March 24, 2022 Local Partners Update Webinar Q&A

The new info from HHS about reporting COVID-19 tests doesn't say what a regular CLIA licensed hospital lab should report if they perform COVID-19 antigen tests instead of PCR tests. Any idea?	My reading of the guidance is that if you are a CLIA moderate or high complexity lab, you should continue sending in all results. I agree it's a little confusing, but I think the aim was to relieve the reporting requirement for testing sites like schools, jails, etc. that are operating under a CLIA certificate of waiver only. **Follow up/Correction**: Assuming that you are a moderate or high complexity laboratory, you must report all NAAT/PCR results. You do not have to report negative antigen tests, but only report positive antigen tests per the following excerpt from the guidance would apply to these antigen tests. *"All other SARS-CoV-2 testing (except antibody and self-administered testing) Entities conducting all other SARS-COV-2 testing (e.g., testing conducted in a setting operating under a CLIA certificate of waiver, non-NAAT testing conducted in a facility certified under CLIA to perform moderate- or high-complexity tests) except antibody and self-administered testing, must report positive test results. Reporting of negative results, either individual test results or in aggregate, is optional."* If your reporting system already transmits both negative and positive test data to the state electronically, it is not necessary to modify it to only report positive antigen. https://www.cdc.gov/coronavirus/2019-ncov/downloads/lab/HHS-Laboratory-Reporting-Guidance-508.pdf
Can we still apply for the IAP Supplemental Funds? Is there a deadline?	At the present time, there is no set deadline. Funds must be spent by 6/30/2024. When a request is made, we will open your application to you and you will have 30 days to complete the application.
Since the majority of the state is in the "green", will KDHE encourage healthcare facilities to open up without restrictions, treating COVID as we would any other infectious disease. i.e. wearing appropriate PPE when we do have a case	Please continue to follow CDC's most recent guidance; https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
Are there any known additional sources for reimbursement for uninsured vaccine administrations? Or are organizations expected to absorb those administration costs going forward?	There were a couple of options suggested in the COVID-19 Uninsured Program Claims Submission Deadline FAQs, that I pointed out, but otherwise we do not have additional resources for administration fees
Are any of the recalled COVID tests ones mailed out from the government to direct to patient homes?	We do not have full visibility into what the federal government sent out directly to homes, but our general sense is that what they sent out was not these two. Nothing that the state has sent directly is affected by these recalls.

If someone has had COVID (and vaccinated & boosted), but they are immunocompromised--can they get Evusheld?	Lots of Evusheld information available at https://aspr.hhs.gov/COVID-19/Therapeutics/Products/Evusheld/Pages/default.aspx.
Is wastewater testing in Kansas still occurring and if so, what are we seeing?	Kansas does have a few sites participating in the CDC National Wastewater Surveillance System (NWSS) https://www.cdc.gov/healthywater/surveillance/wastewater-surveillance/wastewater-surveillance.html. Please note that not all of the Kansas data is publicly displayed on the CDC map because CDC does suppress data from systems that serve smaller populations. KDHE did receive information from CDC recently on two small systems that saw an increase in SARS-CoV-2 detections. KDHE followed up by increasing testing resources in these areas to try to detect an increase in cases. We will monitor the case data to see if there is a corresponding increase in cases.
Can a link be posted to the updated test result reporting requirements please?	Available at: https://www.coronavirus.kdheks.gov/DocumentCenter/View/2496/Update-to-COVID-19-test-results-reporting-April-2022
Is there updated CMS guidance related to social distancing in a healthcare setting?	Physical distancing is mentioned in the guidance at: Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have: • Are not up to date with all recommended COVID-19 vaccine doses; or • Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or • Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 10 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or • Have moderate to severe immunocompromise; or • Have otherwise had source control and physical distancing recommended by public health authorities
The CDC quarantine calculator does not take into account household contacts. Are we still differentiating quarantine based on non-household vs household?	Yes, you would still need to consider when the exposure would have ended for household contacts.
I don't believe HCFs are to follow the CDC's "Community Level" map but are to continue to use the CDC's "Community Transmission Rate". CMS still uses the latter, correct?	Yes, CMS uses the "Community Transmission Rate" map.

So, would Doniphan county be in Missouri's catchment area? As Brown and Atchison are our bordering counties with hospitals and they are in blue?	It's possible that you are in a catchment area for a hospital in Missouri, sorry I'm not sure. CDC doesn't publish the details of which counties are in which hospital's catchment area so I can't tell you.
I am a CLIA Waived drive up testing site but I do Accula RT NAAT testing at my site. Do I only report positives now for those?	Yes. Since you are operating under a COW (and therefore only performing tests authorized for COW/Point of Care), you only have to report positive sample results. Those reporting only positive results are the following (excerpt from HHS guidance): *"All other SARS-CoV-2 testing (except antibody and self-administered testing) Entities conducting all other SARS-COV-2 testing (e.g., testing conducted in a setting operating under a CLIA certificate of waiver, non-NAAT testing conducted in a facility certified under CLIA to perform moderate- or high-complexity tests) except antibody and self-administered testing, must report positive test results. Reporting of negative results, either individual test results or in aggregate, is optional. This includes rapid testing conducted in many settings (e.g., screening testing at schools, correctional facilities, employee testing programs, long-term care facilities, and point-of-care testing performed in pharmacies, medical provider offices, and drive-through testing sites)."* https://www.cdc.gov/coronavirus/2019-ncov/downloads/lab/HHS-Laboratory-Reporting-Guidance-508.pdf Additional information: Please note that you only need to report positive results to fulfill your requirement to report to KDHE. However, you are still obligated under HIPAA to provide written results, including negatives, to patients.
The updated guidance still requires laboratories certified under CLIA to perform moderate- or high-complexity tests to report both POSITIVE AND NEGATIVE results for laboratory-based nucleic acid amplification tests (NAATs). Does this mean we only need to report pcr positive and negatives? And can stop reporting rapid negatives into the portal?	No, You would only have to report positive results. As a High/Mod complexity lab, you would only have to report ALL results for NAAT/PCR testing. Those that have to report only positive results are the following (excerpt from HHS guidance): *"All other SARS-CoV-2 testing (except antibody and self-administered testing) Entities conducting all other SARS-COV-2 testing (e.g., testing conducted in a setting operating under a CLIA certificate of waiver, non-NAAT testing conducted in a facility certified under CLIA to perform moderate- or high-complexity tests) except antibody and self-administered testing, must report positive test results. Reporting of negative results, either individual test results or in aggregate, is optional."*

How much is known about BA2. Symptoms, signs, acuity?? Mirroring other strains. I realize this is a basic question however any slight signs and symptoms could make a difference in controlling possibly?

Severe disease and hospitalization:

This paper from South Africa shows that they saw no difference in the odds of hospital admission or severe disease between BA.1 and BA.2:

- https://www.medrxiv.org/content/10.1101/2022.02.17.22271030v1

A recent report from the UK corroborates the study in South Africa and shows that the risk of hospitalization of BA.2 vs. BA.1 is essentially identical (section 2.5 on page 25):

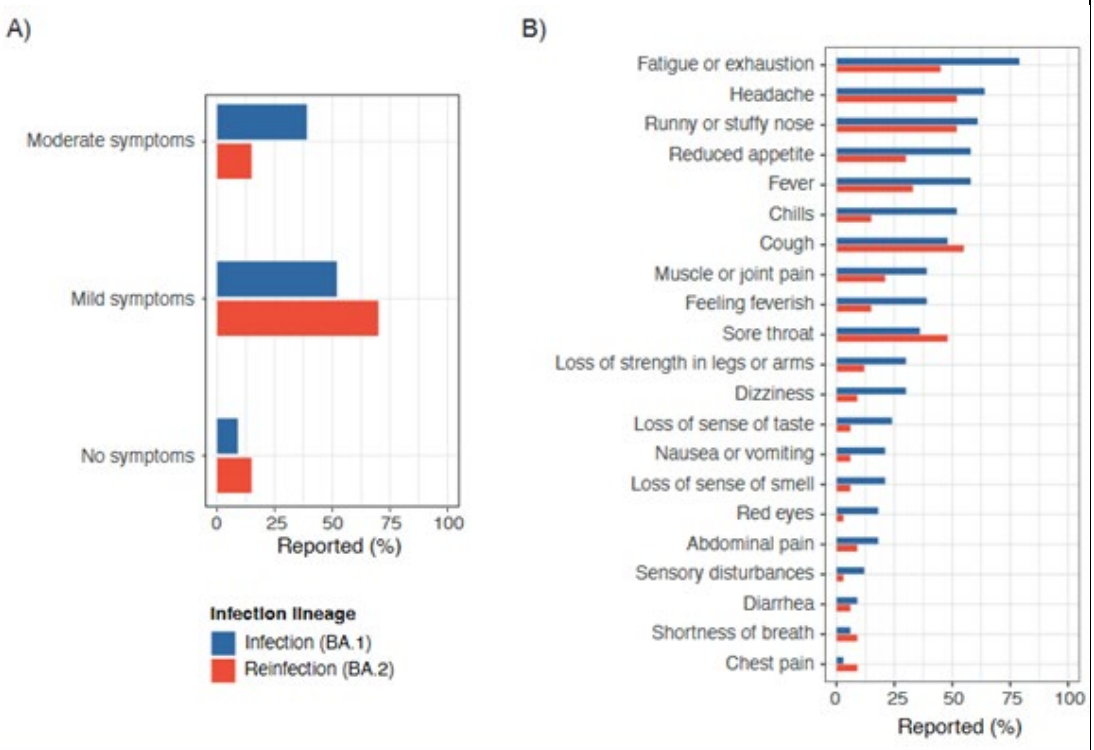
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060337/Technical-Briefing-38-11March2022.pdf

Symptoms

In general, BA.2 symptoms have been reported to be similar to BA.1 (more sore throat than Delta).

This paper from Denmark that discusses BA.2 reinfection after an initial BA.1 infection goes into the symptoms a bit:

- https://www.medrxiv.org/content/10.1101/2022.02.19.22271112v1
- Overall, individuals reported reduced symptoms with a BA.2 reinfection, but an increase in sore throat, coughing, shortness of breath, and chest pain (see figure).
    - It also looks like chills, dizziness, lost of taste/smell, nausea/vomiting, red eyes, and sensory disturbances decreased in the BA.2 reinfection more than other symptoms.



Tracking BA.2 emergence:

This paper describes a method to distinguish BA.1 vs. BA.2 in wastewater and is from a reputable group (MIT/Harvard):

https://www.medrxiv.org/content/10.1101/2021.12.21.21268077v3.full.pdf

Any new updates on masking guidance for patients, visitors, and healthcare staff for physician practice settings?	**Use of source control for patients and visitors** • When entering healthcare facilities, CDC recommends that visitors should wear source control when around other patients or HCP, regardless of vaccination status o CDC Healthcare Infection Prevention and Control guidance does not specify the specific type of source control that should be used by visitors • CDC continues to recommend that individuals wear the most protective mask that fits well and will be worn consistently. (Content from Masks and Respirators (cdc.gov)) o While all masks and respirators provide some level of protection, properly fitting respirators (i.e., NIOSH-approved N95 respirators) provide the highest level of protection. Some masks and respirators may be harder to tolerate or wear consistently than others. o Individuals at increased risk for severe disease , may choose to wear a highly protective mask or respirator. • Healthcare facilities may choose to offer well-fitting facemasks as a source control option for visitors, but should allow the use of a mask or respirator with higher level protection by individuals who chose that option based on their individual preference Masks and respirators used for source control should be changed if they become visibly soiled, damaged or hard to breathe through **Source control options for Health Care Providers include:** • A NIOSH-approved N95 or equivalent or higher-level respirator OR • A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated) OR • A well-fitting facemask. When used solely for source control, any of the options listed above could be used for an entire shift **unless they become soiled, damaged, or hard to breathe through.**