information.

6. Do we have any updates as to the clinical relevance of a positive antibody test to tell our patients if there was no known exposure or signs/symptoms?

Currently, no. The best it can say is that a historical infection occurred; while there seems to be some evidence short-term protection against reinfection exists, there is still little consensus on how long it lasts or how good it is.

7. Can you comment about the aerosolized spread of COVID and if it is a concern, will just simple facial coverings help for those who wear them? We know that facial coverings help others rather than the wearer and hence is the reverse true for the aerosolized spread mitigation?

Aerosol spread was thought to be a significant contributor, then the CDC and WHO went to droplet precautions. However, aerosol transmission never really stopped being controversial and N95 masks are still in the CDC recommendations where they are available, but aerosolization may be more of an issue only in unusual settings such as extremely loud talking or singing. With respect to droplet spread we believe that facial coverings are protective for others around you, and the data that does exist seems to suggest this. It is less clear if they protect the wearer as well and certainly varies on the device. However, the aerosol transmission studies that currently exist are fairly artificial and it is unclear how generalizable they are to typical contact situations, much less to mask wearing. More to come.

8. Do we have any good data about the false positive rate for the PCR tests that are being used?

Specificity for RT-PCR is unusually good because it is a nucleic acid assay; most estimates put pooled RT-PCR testing specificity (over all manufacturers) in excess of 95%, and probably as high as 99%. The false positive rate is the inverse of that, so at most 5%, and probably much less. RT-PCR has actually had a bigger problem with false negatives because the sensitivity is lower earlier in infection, and rapid PCR testing has been even worse to the point where negative rapid tests require a reflex to a molecular test like RT-PCR.

A better question might be to ask what the positive predictive value is, and unfortunately it's all over the place. Depending on when the test is done during infection it may range anywhere from 45 to 95%, so making sure the test is done late enough to enable better yield is critical, as well as not unnecessarily testing people after clinical recovery where a positive result may not mean anything.

9. Can you please provide the phone number for Riverside County for Covid-19 questions.  
(RCMA note: Disease Control: 951-358-5107)

#### **EMPLOYEE/EMPLOYER RELATED QUESTIONS**

RCMA note: Click this link for add'l information related to the Protocol for Health Care Workers:

[https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/May/HealthProviders/Protocol\\_for\\_Health\\_Care\\_Workers\\_5-19.pdf?ver=2020-05-20-080539-937&timestamp=1589987186610](https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/May/HealthProviders/Protocol_for_Health_Care_Workers_5-19.pdf?ver=2020-05-20-080539-937&timestamp=1589987186610)

10. Healthcare office: If an employee is positive does the office need to closed for 14 days or what is the protocol?

We do not routinely require businesses close after an exposure, and under Executive Order N-27-20 health care workers may work with a mask during their 14-day quarantine phase (observing all other quarantine requirements outside of the workplace) as long as they are asymptomatic at your option. However, they are to be taken off work immediately if they develop symptoms or if they test positive, and symptomatic positive workers must have Public Health clearance before they can return. If enough workers are rendered unable to return, then you may well have to close if you cannot maintain sufficient staffing.

11. I have a longtime employee who does DEXA (Bone Density Testing) scanning as well as the front office/reception. The room where DEXA is performed is small and the employee is in proximity to the patient having the exam for approximately 15 min. The reception work requires very brief contact with patients and is across a counter. The employee is going to the gym & I am concerned could acquire Covid-19. I know that Calif. Law will assume that the infection was acquired at work should they contract the virus. Other than no longer performing DEXA exams & having direct prolonged patient exposure, are there any other options? We stopped scheduling DEXA's a while ago, and I have continued to pay her full salary.

Unfortunately, no, you have relatively few options here. We generally define an exposure as contact in less than 6 feet for 15 minutes or more where one or both of the involved individuals were not consistently wearing face coverings. However, some exposures even *with* face coverings could be medically significant, especially if the time frames were

longer or the individual in question was highly symptomatic. The parameters here sound like virtually any patient encounter could hit the exposure threshold, and if you are concerned about the occupational health aspects of a potential exposure in this situation, you may have little other option but to stop offering DEXA scans for at least the near future.

12. If one of the asymptomatic healthcare employees is exposed to a confirmed positive Covid-19 patient, what should we do?

Please report the exposure to disease control so that we can connect it to the index case, but as a healthcare worker an exposed individual may temporarily continue to work at your option. If you do desire them to work, they must be asymptomatic and wear a mask to continue doing so, and observe all other quarantine requirements outside of the workplace. If they test positive (we don't recommend testing until they develop symptoms, or at least 4-7 days after exposure), or they become symptomatic, they should be immediately excluded.

13. I have a pediatric office, what if one of my Medical Assistants tested positive but is asymptomatic, what are the protocols that my office needs to follow?

The MA goes home right away. Report the case to disease control. We will help you determine who needs to be on quarantine, though in a small office it might well be everyone. Patients may need to be notified if the MA was with them and we can help you with this as well. The infectious period is usually considered 48 hours prior to the onset of symptoms, or, if asymptomatic, 48 hours prior to the test date. Again, modified quarantine (as above) is acceptable for HCWs as long as they work with a mask and have no symptoms, and they should not be tested too soon: either 4-7 days after exposure, or immediately upon becoming symptomatic.

14. If an employee tests positive for COVID-19 should we: A) close the office and all quarantine for 14 days B) close the office until all employees are tested and all our negative. C) keep office open and test employees only when they become symptomatic D) Inform all patients seen during employees asymptomatic but contagious period. Does the Health Department perform an investigation of all health care providers offices with a COVID-19 + employee. Any other advice would be helpful. Thank you

The idea would be the same as in the previous question. We do not routinely order your office to close, but if you lose a lot of staff because they are symptomatic or test positive, you may not be able to remain operational until they return. We endeavor to investigate all positive cases, but we prioritize COVID-19 positive cases in the health field because of the potential exposure risks to the medically infirm.

#### **RCMA will provide answers to this question which is outside the scope of the Public Health Officer**

15. If you have received a PPP loan does that preclude you from collecting a telehealth co-pay for a non-COVID reason? My understanding is that telehealth co-pays are insurance specific and if the insurance requires you to collect the co-pay (has not waived) you can do so regardless of the current pandemic if it is not COVID related  
**RCMA REPLY: the PPE loan DOES NOT preclude you from collecting a telehealth co-pay. One has nothing to do with the other. Telehealth co-pays, excluding COVID-related visits, can and should be collected at the time of the telehealth visit. For additional questions regarding billing or other practice issues, please contact RCMA/CMA Physician Advocate Mitzi Young at 909.228.0267 or 888.236.0267.**

#### **ADDITIONAL RESOURCES:**

Riverside County Disease Control: 951-358-5107

Riverside County COVID-19 Website:

<https://www.rivcoph.org/coronavirus>

Protocol for Health Care Workers:

[https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/May/HealthProviders/Protocol\\_for\\_Health\\_Care\\_Workers\\_5-19.pdf?ver=2020-05-20-080539-937&timestamp=1589987186610](https://www.rivcoph.org/Portals/0/Documents/CoronaVirus/May/HealthProviders/Protocol_for_Health_Care_Workers_5-19.pdf?ver=2020-05-20-080539-937&timestamp=1589987186610)

RCMA COVID Resource Center

[www.rcmadocs.org/coronavirus](http://www.rcmadocs.org/coronavirus)