

March 10, 2021

**Health Notice for District of Columbia Health Care Providers**  
**COVID-19 Outbreak Investigation and Reporting Requirements**

**SUMMARY**

As of February 23, 2021, there have been 39,943 laboratory-confirmed cases of COVID-19 in the District of Columbia, and 1,001 deaths. We are now in Phase 2 of re-opening, but continue to experience moderate community spread. This Health Notice provides information on 1) The definition of a COVID-19 outbreak in the long-term care setting 2) The definition of a COVID-19 outbreak in the hospital setting 3) The definition of a COVID-19 outbreak in the outpatient setting, 4) The infection control recommendations to mitigate the outbreak, and 5) Reporting thresholds.

**BACKGROUND**

The thresholds and outbreak definition presented below are based on available scientific resources, expert opinion and reflect the local epidemiology of COVID-19. The information provided here does not replace reporting of COVID-19 as part of routine COVID-19 surveillance to DC Health, the Centers for Medicare & Medicaid Services (CMS) requirements for Nursing Homes to report to the National Healthcare Safety Network (NHSN) or the Health and Human Services Protect data reporting. Thresholds for reporting are intended to expedite facilities' investigation of COVID-19 cases and reporting to DC Health, thus ensuring early detection of possible outbreaks and timely intervention to prevent the virus' spread. Healthcare facilities should consult DC Health if they have questions at [coronavirus.hai@dc.gov](mailto:coronavirus.hai@dc.gov).

An outbreak response or investigation may take many forms depending on the characteristics of the outbreak and healthcare setting. It can involve site visits and facility assessments conducted by DC Health, collection of additional data that are not captured in standard case investigation or contact tracing, lab-testing of potentially exposed patients and HCP, guidance related to infection control practices including cohorting, and other forms of technical assistance and phone-based consultations involving the affected facility. DC Health may also collaborate with healthcare facilities to inform the public and potentially exposed patients, residents, facility visitors and HCP through public notification.

**DEFINITIONS**

**Healthcare Personnel (HCP):** HCP includes all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients/residents or infectious materials; this includes part-time and full-time contractors, agency workers, vendors (e.g., emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students, trainees, clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

**Epi-linkage among patients:** An overlapping admission on the same unit or ward, or having the potential to have been cared for by common HCP within a 14-day time period of each other.

**Epi-linkage among HCP:** Having the potential to have been within 6 feet for a cumulative total of 15 minutes or more over a 24-hour while working in the facility during the 14 days prior to the onset of symptoms; for example, worked on the same unit during the same shift.

**Probable case:** A person meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; A person meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; A person meeting vital records criteria with no confirmatory laboratory testing performed for COVID-19. Readmissions occurring within 24 hours will be considered a single admission.

**Facility-acquired COVID-19 infection in a hospital:** An inpatient with onset of laboratory-confirmed COVID-19 occurring 14 or more days after admission for a condition other than COVID-19; A person meeting clinical criteria starting 14 or more days after admission for a condition other than COVID-19 AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19

**Facility-acquired COVID-19 infection in a long-term care resident:** A confirmed diagnosis 14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring.

**Identifying information:** Includes full name, date of birth, full address including city/state and zip code, primary state of residence (if different), daytime and evening telephone number, and email address (if available).

**Risk assessment:** A tool developed to assess infection control practices, identify gaps, and guide quality improvement activities. Infection control practices that may be assessed include, but are not limited to, appropriate management of close contacts with an infectious agent (e.g., cohorting), appropriate use of personal protective equipment (PPE) per specific environment or circumstance (e.g., correct eye protection, facemask versus respirator), and evaluation of future transmission risk to the facility and community.

### **Skilled nursing facilities, assisted living facilities and long-term acute care hospitals**

Threshold for additional investigation by facility:

- $\geq 1$  probable or confirmed COVID-19 case in a resident or HCP;
- $\geq 3$  cases of acute illness compatible with COVID-19 in residents with onset within a 72h period.

Threshold for required reporting to DC Health:

- $\geq 1$  probable or confirmed COVID-19 case in a resident or HCP;
- $\geq 3$  cases of acute illness compatible with COVID-19 in residents with onset within a 72h period.

An outbreak is defined as:

- $\geq 1$  case in a resident  $\geq 14$  days after admission/readmission;
- $\geq 3$  cases in staff within 14 days;
- $\geq 3$  individuals associated with a specific location/department within 14 days or epidemiological link within the facility.

An outbreak in the facility will result in:

- Return to Phase 1 level restrictions;
- Additional risk assessment(s) to identify exposed close contacts as directed by DC Health;

- Testing in all residents and staff as directed by DC Health;
- Quarantining of any exposed residents or as directed by DC Health;
- Working with and providing information to DC Health as requested;
- Additional activities deemed necessary to mitigate spread of COVID-19.

### **Acute care hospitals**

Threshold for additional investigation by facility:

- $\geq 1$  case of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition;
- $\geq 1$  case of confirmed COVID-19 in Healthcare Personnel (HCP).

Threshold for required reporting to DC Health:

- $\geq 1$  case of confirmed COVID-19 in a patient  $\geq 14$  days after admission;
- $\geq 2$  cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage;
- $\geq 2$  cases of confirmed COVID-19 in HCP with epi-linkage.

An outbreak is defined as:

- $\geq 1$  case in a patient  $\geq 14$  days after admission;
- $\geq 3$  cases in staff on the same unit within 14 days with epidemiological links;
- $\geq 3$  individuals associated with a specific location/department within 14 days or epidemiological link within the facility.

An outbreak in the facility will result in:

- Additional risk assessment(s) to identify exposed close contacts as directed by DC Health;
- Submitting outbreak-specific line lists to DC Health within 24 hours of notification and whenever new or updated information becomes available;
  - Line lists must include identifying information for all positive cases associated with the outbreak, identifying information for all individuals exposed to each known case that is associated with the outbreak, location(s) of all individuals associated with the outbreak, and all additional information that is relevant to the investigation as determined by DC Health.
- Testing of patients and staff on the affected unit and providing up-to-date documentation of testing efforts and outcomes to DC Health. Testing frequency will be specified by DC Health;
- Quarantining of any exposed patients or as directed by DC Health;
- Reporting infection control interventions that were implemented in response to the possible or confirmed outbreak to DC Health;
- Working with and providing information to DC Health as requested;
- Additional activities deemed necessary to mitigate spread of COVID-19.

### **Intermediate care facilities/Community Residence Facilities (Ch. 34/35)**

Threshold for additional investigation by facility:

- $\geq 1$  probable or confirmed COVID-19 case in a person supported or HCP;
- $\geq 1$  cases of acute illness compatible with COVID-19 in person supported.

Threshold for required reporting to DC Health:

- $\geq 1$  probable or confirmed COVID-19 case in a person supported or HCP;
- $\geq 2$  cases of acute illness compatible with COVID-19 in person supported with onset within a 72h period.

An outbreak is defined as:

- $\geq 1$  case in a person supported  $\geq 14$  days after admission/readmission;
- $\geq 3$  cases in staff with within 14 days.

An outbreak in the facility will result in:

- Additional risk assessment(s) to identify exposed close contacts as directed by DC Health;
- Testing of persons supported and staff in the residence as directed by DC Health;
- Quarantining of exposed persons supported or as directed by DC Health;
- Increased monitoring of persons supported and staff for symptoms of COVID-19;
- Working with and providing information to DC Health as requested;
- Additional activities deemed necessary to mitigate spread of COVID-19.

### Outpatient facilities

Outpatient facility guidelines are divided into these subcategories:

- **Dialysis Facilities**
  - Threshold for additional investigation by facility:
    - $\geq 1$  confirmed COVID-19 case in a patient or HCP within 7 days.
  - Threshold for required reporting to DC Health:
    - $\geq 3$  cases of confirmed COVID19 cases in patients or HCP within 14 days, with epi-linkage.
  - An outbreak is defined as:
    - $\geq 3$  cases of confirmed COVID-19 cases in patients or HCP within 14 days, with epi-linkage,  
**AND**
    - No other likely sources of exposure for at least 2 of the cases.
- **Emergency Department, Urgent Care, Primary Care**
  - Threshold for additional investigation by facility:
    - $\geq 1$  confirmed COVID-19 case in a HCP within 7 days.
  - Threshold for required reporting to DC Health:
    - $\geq 3$  cases of confirmed COVID19 cases in HCP within 14 days, with epi-linkage.
  - An outbreak is defined as:
    - $\geq 3$  cases of confirmed COVID-19 cases in patients or HCP within 14 days, with epi-linkage,  
**AND**
    - No other likely sources of exposure for at least 2 of the cases.
- **Elevated Exposure Risk Ambulatory Specialty Clinics** (e.g., dental clinic, ENT, ophthalmology, oncology infusion center, speech therapy clinics, etc.)
  - Threshold for additional investigation by facility:
    - $\geq 1$  confirmed COVID-19 case in a HCP within 7 days,

- **OR**
  - When notified of  $\geq 1$  case in a patient within 7 days without other significant source of exposure.
- Threshold for required reporting to DC Health:
  - $\geq 1$  confirmed COVID-19 case in a HCP within 14 days,
    - **OR**
      - $\geq 2$  cases in patients within 14 days with epi-linkage.
    - An outbreak is defined as:
      - $\geq 3$  cases of confirmed COVID-19 cases in patients or HCP within 14 days, with epi-linkage,
        - **AND**
          - No other likely sources of exposure for at least 2 of the cases.
- **Other Ambulatory Specialty Clinics** (e.g., endoscopy, ambulatory surgical center, pain clinics, antibiotic infusion centers, etc.)
  - Threshold for additional investigation by facility:
    - $\geq 1$  confirmed COVID-19 case in a HCP within 7 days,
      - **OR**
        - When notified of  $\geq 1$  case in a patient within 7 days without other significant source of exposure.
      - Threshold for required reporting to DC Health:
        - $\geq 3$  cases of confirmed COVID-19 in HCP within 14 days with epi-linkage.
      - An outbreak is defined as:
        - $\geq 3$  cases of confirmed COVID-19 cases in patients or HCP within 14 days, with epi-linkage,
          - **AND**
            - No other likely sources of exposure for at least 2 of the cases.

An outbreak in **any outpatient facility** will result in:

- Additional risk assessment(s) to identify exposed close contacts as directed by DC Health;
- Testing of staff as directed by DC Health;
- Any patients identified as being exposed in this outbreak should be immediately advised to quarantine for 14 days after the day of exposure **AND** reported to DC Health for quarantine monitoring (please report all patient to DC Health regardless of their state of residence); please see the ‘Reporting Requirements’ section below;
- Patient and staff notifications;
- Working with and providing information to DC Health as requested;
- Additional activities deemed necessary to mitigate spread of COVID-19.

### **Reporting Requirements**

Any identified outbreak must be reported to DC Health in accordance with DCMR Chapter [22B 208.2](#), [22B 201.1\(ff\)](#) and [201.1 \(gg\)](#), [D.C. Official Code § 7-139](#). Unless already reporting through a DC Health approved process, all health care facilities must report a confirmed or suspected outbreak to [coronavirus.hai@dc.gov](mailto:coronavirus.hai@dc.gov) within 24 hours.

Any patients or residents discharged during their quarantine period or isolation period must be reported to DC Health within 24 hours, however, notifications prior to discharge are preferred to ensure expedited connection with contact tracers.

- The following minimum information must be provided: First Name, Last Name, Date of Birth, Full Address, Phone, Discharge Date, Discharge Location, and date of last known exposure or date of last day of isolation.

Please visit [dchealth.dc.gov/page/covid-19-reporting-requirements](https://dchealth.dc.gov/page/covid-19-reporting-requirements) for more information about routine COVID-19 reporting to DC Health.

**References:**

- **HHS reporting guidance:** [hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf](https://hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf)
- **CDC's testing guidelines for nursing homes:** [cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html](https://cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html)
- **CORHA/CSTE Thresholds and outbreak definitions for COVID-19:** [preparedness.cste.org/wp-content/uploads/2020/11/HC-Outbreak-Definition.pdf](https://preparedness.cste.org/wp-content/uploads/2020/11/HC-Outbreak-Definition.pdf)

The guidelines above will continue to be updated as the outbreak evolves. Please visit [coronavirus.dc.gov/](https://coronavirus.dc.gov/) and the DC Health - Health Notices website ([dchealth.dc.gov/page/health-notices](https://dchealth.dc.gov/page/health-notices)) regularly for the most current information.

**Please contact DC Health regarding COVID-19 at:**  
**Phone: 202-576-1117 Fax: 202-442-8060 | Email: [coronavirus@dc.gov](mailto:coronavirus@dc.gov)**