8-19-21 COVID-19 Update for Local Partners Q&A

Are there plans in place to start counting the Binax Now antigen testing towards the positivity rates?	No plans currently. This is because we are trying to be consistent with how CDC is defining percent positivity, which still only includes PCR tests. Our data, including percent positivity, is displayed on countless other websites so we are erring on the side of comparing apples to apples. I have encouraged local health departments or hospitals that are keeping track of all of the tests they are doing to use both PCR and antigen test results in their own calculations though.
When reporting data into HHS: At a psychiatric hospital we have admitted 4 covid positive patients, not due to their Covid diagnosis but because they needed psych help. Should a psych hospital really be reporting Covid patients, they came in positive but their admission has nothing to do with Covid. I feel as if this misrepresents the hospitalization data.	The reason for collecting and making that data available is to have a sense of the burden on the hospital system. It's not so much an exact body count of how many people are hospitalized. So, I think it is still useful for it's intended purpose.
Vaccinated healthcare workers with an exposure in the hospital? Example: employee had a level 1 mask on and the positive patient did not have a mask on. Should we be testing at 3-5 and 7-10? Or is it only for close household contacts?	The recommendation for testing at 3-5 and 7-10 days is for all close contacts, vaccinated and unvaccinated, not just close household contacts. The info I presented was a new piece that was explaining the situation for close household contacts. Please see the full Isolation and Quarantine FAQ document for all of the recommendations.
Please refresh us the facts on "presumed positive". I have a family of 5, baby was sick a week ago Monday, not tested, by Friday 2 adults and 2 other children became symptomatic and all 4 tested PCR positive. Another family: 2 teens symptomatic one week, not tested, next week parent became symptomatic and tested PCR positive. Thanks, I'm sure we can on the first family but unsure about the 2nd family.	Please call the EpiHotline with this question. From what you are describing, that baby is symptomatic and epi linked to lab confirmed cases so the baby would be considered a case too. Same situation with the teens. But it would be better to talk this out with the person on call in case there are more details that would change the recommendation.
Is the quarantine timeframe after travel/mass gatherings different than the quarantine timeframe recommended to those who have been exposed? ie. Is 14 days recommended for both?	Yes, it's the same. Both exposure to a case and travel-related exposure are considered an "exposure" for the purposes of quarantine.
So on the testing of close household contacts (unvaccinated) and early release from quarantine (PCR	Test on day 6 or later so if they get tested within the 7-10 day window then yes.

testing on day 6 and if negative release day 8) would the test on day 6 meet the new recommended 7-10 day test?	
So a fully vaccinated person is encouraged to test if they have been exposed to a COVID-19 person on days 3-5 and again on days 7-10. Does that pose a conflict with the shortened quarantine period? When a person that has been exposed can get out of quarantine by testing on day 5 and out of quarantine on day 7 if the test is negative. My additional concern with this new recommendation is that testing sites (especially in rural areas) may be overwhelmed with requests from the public to be tested especially if they are not symptomatic and fully vaccinated. Thank you!	The fully vaccinated person isn't in quarantine as long as they don't have symptoms. This new testing recommendation just is aimed at looking for cases among those fully vaccinated and asymptomatic people; whereas before there was no testing recommendation and fully vaccinated asymptomatic people could be walking around infecting others.
Is anyone tracking data on re-infections of people who have had COVID and comparing that number to the number of break through cases?	Yes, we are taking a look at that data. We have a lot of missing data on hospitalizations among reinfection cases so we are trying to fill in missing data from other data sources to make the analysis more meaningful.
With all of the factors contributing to the increase in cases, will guidance for LTC facilities be updated? visitation, outings, testing for vaccinated staff, etc?	From KDADS: There haven't been any updates in the guidance federally and the state guidance is the same. The factors that lead to increases in cases (lack of vaccination, mask wearing, hand hygiene) are the same and the responses included in the state guidance are also the same. CMS has told KDADS that they believe the guidance that's out there gives facilities the tools they need to respond appropriately. Kansas guidance mirrors the federal guidance and gives guidance on response based on county positivity rates.
What is KDHE's intent for the use of modified quarantine in close contacts at this point (continuing to work after exposure)? My understanding was that this was for healthcare workers and critical infrastructure employees but it is being used for others in our county.	Each local health officer is able to allow modified quarantine (work through quarantine) on a case by case basis. We built in this allowance because there are occupations that are critical infrastructure in some counties whereas they wouldn't be in another county. For example, the county that has one operator for the wastewater plant versus a larger county with people who can backfill that position when someone is out.
What do you recommend when a patient has received one vaccination, but the second vaccination dose received had set out for more than 48 hours at room temperature? (MRNa Moderna)	That would eb a vaccine error and considered an invalid dose. Please reach out to the Immunization Consultant on Call for specific assistance. 785-296-5592

How are we to know at the pharmacy if the primary series was insufficient?	If I am understanding your question, it is based on patient self-attestation. If the patient indicates they have one of the conditions to qualify, you should vaccinate them.
Will those requiring an additional dose also need a booster dose 8 months after?	Likely, but we do not have booster dose guidance yet. All guidance on booster dose will be determined by FDA and ACIP/CDC. Remember that what is being announced right now is not the recommendation but the intent.
Questions came up about documenting the 3rd dose of a Pfizer or Moderna vaccine to an immunocompromised patient into WEBIZ and our EMR. Do you have any instructions for documenting this dose? Are their extra requirements that we will need to include in this documentation?	No, you only need to report the dose. It will show as a third dose.
If patients have had medically diagnosed COVID-19 last fall or early spring, can they get the Delta mutation again? Do they still need to be fully vaccinated to prevent the Delta mutation if they have already had COVID-19?	Having natural immunity (ie having had COVID-19 disease recently) provides some protection from re-infection, although that is less protection now that the Delta variant is widely circulating. Immunity from vaccine provides much more reliable and stable immunity from infection, including from the Delta variant. As I showed in the recent studies though, as the Delta variant has become predominant, that efficacy has declined some (efficacy against new infection has declined some but efficacy against hospitalizations is pretty stable still).
Is there a standing order for the additional dose?	CDC has not updated the standing orders yet.
If I understand the school testing guidelines correctly a student can have a PCR test 6 days following exposure and then must quarantine on day 7, even if the result is negative. However, a student may elect to have a daily antigen test and if negative can return to school with a mask. I don't understand why the student with the PCR can't go to school with a mask on day 7. Again, assumes asymptomatic students in all cases.	These are both options for the school and local health department to consider and decide what works best for them. In the situation where a LHD or school doesn't want people in quarantine in person at school, the shortened quarantine offers an option so that person isn't out for 14 days. For the LHDs and schools that are okay with people in quarantine to attend in person, the daily testing option with mask provides a safer way to do that.
Whatever happened with the Astra-Zeneca vaccine?	It is being used in Europe.
With those who have "natural immunity" is there any info that they are less likely for break through cases; therefore being protected longer?	Breakthrough cases are specific to people who are fully vaccinated. I think you are asking about reinfection. Natural immunity does provide some protection against reinfection but we have seen that the immunity has decreased over time as the Delta variant has become predominant.

Any idea when FDA will fully approve the vaccination? The vaccine not being "approved" is the main reason our employees will not get the vaccine.	No specific timeline available. Pfizer is the only one that has submitted the full approval package and it is expected that we will see that approval next month probably, but we also thought FDA would have approved the Moderna adolescent package already and that has not yet happened.
Dr. Ahmed - For "fully vaccinated" immunosuppressed patients, will that now be the 3-dose series? Do you expect changes to immunocompetent, eg "fully vaccinated" could eventually be defined as within 8mos of last dose?	It is expected this will be the case, but this will be determined by FDA and CDC recommendations as they develop the boost dose recommendations.
Are the studies that have come out stating that masks are not effective really true? One study on JAMA stated N-95 worn did not result in a significant difference in the incidence of lab confirmed influenza cases.	No, I haven't seen anything like that. Please email me that study. I would be interested to see if that was a real world study or a lab study and the details.
I had a sequencing come back as AY.4. is this different than the other AY.'s?	Yes.
Phil, did you say you did have side effects from the 3rd dose?	Only the expected, injection site soreness and very tired the day after.
This is wonderful to hear about the federally funded long-term care living facilities. Is there a way to find out which long-term care clusters, in Kansas, are federally or corporate owned? I think this would be good to know to help where to focus on getting staff vaccinated. Thank you!	This impacts CMS funding for the nursing homes, they are not federally owned. What is being said is that a facility that receives funding for patients through CMS will lose their ability to receive the funding if not vaccinated.
For those receiving the additional dose, is it still recommended that they are observed for 15/30 minutes?	Yes, the same observation recommendation time for each of the vaccines is the same amount of time for the 3rd dose.
Will sequencing capabilities be available to private labs at some point?	We do sequencing for any labs that send us samples. Most are from private labs. They still meet prioritization and capacity, but we can provide that service.
Is there a courier service to the WSU lab? Or would we need to change lab partners for testing if we'd like to utilize the courier?	The contract labs have established their own various courier services. I would contact them directly and ask for support in getting your samples to them if you are currently using them. If they cannot help you with either a courier or shipping arrangements then you are welcome to make arrangements with us.
If we order saliva kits from the state and send them to the state lab, what is the current turnaround time for those test results?	We should be operating on 24 hours from time of receipt. May be slight delays on weekends or if there is a computer outage (like we had this week on one of our days and has also slowed down fax delivery).
Please share the details of the testing ordering process with KDEM to be shared with the EMs. Thanks	I went over the process with slides on the KDEM and county emergency managers on Wednesday. I can supply those slides again and we will be

	providing some procedural documentation. This process was developed with the staff at the SEOC/KDEM staff. The link to system is: https://arcg.is/0CHK4K
Where can we get the saliva test kits for our HD?	If you want to use the saliva rinse collection method, you can contact us here at KDHE/KHEL. KDHE.KHELINFO@ks.gov
Well when the school has it in there policy to test contact students daily for 10 days then this is going to go through supplies very fast	True. We are going to try our best to keep schools supplied.
When I was trying to get Abbott ID Now test kits through Cardinal or McKesson, I was very frustrated with being required to sign a 2 year contract with minimum orders. We purchased the units separately in an effort to avoid this, and it was then still required to order any test kits. For small clinics, this is unreasonable, when we don't know the future of COVID-19.	I recognize the challenges and understand that we have had to do similar arrangements. Have you tried through Fisher Scientific or VWR? Perhaps we can also discuss options for a consortium or state supported arrangement to assist you. Just brainstorming but if you still run into a wall, contact me to discuss options I might be able to discuss with the state administration. myron.gunsalus@ks.gov
When we have an outbreak at a facility do we link positive family members of staff that work at the facility to the outbreak on Epitrax?	Please send this question to the EpiHotline in case there are details that I am missing. If you have secondary transmission that can be linked to the facility, then yes. Meaning, you have an outbreak and staff got the disease at the facility and then they passed it on to their family members then both the staff and family members would be associated with the outbreak.
How will the new travel quarantine guidelines that include in-state mass gathering attendance affect schools extracurricular activities like football games where masks are not required?	There are no exceptions to the mass gathering guidance. If there is a school-related activity of 500+ people and people are not distancing AND masking, then it would be considered an event where people would need to quarantine (fully vaccinated and asymptomatic do not need to quarantine). That is the KDHE guidance and enforcement would be at the local health officer level.
I am surprised, for example, that testing requirements have not been modified to include vaccinated HCP because of the breakthroughs. At this time, vaccinated staff do not have to be tested. Yet, they are clearly being impacted by the prevalent Delta variant and can be carriers.	Fully vaccinated HCP, like everyone else, are recommended to test 3-5 days and 7-10 days after an exposure. They just don't have to quarantine as long as they remain asymptomatic. But the testing recommendation is still there.
I was told that parents of children in schools can sign a form to opt out their child from wearing a mask with no medical reason needed. Might be specific to districts. Could you tell me if this is true? Also, there have been arguments against children wearing masks because they will touch their face	Allowing people to opt out without a valid reason, like a medical reason, is NOT a KDHE or KSDE recommendation. It is likely something the district or school board decided. The argument against masking has been there from the beginning. Everyone, including children, need proper training on what is a good mask and how to wear it.

all the time if they wear a mask. Do you have any good messaging to help counter this information or educate people better?	
Just making sure I understand correctly.... so right now we are just giving a 3rd dose to certain immunocompromised patients? And then possibly to everyone after September 20th as long as they are 8 months out from their last dose?	Right now we are giving an additional dose for the specific immunocompromised group. September 20th is a target date for some booster recommendations. FDA and ACIP will determine the booster dose recommendation.
What is the extended out of date usage for the Abbot and Binax? Is it 3 months past expiration date?	https://www.coronavirus.kdheks.gov/DocumentCenter/View/1784/BinaxNOW-COVID-19-Product-Expiry-Extension?bidId=
Has KDHE seen any of the Lamda variant sequenced that Texas is seeing?	No.