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From: Ma Kristina (NHQ-AC)
Sent: March 9, 2021 8:29 AM
To: Dunn Kathleen (NHQ-AC); VanDalen Madison (NHQ-AC)
Cc: Clement Chris (NHQ-AC); Kom Emily (NHQ-AC); Varsaneux Olivia (NHQ-AC); Heurter Dan (ONT)
Subject: RE: CDC guidance updates - testing strategy & duration of precautions

Hi Kathy,

Thanks for sharing! Very interesting and a lot of great information, I particularly appreciate the data and discussion regarding antibodies.

We have been using a symptom-based strategy for the discontinuing of medical isolation since the start of the pandemic. By and large, we aren't testing for recovery (we define recovery as 10 days following symptom onset with 48 hours symptom free, unless someone is deemed immunocompromised or was hospitalized). That said, we are using testing to discontinue precautions in the context of our asymptomatic offenders post-admission, transfer, and PFV. We also do some asymptomatic testing to increase offender movement in outbreak sites, but I would distinguish that testing from those who have been identified as COVID-19 positive and follow the traditional symptom-based algorithm. It is great to see them also articulating the 'three month rule' re: testing and medical isolation post-recovery though, very helpful!

Kristina

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Subject: CDC guidance updates - testing strategy & duration of precautions

Kristina and Maddi

A few updates from US, that may be of interest
Moving from a test based to symptom based strategy.
This updates may / may not impact current national guidance, however, these changes reflect emerging and supporting evidence.

Interim Guidance on Duration of Isolation and Precautions for Adults with COVID-19

based strategy for determining when to discontinue Transmission-Based Precautions could be considered.

To learn more, please visit: [Discharging COVID-19 Patients](#)

Updated Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 — This guidance has been updated to clarify the following:

- that work restriction of asymptomatic HCP with a higher-risk exposure who have recovered from SARS-CoV-2 infection in the prior 3 months might not be necessary. Additional information about this scenario is available [here](#).
- that work restriction of fully vaccinated HCP with a higher-risk exposure continues to be recommended. Additional information is available [here](#).

To learn more, please visit: [Potential Exposure at Work](#)

Updated Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 — This guidance has been updated to include the following:

Testing of healthcare personnel (HCP) can be considered in four situations:

- Added a recommendation from the CDC [Decision Memo](#) that asymptomatic people who have recovered from SARS-CoV-2 infection may not need to undergo repeat testing or quarantine in the case of another SARS-CoV-2 exposure within 3 months of their initial diagnosis.

To learn more, please visit: [Testing Healthcare Personnel](#)

Updated Strategies to Mitigate Healthcare Personnel Staffing Shortages — This guidance has been updated to include contingency strategies options to allow:

- Asymptomatic HCP who have had a [higher-risk exposure](#) to SARS-CoV-2 (the virus that causes COVID-19) but are not known to be infected to shorten their duration of work restriction as described in [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#).
- Asymptomatic fully vaccinated HCP who have had a higher-risk exposure to SARS-CoV-2 but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.

To learn more, please visit: [Staff Shortages](#)

Updated Clinical Questions about COVID-19: Questions and Answers — CDC updates [Clinical Questions about COVID-19](#) for Healthcare Infection Prevention and Control and Healthcare Professionals regularly based on feedback from professionals on the ground.

Additional COVID-19 Resources

AAP Infection Prevention and Control ECHO — The American Academy of Pediatrics (AAP) is launching a second cohort of the Infection Prevention and Control Extension for Community Healthcare Outcomes (ECHO): Risk Recognition and Communication program. The AAP Infection Prevention and Control ECHO will serve as a forum for pediatric health care providers to increase knowledge, skills and self-efficacy around infection prevention and control practices through the lens of COVID-19, while providing a space to hear real-time questions and concerns.

This ECHO program will meet **on the 1st and 3rd Thursday of each month from 11:00 am – 12:00 pm CT from April-July 2021**. Participants can earn **8.0 AMA PRA Category 1 Credits™** and up to **6 MOC points** in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. To register for the ECHO, please click [here](#).

More information about Project ECHO may be found at www.aap.org/projectecho.

Morbidity and Mortality Weekly Report (MMWR) — First Identified Cases of SARS-CoV-2 Variant P.1 in the United States — Minnesota, January 2021 — The first Minnesota P.1 variant case was identified in a person who became symptomatic in early January and was hospitalized for 9 days. During the case investigation, the person reported having traveled to southeastern Brazil within the 14 days before symptom onset. The patient's travel partner, who lived in the same household, also had symptoms of COVID-19 and received a positive SARS-CoV-2 test result after returning. You can learn more here: [*Morbidity and Mortality Weekly Report*](#)

Morbidity and Mortality Weekly Report (MMWR) — Travel from the United Kingdom to the United States by a Symptomatic Patient Infected with the SARS-CoV-2 B.1.1.7 Variant — Texas, January 2021 — The first reported SARS-CoV-2 B.1.1.7 variant case in the United States was confirmed by sequencing in Colorado on December 29, 2020. This report describes a person who traveled from the United Kingdom to the United States after experiencing COVID-19-compatible symptoms and was eventually confirmed to be infected with the B.1.1.7 variant. You can learn more here: [*Morbidity and Mortality Weekly Report*](#)

Morbidity and Mortality Weekly Report (MMWR) — The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Janssen COVID-19 Vaccine — United States, February 2021 — On February 28, 2021, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation for use of the Janssen COVID-19 vaccine in persons aged ≥18 years for the prevention of COVID-19. This vaccine is the third COVID-19 vaccine authorized under an EUA for the prevention of COVID-19 in the United States. To guide its deliberations regarding the vaccine, ACIP used the Evidence to Recommendations framework, following the Grading of Recommendations Assessment, Development and Evaluation approach. The ACIP recommendation for the use of the Janssen COVID-19 vaccine under an EUA is interim and will be updated as additional information becomes available. You can learn more here: [*Morbidity and Mortality Weekly Report*](#)

Morbidity and Mortality Weekly Report (MMWR) — Estimated SARS-CoV-2 Seroprevalence Among Persons Aged <18 Years — Mississippi, May–September 2020 — As of March 1, 2021, persons aged <18 years accounted for approximately 11% of 28.4 million reported COVID-19 cases in the United States; however, data on pediatric infections with SARS-CoV-2, the virus that causes COVID-19, are limited. Surveys of SARS-CoV-2 antibody seroprevalence suggest that cumulative incidence of infection is much higher than that ascertained by reported COVID-19 cases. You can learn more here: [*Morbidity and Mortality Weekly Report*](#)

Morbidity and Mortality Weekly Report (MMWR) — Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020 — To examine the association of state-issued mask mandates and allowing on-premises restaurant dining with COVID-19 cases and deaths during March 1–December 31, 2020, county-level data on mask mandates and restaurant reopenings were compared with county-level changes in COVID-19 case and death growth rates relative to the mandate implementation and reopening dates. Mask mandates were associated with decreases in daily COVID-19 case and death growth rates 1–20, 21–40, 41–60, 61–80, and 81–100 days after implementation. You can learn more here: [*Morbidity and Mortality Weekly Report*](#)

Upcoming Calls/Webinars

Clinician Outreach and Communication Activity (COCA) – What Every Clinician Should Know about COVID-19 Vaccine Safety and Effectiveness and How to Address Patient Questions and Concerns — The Clinician Outreach and Communication Activity (COCA) will hold a call **Tuesday, March 9, 2021, from 2:00–3:00 p.m. (Eastern Time)**. During this COCA Call, clinicians will receive an update on COVID-19 vaccine safety and effectiveness for the Pfizer-BioNTech and Moderna vaccines, including data on COVID-19 vaccine safety in pregnancy. Clinicians will also get information about the v-safe COVID-19 Pregnancy Registry, which collects additional health information that helps CDC monitor the safety of COVID-19 vaccines in people who are pregnant. For more information, please visit: [COCA Calls/Webinars](#)



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