

**Center for Policy, Planning and Evaluation
Division of Epidemiology–Disease Surveillance and Investigation**

August 3, 2020

**Health Notice for District of Columbia Health Care Providers
Updated Priorities for COVID-19 Testing, Guidelines for Reporting, and
Discontinuation of Home Isolation**

SUMMARY

As of July 26th, 2020, there have been 11,858 laboratory-confirmed cases of COVID-19, and 582 deaths. The District of Columbia is now in Phase 2 of re-opening, but continues to experience moderate community spread. This Health Notice provides information on 1) Reporting requirements and processes; 2) Updates to Priority Groups for SARS-CoV-2 Testing and; 3) Updates to Discontinuation of Home Isolation, along with important reminders on infection control and resources on guidance for patients.

- The complete health notice can be viewed on our [Health Notices website](#).
- Please contact us at coronavirus@dc.gov with any questions regarding COVID-19 in the District of Columbia.

COVID-19 Testing and Reporting Updates

1) Diagnostic and Serologic Testing Reporting Requirements

In accordance with DCMR Chapter [22B 201.1\(ff\)](#) and [201.1 \(gg\)](#), and as part of DC’s COVID-19 response, all positive and negative results for SARS-CoV-2 viral (nucleic acid or antigen) and antibody testing must be reported to DC Health by the performing laboratory. **Healthcare providers must submit a case report form for positive results for laboratory-performed testing for SARS-CoV-2, and for positive and negative results for all point-of-care testing.** Healthcare providers providing this testing should report results according to the instructions included below for their specific facility setting. Laboratories should continue to report via electronic lab reporting.

The reporting submission method has been updated and varies by facility setting:

- **Outpatient providers** should submit a “COVID-19 Reporting Form” on the DC Health COVID-19 Reporting website: <https://dchealth.dc.gov/page/covid-19-reporting-requirements>.
- **Hospitals, skilled nursing facilities, and assisted living facilities** should report cases in patients/residents via daily line lists to DC Health.
- **Intermediate care facilities and community residential facilities** should continue to report COVID-19 cases to Department of Behavioral Health (DBH) or Department on Disability Services (DDS) (whichever of these two agencies works with your facility); DDS and DBH will then send these reports to DC Health.

Additional details can be found on the DC Health COVID-19 Reporting website:
<https://dchealth.dc.gov/page/covid-19-reporting-requirements>.

2) Updates to Priority Groups for SARS-CoV-2 Testing

Specimens from persons who meet the “high priority” criteria outlined below will be prioritized for testing through the DFS PHL. Healthcare providers should use commercial or hospital-based laboratories for the

testing of specimens from persons who do not meet the “high priority” criteria.

High Priority

- Hospitalized patients with symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms or history of close contact exposure¹
- Residents in long-term care facilities or other congregate living settings, including jails/detention centers and shelters, with symptoms or history of close contact exposure¹
- Asymptomatic persons working and living in long-term care facilities or other congregate living settings, including jails/detention centers and shelters, as part of outbreak detection and response surveillance activities.

Priority

- Persons with symptoms of potential COVID-19 infection, including: fever, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea, who do not meet the high priority criteria listed above
- Asymptomatic patients who are greater than 65 years of age or who have underlying conditions, who do not meet the high priority criteria listed above
- Any asymptomatic patient with history of close contact exposure,¹ who does not meet the high priority criteria listed above

Healthcare providers may choose to pursue SARS-CoV-2 testing for through the DC Department of Forensic Sciences Public Health Laboratory (DFS PHL), commercial laboratories, or hospital-based laboratories. Please note, specimens from persons who meet the “high priority” criteria outlined within this health notice will be prioritized for testing through the DFS PHL. Healthcare providers are recommended to use commercial or hospital-based laboratories when testing specimens from persons who do not meet the “high priority” criteria outlined below. Testing through the DFS PHL does not require approval by the DC Department of Health (DC Health).

3) Updates to Discontinuation of Home Isolation

DC Health recommends the symptom-based strategy be used to discontinue isolation for symptomatic patients diagnosed with COVID-19 who are isolating at home. Please note, the test-based strategy is no longer recommended to determine the discontinuation of home isolation. As an exception, healthcare providers may consider the test-based strategy for severely immunocompromised persons. Please note, this guidance is not for healthcare workers. For guidance that addresses healthcare personnel monitoring, restriction, and return-to-work recommendations, please see <https://coronavirus.dc.gov/healthguidance>.

- 1) Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:
- At least 10 days* have passed since symptom onset **and**
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing

¹A potential exposure means being a household contact or having close (within 6 feet), prolonged (≥15 minutes) contact with an individual with laboratory-confirmed COVID-19, or clinically compatible illness, starting 48 hours before the individual became symptomatic (or if the person who tested positive was asymptomatic, then 48 hours before the date of specimen collection).

medications **and**

- Other symptoms have improved.

*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset.

- 2) For persons who have **not** had any symptoms of COVID-19 and have laboratory-confirmed SARS-CoV-2 infection, home isolation can be discontinued under the following conditions:
 - At least 10 days have passed since the date of their first positive RT-PCR test for SARS-CoV-2 RNA assuming they have not subsequently developed symptoms since their positive test.
- 3) For **severely immunocompromised persons**, healthcare providers may consider using a test-based strategy for discontinuing home isolation. The test-based strategy requires negative results using RT-PCR for detection of SARS-CoV-2 RNA under an FDA Emergency Use Authorization for COVID-19 from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

Important Reminders

- 1) Infection control recommendations vary by facility and activity type and are important to maintain in order to prevent spread of the virus that causes COVID-19 within a healthcare facility.
 - As community transmission continues in the region, it is recommended that healthcare personnel wear eye protection during patient encounters, and continue to follow universal masking recommendations.
 - Please review the most recent DC Health Notices (<https://dchealth.dc.gov/page/health-notices>) and CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) for appropriate information for your facility setting.
 - Additional guidance is also available at <https://coronavirus.dc.gov/healthguidance>.
- 2) Clinicians who order COVID-19 tests should be prepared to advise their patients on home-quarantine while test results are pending, quarantine duration when test results are negative, and home-isolation when test results are positive. **Below are some current DC Health resources that are available to assist with this process, and that can be accessed at <https://coronavirus.dc.gov/healthguidance>.**
 - Guidance for contacts of a person confirmed to have COVID-19 (use this for patients who have pending COVID-19 test results)
 - Guidance for persons who test positive for COVID-19
 - Guidance for household members, intimate contacts and caregivers of persons confirmed to have COVID-19
- 3) Serologic tests should not be used to diagnose SARS-CoV-2 infection or infer immune status to SARS-CoV-2. Serologic testing is not diagnostic and should not be used to make decisions for isolation, treatment, or employee furloughing.

The guidelines above will continue to be updated as the outbreak evolves. Please visit <https://coronavirus.dc.gov/> and the DC Health (<https://dchealth.dc.gov/page/health-notices>) and CDC websites 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**