Follow-up for Positive COVID-19 Cases and their Close Contacts

Tools for LBOHs

July 28, 2020

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Topics Today

• MAVEN Online Status Map
• Immediate COVID-19 workflow
• Key Documents – Summary
• Reviewing Isolation & Quarantine
  • July 17 Refining of Isolation Guidance
  • FAQs Received on Isolation & Quarantine
• Travel Order COVID-19 Order No. 45
  • 14 Day Quarantine upon travel to MA. Effective: Aug 1
    • 3 Exemption Categories
    • Massachusetts Travel Form
• Antigen Testing
  • FAQs Received
• Your Questions!
Updates for today, Tuesday, 7/28

• MAVEN Status Map – one town to go
• LBOH Immediate Workflow – COVID-19 event only
• Staff updates – please email isishelp@state.ma.us if any staff needs to be removed from MAVEN. If users have not logged into MAVEN in 30 days their accounts will be deactivated and a retraining will have to take place.
MAVEN Status Map as of 7/28/2020

Massachusetts Virtual Epidemiologic Network

Massachusetts Virtual Epidemiologic Network (MAVEN) is a web-based disease surveillance and case management system that enables MDPH and local health to capture and transfer appropriate public health, laboratory, and clinical data efficiently and securely over the internet in real-time. The system interfaces with Electronic Laboratory Reporting (ELR) efforts, has automated (24/7/365) notification of state and local officials of any event requiring their attention and geographic information system (GIS) activities. MAVEN will replace the current paper-based methods of data exchange between MDPH, local public health, and clinicians. For more information please contact isihelp@state.ma.us or by phone at (617) 983-6801.

This map displays 350 out of the 351 cities and towns in Massachusetts receiving disease notifications electronically through the MAVEN System as of May 27, 2020.

*Boston reporting data via BoSS MAVEN.

For more detailed information please zoom in on the map or click on town.

MAVEN Status May 2020

- Online (350)
- Offline (1)
Immediate Notification workflow (COVID-19 Only)

- **COVID-19 Immediate Notification Workflow**
  - This will allow proper notification of all new COVID-19 events for your jurisdiction.
  - Please review all events/cases in this workflow and complete your **Step 1- LBOH Notification to “Yes”** to clear out this workflow.
  - If you are retaining ownership then complete Steps 2 (Investigation Started) & 3 (LBOH Investigator (name, lboh, phone number))
  - When you are done then complete Steps 4 (CRF Complete) & 5 (Final Review)
Tuesday Webinars Going Forward

Tuesdays @ 11am will continue in July

- Isolation of Cases and Quarantine of Contacts is the goal until that strategy changes/evolves.
- MAVEN is the main reporting source and where you should document your work.
  - Send Cases to CTC for follow-up if not:
    - Hospitalized, Deceased, or linked to a Cluster Facility
- Focusing on Priority Activities
- Clusters in Facilities in your community need your help.
  - Call Epi Program to create cluster events.

MAVEN Help has Guidance Documents and Previous Webinars:

MDPH Epi Program: 617-983-6800
MDPH MAVEN Help Desk: isishelp@state.ma.us
MDPH Food Protection Program: 617-983-6712
CTC Help Desk: 857-305-2828
COVID19CommunityTracingCollaborativeQuestions@mass.gov
MAVEN Clarification

- There was a question on the Friday 7/24 9:00am Office of Local and Regional Health call regarding MAVEN users.

  - To clarify, there is no capacity limit to new user logins for MAVEN. If there are additional staff in your jurisdiction that should be trained in MAVEN and will be doing casework, ISIS can accommodate that.

  - There is a training and proficiency component required for gaining access to MAVEN.

  - If you have additional staff you wish to onboard with MAVEN, please contact ISIS to schedule accordingly.
Summary of Key Guidance & Tools

• Date: 7/24/2020 - Gov. Baker issued COVID-19 Order No. 45 which issues a mandatory 14 day quarantine period for travelers to MA (including MA residents who traveled outside of MA and are returning).
  • If travelers (including returning MA residents) don’t fit into one of the 3 Exemption Categories, must quarantine.
  • There is a form to fill out online. https://www.mass.gov/forms/massachusetts-travel-form
  • A negative PCR test within 72 hours of travel can excuse you from quarantine.
  • https://www.mass.gov/guidance/guidance-for-travelers-arriving-in-the-commonwealth-of-massachusetts

• Date: July 17, 2020 – Updated CDC Guidance on Duration of Isolation & Precautions for Adults with COVID-19
  • 10 Day Isolation Period now has more data supporting it.
  • Ignore most additional PCR tests up to 3 months after initial illness onset.
  • No need to quarantine up to 3 months after initial illness onset.

• Date: July 3, 2020 - Testing of Persons with Suspect COVID-19
  • https://www.mass.gov/doc/covid-19-testing-guidance/download
Summary of Key Guidance & Tools

• Date: June 1, 2020 - COVID-19 PCR and Antibody Testing Public Health Response Recommendations
  • Table describes different Public Health Actions based upon different testing results.
    • Big take home: For serology positive individuals, ask about recent symptoms. Those individuals should be isolated and their contacts quarantined. Serology positive but no recent symptoms do not require further public health follow-up at this time.

• Date: May 11, 2020 - Recommendation for Routine Molecular Testing of People Identified as Close Contacts to COVID-19 Cases
  • [https://www.mass.gov/doc/notification-to-test-contacts-regardless-of-symptoms-0/download](https://www.mass.gov/doc/notification-to-test-contacts-regardless-of-symptoms-0/download)

• Date: May 7, 2020 – Occupational Exposure & Return to Work Guidance
Updates – A quick recap for 7/28.

• 7/21 – last week we spoke about daycares & the updated Isolation & Quarantine Guidance from CDC.
  • July 17th, CDC updated their website with new data on duration of isolation. https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html

• MA State School Protocols also came out last week:
  • July 17th, the MA Department of Elementary and Secondary Education (DESE) released “Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings.” This document and a supplement to DESE’s Initial Fall School Reopening Guidance.
  • CDC has also since updated School Guidance: July 24th Updates: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

• I’ve received several questions on antigen testing, so we will try and review today.
  • http://www.maventrainingsite.com/maven-help/pdf/Serology%20Interpretation%20for%20LBOH_ver3.0_June1.pdf
Updated Isolation & Quarantine Guidance

Summary of July 17 CDC Updates: (Testing & Isolation)

• Confirmed PCR+ Recovered cases can continue to test PCR+ for 12 weeks after symptom onset, thus:
  • No action needed on any tests up to 3 months after original onset or test date.
  • No quarantine needed if exposed up to 3 months after original onset or test date.
  • Recommend no longer using test-based strategy (because they will test PCR+ for a long time and it doesn’t have anything to do with infectious replication-competent virus).
    • Use Symptom Based or Time-Based strategy.

• **Symptom-based strategy for discontinuation of isolation:** (slightly tweaked) to 10 days & 24 hours fever free and symptoms resolved.
  • Isolation and precautions can generally be discontinued 10 days *after symptom onset* and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
Updated Isolation & Quarantine Guidance

Summary of July 17 CDC Updates: (Quarantine)

• For previously recovered cases that are newly exposed to a confirmed case of COVID-19, Quarantine applies as follows:

  • Prior to 90 days after onset/test date, a recovered case does not need to quarantine  
    - (unless symptomatic and they have a clearly identified new exposure and no alternative diagnosis).
  • > 90 days after onset/test date, a recovered case would need to quarantine if exposed  
    - (whether symptomatic or not).
Your Questions: Tracking Repeat Infections

Q. For possible second infections, do we write over all of the information from the first investigation? Or will there be a new ID#?

A. Great Question! As of today, we do not have a system for a new MAVEN event. Resultingly, you should enter new information in the Notes. Do not overwrite any details except your Admin QP Steps 1-5 (so you can track the event again in MAVEN) and the Contact Monitoring Status in QP6.

For LBOHs who identify previously confirmed cases with new +PCRs >12 weeks after their initial recovery:

- We want to know:
  - Why was this person tested again?
  - Did they have new symptoms? (What are they? When was the new onset?)
  - Did they have any new known exposures?
  - What types of activities do they engage in that could have led to an unknown exposure?
  - How well do they adhere to mask wearing and social distancing?
  - Put all relevant new clinical information in notes for now.
Your Questions: Antigen Testing

• Q. If the person was only antigen tested positive (no PCR) does the 12 week apply to them as well?

• A. Hillary clarified since last week with State Epi (so correction on what was said last week on the webinar)

• Antigen tests should be treated like PCR tests in this context and the patient would have the 90 day ‘grace period’ for no new isolation or quarantine in the 12 weeks after their initial symptom onset. So, yes, the 12 weeks applies to them as well (but not to serology+ individuals). After 90 period, a previously Antigen Positive patient would need to quarantine/re-isolate if newly tested or identified as a contact.
Your Questions: Isolation Guidelines

Q. Can an asymptomatic HCW return to work after testing positive if they have no symptoms?

A. No. People who test positive that are asymptomatic must still isolate their full isolation period. If they never develop symptoms, that would be a full 10 days from the date of test (Day Zero). (Isolation is day 1-10, return to work on day 11).

People sometimes confuse the exception for HCWs that are asymptomatic to continue working after an exposure during their 14 day quarantine. But that exemption does not apply to actual positive tests. Once you become a case: a case is a case is a case. You have to stay isolated for your full isolation period.
Your Questions: Quarantine

Q. Should you notify an employer if you have identified a close contact of a confirmed case that works at their establishment?

A. This depends on what you need to do to properly enforce quarantine. If you need to notify a place of employment that an individual is not allowed to return to work for a designated time period because you do not believe the quarantine will be adhered to otherwise, this may be appropriate.

Do your best to try and work WITH the patient or contact.
Your Questions: Testing Contacts

Q. Testing of contacts: Does a negative test during quarantine allow a contact to get out of the 14 day quarantine period early?

A. No. MDPH recommends that an identified contact be tested at some point during their quarantine, but even if the result comes back negative, the contact STILL needs to stay in quarantine for the duration of their 14 days.

Some Key Points:

- General MDPH guidelines state that a negative test does not get you out of quarantine early.
- EEC Guidance (for daycares and camps) ALSO states that a negative test does not get you out of 14 day quarantine early.
- DESE (school protocol from July 17) states a preference for a test at day 4 or 5 after exposure, and then allows students to return to school with a negative result.
  - This has been identified as differing from DPH. More to follow as discussions continue.
- Travelers subject to quarantine (are not known contacts) may discontinue 14 day quarantine if they have an appropriate timed negative test (with 72 hours of travel).
Your Questions: Workplace Notifications

• Q. Can we review this again, when an employee becomes ill in the workplace do all employees get tested or only close contacts?

• A. If appropriate reopening guidance is being followed, hopefully precautions are in place and not all employees would be considered exposed. That being said, we look at close contacts – people that fit into the description of within <6ft for greater than 15 minutes.

• Some judgement may need to be applied.
Your Questions: Businesses

Q. Please discuss businesses who have clients/employees test positive for COVID-19 and the disinfection process (i.e.: 15 minute appt for waxing)

A. Look for the mass.gov sector specific guidance. Services like waxing fall into “close contact personal services.”
   - Many different sectors do require a shut down and cleaning following notification of a case in a staff or patron. But you have to check the website.
     - There is a section in this guidance on Cleaning/disinfection.
Guidance for Travelers Arriving in the Commonwealth of Massachusetts

• 7/24/2020 Gov. Baker issued COVID-19 Order No. 45 which issues a mandatory 14 day quarantine period for travelers to MA (including MA residents who traveled outside of MA and are returning).
  • Applies to pretty much everybody
    • MA residents & visitors
    • Arriving college students & families
    • Personal or business travel
    • Etc.

• Any person entering Massachusetts beginning August 1, must comply with the travel rule and are required to quarantine for 14 days on arrival unless otherwise exempted
  • Three Categories for exemption to 14 day quarantine.
  • Travelers who do not comply with these rules may be subject to a civil fine of $500 per day.
  • There is a form to fill out for most travelers: https://www.mass.gov/forms/massachusetts-travel-form

Guidance for Travelers Arriving in the Commonwealth of Massachusetts

There are THREE EXEMPTIONS to the 14 day Quarantine Requirement.

1. Travelers Entering from lower-risk States:
   - Travelers arriving from States designated as “COVID-19 lower-risk States” are not subject to the quarantine requirement.
   - This list of lower-risk states is subject to change based on health data metrics.
   - You will be treated as “arriving from” a COVID-19 lower-risk State as long as you weren’t in a state not on the list in the last 14 days.
     - “transitionary travel” doesn’t count. (examples include driving through, changing planes, etc.)

Travelers from Lower-Risk States **DO NOT** need to fill out the Travel Form.
Guidance for Travelers arriving in the Commonwealth of Massachusetts

There are THREE EXEMPTIONS to the 14 day Quarantine Requirement.

2. Travelers Who Meet the 72-Hour COVID Test Rule:
   - If you test negative via PCR test less than 72 hours prior to travel, you do not need to quarantine upon arrival.
     - You need documentation proof.
     - Must be a PCR test.
       - Negative Antigen test needs a follow-up negative PCR test as well.
       - Serology tests do not meet this requirement.
   - Travelers need to quarantine until they receive their negative PCR results (if they are waiting on results.)
     - Need to quarantine if only Antigen test results are back yet.
Guidance for Travelers arriving in the Commonwealth of Massachusetts

There are THREE EXEMPTIONS to the 14 day Quarantine Requirement.

3. Limited Circumstance-Specific Exemptions:

- **Transitory travel**: People passing through (but not staying overnight).

- **Persons Commuting for Work or School**: If you travel across the border daily for class/work, you do not have to quarantine based upon THAT travel, but other vacation travel, etc. to high risk zones would still be subject to quarantine.

- **Patients Seeking or Receiving Medical Treatment**: Patients and families traveling MA for Care.

- **Military Personnel**: Any person who is required to travel to Massachusetts at the order or directive of a Federal or State military authority.

- **Workers Providing Critical Infrastructure Services**:
  - Essential services workers can work during their 14 day quarantine following travel, but should stay at home when not commuting to work.
  - Workers who travel to or from Massachusetts for personal or leisure reasons cannot rely on this exemption.
Guidance for Travelers arriving in the Commonwealth of Massachusetts

Starting August 1, 2020 who are over the age of 18 or an unaccompanied minor must complete and submit the on-line Massachusetts Travel Form unless the individual meets an exemption below:

1. Travel from Low Risk State
3. Meet one of the 5 Limited Circumstance-Specific Exemptions:
   1. Transitory travel
   2. Persons Commuting for Work or School
   3. Patients Seeking or Receiving Medical Treatment
   4. Military Personnel
   5. Workers Providing Critical Infrastructure Services

No Form Required
Guidance for Travelers arriving in the Commonwealth of Massachusetts

Q. Who needs to fill out the Massachusetts Travel Form?

1. **NO FORM:** Travelers or Massachusetts residents arriving from a lower-risk state do NOT need to fill out the Massachusetts Travel Form.

2. **NO FORM:** Travelers who meet one of the limited circumstance-specific exemptions, detailed in the third part of the exemption list above, do NOT need to fill out the Massachusetts Travel Form.

- **YES FORM REQUIRED:** All other Travelers or Massachusetts residents, including those who have taken a test within 72 hours, and those who arrive from any place other than a lower-risk State must complete and submit the online Massachusetts Travel Form, whether they are arriving in Massachusetts by airplane, bus, train, automobile, or any other means.
Your Questions: Travel Order

• Q. What is the rationale of allowing travelers to Mass who have tested neg within 72 hours of entry to state to forego quarantine?

• A. Remember that travel to a zone with higher rates is not the same as being directly identified as a contact to a confirmed case. We do think there is risk when a person travels to another location with higher rates of transmission, but it is still not as clearly defined as when someone is specifically identified as a close contact.
Your Questions: Travel Order

• Q. How will the new travel order affect case tracking and follow up if a positive case is from another state?
  
  • A. Not sure there will be too many changes, although the electronic form does potentially provide additional contact information to assist in case investigation. We still need to share information with other states and jurisdictions as applicable.
Your Questions: Travel Order

Q. Do you anticipate any formal measures to monitor quarantine recommendations for people flying in from hot-spots?

A. Information on travelers from the Travel Form is anticipated to be shared with applicable LBOHs. However, there is no expectation at this time for LBOH follow-up.

- Remember, that “travelers” recommended for 14 day quarantine is different than identified “close contacts” (which can come from a notice from CDC via the Quarantine Station if someone was exposed to a confirmed case on a flight, for example.)
- MA residents who are contacts to a confirmed case might also be identified through index case interviews in other states (then we would get a notification about a contact from the other state health department).
- Identified close contacts to confirmed cases need notification and follow-up.
Key Concepts: Antigen Testing

• **Antigen Testing** – What is the appropriate follow-up for antigen positive patients?
  
  • A. The follow-up is similar to a positive PCR.
    • Consider this a likely new case. Interview and follow-up according to symptom onset date.
      • If no symptoms, use date of test to determine isolation period and contact exposure for close contacts.
      • Despite considering this a likely new case, this type of lab test will still be classified as a “probable” for surveillance.
    • Antigen testing is still rarer, but we anticipate more to come in terms of both guidance and use.
Molecular (PCR) and Antigen Testing

**Molecular Test (PCR)**
- Detects genetic material of the virus using a lab technique called polymerase chain reaction (PCR).
- Nasal, Throat, or Nasopharyngeal Swab or from saliva
- Test can be a Rapid Test (results in minutes on site)
- Or one to two days if sent to an outside lab.
- Some home test kits have also been FDA approved.

**Antigen Test - Newer (still rare)**
- Detects certain proteins that are part of the virus.
- Nasal or Throat swab to get a fluid sample
- Rapid Test - results in minutes on site.
- May be accompanied by additional PCR Test
- Only seeing them with two providers currently:
  - Carewell & SouthCoast

Molecular (PCR) and Antigen Testing

Molecular Test (PCR)
• Listed in Lab Tab as follows:
  • 2019-nCoV Real-time RT-PCR (PCR)
  • SARS coronavirus 2 RdRp gene (PCR RAPID)

Antigen Test - Newer (still rare)
• Listed in Lab Tab as follows:
  • SARS-CoV-2 Ag (Antigen Test)

Positive Molecular Test: Case Classification = CONFIRMED
Positive Antigen Test: Case Classification = PROBABLE

Q. We have had 2 cases enter our workflow as Probable but the lab test is SAR CoV2 Ag. Should those cases be confirmed?

A. No. SAR CoV2 Ag is an ANTIGEN test, and is therefore classified as “Probable.”

You can consult the Case Classification Manual to obtain exact case definitions as well as listings of different lab test types.

- 2019-nCoV Real-time RT-PCR (PCR) **CONFIRMED**
- SARS coronavirus 2 RdRp gene (PCR RAPID) **CONFIRMED**
- SARS-CoV-2 Ag (Antigen Test) **PROBABLE**
- SARS-CoV-2 IgM (IgM specific antibody test) **PROBABLE**
- SARS-CoV-2 IgG (IgG specific antibody test) **PROBABLE**
- SARS-CoV-2 IgA (IgA specific antibody test) **PROBABLE**
- SARS-CoV-2 IgG + IgM (Antibody Type Unspecified) **PROBABLE**
Interpreting Antigen Testing

- This table just describes likely “interpretation” and is not official case classification.
  - PER CDC & CSTE Case definition, Antigen tests are still classified as PROBABLE

- Antigen testing was most likely pursued for acute diagnosis, so we follow-up like we would for PCR test results.

- PCR or Antigen POSITIVE (serology doesn’t matter): Treat like a new case. Follow-up Accordingly.

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### Table: COVID-19 Testing Interpretation and Public Health Response

<table>
<thead>
<tr>
<th>SARS-CoV-2 PCR Or Antigen Test</th>
<th>Antibody Test</th>
<th>Interpretation</th>
<th>Public Health Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Negative</td>
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<tr>
<td>Positive</td>
<td>IgM</td>
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<td>Positive</td>
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<td>Positive</td>
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<tr>
<td>Negative</td>
<td>Negative</td>
<td>Uninfected, susceptible or incubating infection</td>
<td>No additional follow-up necessary. (Complete remaining 14-day quarantine for contacts if applicable.)</td>
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<td>Negative</td>
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<td>Negative</td>
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</tbody>
</table>
Your Questions: Antigen Tests

Q. What is the appropriate follow-up for antigen positive results with negative PCR follow-up for asymptomatic individuals.

A. They are still a case. They could possibly have been shedding less viral RNA for the follow-up PCR a few days later. We would still want them to isolate their full isolation period.

(To discontinue isolation early, they would need no symptoms, and TWO PCR tests that were negative and greater than 24 hours apart. Might as well just do the 10 days at that point...)
Your Questions:

• **Q.** I have heard both antigen testing and antibody testing referred to on our calls. Are both being done? Do we respond the same?
  
  • **A.** Yes, both are being done, but likely for different reasons. Our response is different.
    • In theory, antigen testing is being used for acute diagnosis.
    • Antibody (serology) testing is likely being done for determining previous illness and immunity status.
      • (This is what we WANT antibody testing to tell us, but the data is not yet there to give us this answer.)

• **If you get an antigen test,** treat it like a new case and proceed with normal interview, isolation, and contact tracing (using symptom onset or date of test if no symptoms).

• **If you get an antibody test,** interview the patient and determine if they had symptoms in the last 14 days or not.
  • If yes to recent symptoms, treat like a case (isolate case, quarantine contacts, etc.)
  • If no, complete interview and you are all done (update notes, but no isolation or contact tracing).
Q. If an antibody/antigen test comes back positive are you saying that we have to treat it as a current probable case and advise isolation and contact close contacts to quarantine?

• A. Both an antibody test or an antigen test are technically PROBABLE for their surveillance case definition, but they are not equal in their follow-up.

  • You would treat the ANTIGEN test like a PCR test: the assumption is a new case and (if they are asymptomatic, you go by date of test for isolation and follow-up). Yes, isolate case and quarantine contacts.

  • The ANTIBODY test is what has been updated in terms of our follow-up. You would interview them to determine if they had symptoms in the last 14 days and if not, there is no need for isolation and quarantine and their follow-up is complete. If they DID have recent symptoms, you would respond based upon date of symptoms.

• Consult this document here, and note that they positive PCR and antigen tests are grouped together. The serology antibody tests are grouped differently.

Your Questions: Antigen Tests

• Q. Why is there a preference for PCR testing over antigen tests?

• A. At this point in time, the antigen is less sensitive (so a negative can miss some cases). If used, a negative Antigen test should be followed by a negative PCR test to confirm the negative findings. (That is typically the testing process, however, if that is not being followed, a PCR is the better choice.)
Your Misc. Questions:
Your Questions:

• Q. Does the SARS-CoV-2 PCR test cross react with other common coronaviruses (like the common cold)?

• A. The PCR test is very specific for SARS-CoV-2. The CDC evaluated their assay for cross reactivity to all 4 seasonal coronaviruses and SARS and MERS. The data is at the end of the Instructions for use on the FDA website. If you want details. https://www.fda.gov/media/134922/download

• Basically the CDC chose regions of the genome that are different from other seasonal coronaviruses so that it would be specific. Since PCR can only tolerate a few mid-matches in the genetic code before it stops detecting the target, they were able to ensure that we are actually detecting COVID.
Your Questions:

Q. Is the PCR test cross-reactive with other coronaviruses?

- These are all of the viruses they tested this assay against to show that it does not cross-react.
- This doesn’t mean it is impossible that this assay would detect a seasonal coronavirus, but it is very unlikely that both PCR targets would be positive and cross-reactive.
Your Questions: Testing

• Q. How is replication-competent virus tested?

• A. The only way to know if a person is actually still infectious — shedding or emitting what’s known as “replication-competent virus” — is to try to grow virus from a specimen from that person. That process, called culturing, is time-consuming and in the case of SARS-CoV-2, not so easy to do. The virus can only be worked on in laboratories that have a high level of biosecurity — BSL 3. Not every hospital would have that capacity. So yes, a test exists. Alas, it is not available in most settings.
Your Questions: Strategies for Kids

• Strategies for kids:
  • **Phone Numbers:** It is not always immediately clear if a reported phone number belongs to a parent or a teenager.
    • Obtain additional contact numbers from:
      • Ordering Provider/Infection Control
      • School Nurse
  
  • Texting may be most effective in communicating with teens if you are getting no response from direct calling.

• Remember to discuss with your own program/counsel regarding your policies for contacting minors directly. (often you can touch base with the parent and they give permission to contact their child.)
BRACE YOURSELF

QUESTIONS ARE COMING