

8-5-21 COVID-19 Update for Local Partners Q&A

<p>Are the contact tracing opt out statutes still in place from last year? Ex. Student can opt out of contact tracing. Or did the judgement upon SB 40 awaiting supreme court action eliminate the option to opt out of contact tracing. Thanks</p>	<p>If you are referring to the regulations around contact tracing privacy, yes, they still stand. Meaning, no contact can be compelled to participate.</p>
<p>Will you be updating the order for testing in adult care homes to reflect this guidance?</p>	<p>From KDADS: The CMS guidelines on testing and the KDHE health officer's order are the authoritative documents on testing. We don't have separate requirements from KDADS.</p>
<p>Any chance you could add questions of hx of vaccination or infection on the KDHE COIV testing portal for improved data metrics</p>	<p>We have added vaccine status to the LabXchange test ordering portal. We will be adding it to the manual form and will ask the Data Informatics team to modify their Reportable Disease Portal to capture that data also.</p>
<p>Do you have a link to a Moderna consent form in Spanish?</p>	<p>I will get you a copy of the Spanish consent form and will see if we can post it on our Vaccine website.</p>
<p>With data showing a higher % of household transmission with Delta, do you have any different guidance for modified quarantine for vaccinated healthcare workers with positive persons in the home from whom they cannot isolate?</p>	<p>No, we haven't changed that guidance. As of now, if they are fully vaccinated and asymptomatic, they don't need to quarantine. I understand what you are saying about close household contacts and it's worth looking at.</p>
<p>With testing changes, can we find out from KDADS if they changed their testing guidelines from just testing non-vaccinated employees to all employees in long-term care? Also, the frequency of testing now? I would also like to know from KDADS what they are following regarding lockdown guidelines for long-term care facilities including the CMS link. Thank you so much!</p>	<p>From KDADS: The CMS guidelines on testing and the KDHE health officer's order are the authoritative documents on testing. We don't have separate requirements from KDADS. The frequency continues to be the CMS standard based on county positivity rates.</p> <p>Link to the CMS guidance on visitation: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19-revised</p>
<p>Who is supposed to be doing all this testing? Our local hospital and clinics aren't doing mass testing. There are only 3 nurses here at the Health Department testing for the whole county. We cannot keep up with the testing recommendations.</p>	<p>We have multiple options for testing. Most communities have community testing partners and many have mass testing options. Also the option of moving to the QuickSal saliva collection method and sending samples to KHEL would reduce burden on nurses. The collection does not need to be observed by nurses but just someone to watch and time the 60 sec rinse. If you are not aware of other options in your area, send us a note and we may be able to identify support or find other partners that can assist.</p>

<p>Are there going to be updated recommendations related to higher education settings similar to K-12?</p>	<p>CDC has not indicated that they are planning to do this, and I don't believe we have plans at KDHE either. Our higher education resources can be found here: https://www.coronavirus.kdheks.gov/282/Colleges-Universities</p>
<p>The rapid tests aren't nearly as sensitive as PCR tests for asymptomatic patients (with lower viral loads). What kind of tests are being provided to the school districts?</p>	<p>Multiple platforms may be used, but many school districts will be using the Abbott BinaxNow antigen test. If utilized on a sequential/periodic basis, the statistics show that it will generally pick up infection and is effective in surveillance testing.</p>
<p>As the state could you put out a statement that the recommendations are to quarantine students within the 6 feet to all superintendents, schools staff? This has been a huge contention with schools. So we will allow them to sit 3 feet apart however if someone is positive everyone within 6 feet will have to quarantine. This is so hard to explain.</p>	<p>Yes, that will be included in the updated K-12. However, I think some of the confusion comes from some counties allowing the 3-foot guidance to determine close contacts in schools so it's being applied differently county to county.</p>
<p>In the first released K-12 guidance update it had a section that referenced the COVID Contact Tracing Privacy Act and stated that schools must obtain consent from the close contact or guardian before sharing that with the health department. The updated release had omitted that section. Just wondering why it was taken out and if schools do, in fact, need to obtain consent prior to notifying the health dept of close contact info.</p>	<p>That piece about needing consent was old interpretation of HB 2016 and the regulations that came out of it. KDHE Legal had determined that school administrators and school nurses are considered mandatory reporters for infectious diseases; therefore, they are not considered a "third party" per the definition in HB 2016, so the regulations don't apply to them. Long story short, they do not need to obtain consent prior to notifying the health department about close contacts.</p>
<p>Are the 3-5 day and 7-10 day testing strategies the same when a vaccinated person is living with a positive and not been able to isolate?</p>	<p>Close household contacts would be continually exposed to the positive person isolating in their home but since the point of the recommendation is to test early to catch cases early, I would think this means that they should consider 3-5 days from when they are first exposed by that household contact.</p>
<p>Who do I contact for additional information? I need help with testing in my community.</p>	<p>You can message paul.harrison@ks.gov, walmeka.williams@ks.gov, and/or myron.gunsalus@ks.gov. Any 3 of us will be able to assist with this</p>
<p>How long do we have to administer the Pfizer and Moderna vaccines if we were to order via KDHE?</p>	<p>There is no time limit. Order what you believe you can administer. No concern if you cannot administer a complete vial and have to waste some doses. we want you to have vaccine available to ensure never missing an opportunity.</p>
<p>Do you have anything in writing about how close a Flu vaccine can be given to a COVID vaccine?</p>	<p>COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as coadministration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased</p>

	<p>with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. When deciding whether to co-administer another vaccine(s) with COVID-19 vaccine, vaccination providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines.</p> <p>https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration</p>
We've gotten a lot of questions about the Garth Brooks concert in Kansas City, Missouri this weekend - it sounds like this is a quarantinable out of state event per KDHE description, but can you confirm please?	Correct (would not apply to fully vaccinated and asymptomatic), but it would fall to the county health officer of the county the attendee lives in to enforce.
Any plans to add documented history of previous COVID infection?	As of August 1, we have implemented the new surveillance case definition which counts reinfections. Within EpiTrax, when we get a new positive lab on someone more than 90 days from their last infection, they are counted as a reinfection.
Do we know when that will be added to the required questions like "employed Hospital" when physicians are ordering?	We do not have a set timeline but would not expect it to take too long to add that information.
Does the state lab have Abbott IDNOW COVID available?	Yes. Ask your emergency manager to send us a request and we can support you.
Has Kansas determined the percentage of the number of vaccinated persons with breakthrough cases?	This is being worked on but at this time cannot be determined easily because vaccination status has not been previously and consistently collected for those tested.
I apologize if I missed this - what percentage of COVID + are being sequenced in Kansas? Besides the state, what other labs are providing sequencing?	In July we sequenced (all labs included) about 6.1%. The percentage has gone down as the total positives have gone up. We have 2 labs that are partnered with the state lab for sequencing but there are other commercial labs that are doing sequencing as well.
Sorry if I missed it!! Was there any state added to the Travel list?	No states are on currently. It will get updated again on/around August 12. https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran

So the guidance for reopening colleges and universities dated 5-28-21 is still the current one to follow?	We will look at it and see if it needs to be updated. Thanks!
How long are the vials good for? Do the vaccine vials need to be administered within a week?	No, most have an extended expiry. We are getting fresh vials regularly, so if you end up with some expiring, please just order more and dispose of the expired.
Since teachers, school RNs and administrators are mandated reporters, cannot they still report both positives and contacts to the LHD, regardless of whether a student/guardian consents?	Yes, exactly. They are mandatory reporters and not "third party" as defined in HB 2016. They do not need consent to report to public health.
Our Lab was looking into NP swabs and transport media. I was instructed to seek this assistance through our EM department through our county. Is this true?	That mechanism should work but if it does not, let me know and we can assist. I know we have these.