



Infection Prevention Updates week of January 18, 2021

This call is not intended for the press or for reporting purposes.

TB Tests & COVID-19 Vaccination Recommendations:

- Due to updated CDC guidance regarding TB testing and COVID Vaccine, both the TST and blood assay need to be delayed until 4 weeks after the vaccine 2nd dose completion.
- The Office of Licensure and Certification recommends the provider document in the individual personnel or resident/patient record the rationale for not completing the TB testing timely.
- The provider should complete and document a TB symptom screen and that the skin test will be done 4 weeks after the vaccine series is completed.

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

NHSN Reporting of Antigen Testing Results

CMS Guidance – “CMS-certified long-term care facilities may submit point-of-care SARS-CoV-2 testing data, including antigen testing data, to CDC’s National Healthcare Safety Network (NHSN). This CDC- and CMS-preferred pathway to submit data to CDC’s NHSN applies only to CMS-certified long-term care facilities.”

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>

CDC Guidance - ” CMS-certified long-term care facilities may submit point-of-care SARS-CoV-2 testing data, including antigen testing data, to CDC’s National Healthcare Safety Network (NHSN). This CDC- and CMS-preferred pathway to submit data to CDC’s NHSN applies only to CMS-certified long-term care facilities. “

<https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html>

NHSN Reporting of Antigen Testing Results

Entities Required to Report

All laboratories—including laboratories, testing locations operating as temporary overflow or remote locations for a laboratory, and other facilities or locations performing testing at point of care or with at-home specimen collection related to SARS-CoV-21—shall report data for all testing completed, for each individual tested, within 24 hours of results being known or determined...

Required Data Elements

Test ordered (LOINC codes), ethnicity, ordering provider and NPI... Many others!

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>

NHSN Reporting of Antigen Testing Results

Nursing Homes would have to do one of the following to be CARES Act compliant.

- Continue to use NHSN for laboratory testing Point of Care result reporting. – This is CDC and CMS’s preferred route of reporting.
 - NHSN submits this data to the SD DOH
- For LTCF’s that have a way of reporting Point of Care testing results, **AND** all other CARES Act required fields to the SD DOH via a HL7 message (all required data elements are on page 2-5 of the following page - <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>) they could work with their facilities IT department to ensure all elements are reported and received properly.

Coming Soon – The SD DOH disease reporting webpage is going to be updated to contain all the required CARES Act language to be compliant. This option would most likely be valuable for submission of small numbers of test results. <https://apps.sd.gov/ph93morbidity/secure/index.aspx>

NHSN Reporting of Antigen Testing Results

Nursing Homes would have to do one of the following to be CARES Act compliant. CONT...

- If your facility or system wants to move toward computer submission of antigen testing results to the SD DOH via HL7 messages please contact Caleb.VanWagoner@state.sd.us with the EPI team to get more information.
- Please know that this submission would likely require a robust EMR, along with facility IT support to ensure a CARES compliant HL7 message

Infection Control & Testing Considerations

Will residents still need to wear masks, and will HCP still need to wear personal protective equipment in the facility after receiving COVID-19 vaccination?

Yes. COVID-19 vaccines will be an important tool to help stop the pandemic. However, even after vaccination everyone should continue to follow all the [current guidance](#) to protect themselves and others. This includes wearing a [mask](#), [staying at least 6 feet away from others](#), avoiding crowds, following facility guidance on visitation and [infection control](#), and [clean hands often](#). CDC's current recommendations will continue to be the primary way that LTCF residents and HCP are protected until vaccination is widespread.

After LTCF HCP are vaccinated, should they continue regular COVID-19 testing? —

Yes, facilities should continue to follow recommendations for [COVID-19 testing](#) in nursing homes. Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.

[COVID-19 vaccination](#) will not influence the results of viral (nucleic acid or antigen) COVID-19 tests. Positive tests should not be attributed to the COVID-19 vaccine.

Additional FAQs can be found here: <https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html#faqs>

Laboratory Guidance

Specimen Collection Supply Availability

- SDPHL maintains significant stocks of supplies used for the collection of the following specimens:
 - Nasal swab
 - Nasopharyngeal swab
 - Oropharyngeal swab
 - Sputum
- Free available supplies include a variety of swab types (flocked, foam, etc.) and Remel M4RT medium (without beads)
- Requests for specimen collection supplies can be submitted to the following
 - Laurie.Gregg@state.sd.us
 - Tim.Southern@state.sd.us



QIAGEN QIAreach – EUA Withdrawn

- On January 20, 2021, QIAGEN withdrew from the Food and Drug Administration their EUA submission for the QIAreach SARS-CoV-2 antigen test citing the need for additional data.
- QIAGEN plans to resubmit two separate EUA applications in February and March and will likely bring the QIAreach SARS-CoV-2 antigen test to market in April.
- Given this development, SDPHL will not be able to place eHub devices and QIAGEN antigen tests in South Dakota.
- SDPHL will reevaluate SARS-CoV-2 antigen testing opportunities and needs in South Dakota in February.




SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- SDDOH continues to accept requests for BinaxNOW antigen cards
 - Joan.Adam@state.sd.us
 - Laurie.Gregg@state.sd.us
 - Tim.Southern@state.sd.us
- Inquiries for BinaxNOW resources can also be directed to:
 - Dorothy.Ahten@abbott.com
- Studies are emerging about the performance of BinaxNOW:
 - [Pollock et al 2021](#)
 - [Perchetti et al 2020](#)
 - [Pilarowski et al 2020](#)



COVID-19 Testing Reminders...

- SDPHL now offers COVID-19 antibody testing. Criteria are as follows:
 - Tests: IgM; IgG
 - Acceptable Specimen Types: Serum or plasma
 - Required Specimen Volume: Minimum 1.5 ml
 - Test Results: Positive; Negative
 - Turn-Around Time: 48-72 hours
 - Cost: Free while federal funds are available
- Please use the previously published [SDPHL PUI Form](#) when submitting specimens for SARS-CoV-2 diagnostic testing.



South Dakota Public Health Laboratory
615 E. Fourth Street
Pierre, SD 57501
Phone 605-773-3368 Fax 605-773-8201
www.state.sd.us/doh/Lab/index.htm

Lab Use Only

Program Use Only

Public Health Investigation

CD Billing Code _____

Flu Surveillance

Outbreak

Facility _____

Address _____

City _____

Phone _____

Physician/Clinician Name _____

Patient Information: Patient ID _____

Patient Name: (Last) _____ (First) _____ (MI) _____

Patient's Address		Date of Birth	Age	Sex	Race	Ethnicity
City	State	Zip Code	Phone Number	Medical/Medicare Number		

Patient Data	Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
1 st COVID Test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of Onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Employed in Healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Diagnostic Code
Resident of congregate setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Disease Suspected

Specimen Data:

Collection Date: ____/____/____

Serum

Whole Blood (EDTA) Venous/Capillary

Quantiferon TB Gold Plus Blood

Plasma

Specimen Source:

<input type="checkbox"/> Blood	<input type="checkbox"/> Nasal	<input type="checkbox"/> Rectal	<input type="checkbox"/> Urethral
<input type="checkbox"/> Bronch Wash	<input type="checkbox"/> NP Aspirate	<input type="checkbox"/> Spinal fluid CSF	<input type="checkbox"/> Urine
<input type="checkbox"/> Cervical	<input type="checkbox"/> NP Swab	<input type="checkbox"/> Sputum	<input type="checkbox"/> Vaginal
<input type="checkbox"/> Ear	<input type="checkbox"/> OP Swab	<input type="checkbox"/> Stool isolate	<input type="checkbox"/> Fluid
<input type="checkbox"/> Eye	<input type="checkbox"/> Pleural	<input type="checkbox"/> Stool preserve	<input type="checkbox"/> Tissue
<input type="checkbox"/> Nail		<input type="checkbox"/> Throat	<input type="checkbox"/> Wound

SEROLOGY

SBR *Breucella* Ab

STU *Francisella tularensis* Ab

HPS *Hantavirus IgG/IgM* Ab

HAM Hepatitis A IgM Ab

HAP Hepatitis A IgG Ab

HBD Hepatitis B Acute Profile

HBC Hepatitis B Chronic Profile

VHC Hepatitis C Core Total Ab

VCM Hepatitis C Core IgM Ab

VHG Hepatitis B Surface Ab

VSG Hepatitis B Post Vac. Screen

VSB Hepatitis B Surface Ag

HCV Hepatitis C Ab

VLG Lyme IgG Ab

VLM Lyme IgM Ab

VRO Measles IgG (Rubella) Ab

VMM Measles IgM (Rubella) Ab

VMS Mumps IgG Ab

VUM Mumps IgM Ab

VQS Q Fever IgG Ab

VRK Rickettsial Ab Panel

VNF Rocky Mt. Spotted Fever IgG Ab

VRE Rubella IgG Ab

CDVG SARS COV2 IgG

CDVM SARS COV2 IgM

VTY Typhus IgG Ab

WNM West Nile Virus IgM Ab

WNG West Nile Virus IgG Ab

VNZ Varicella Zoster IgG Ab

VIROLOGY

IAB *Influenza A/B* PCR

COV SARS COV2 PCR

GIP Gastrointestinal Panel

RFP Respiratory Pathogen Profile

PCR Measles PCR

MPCR Mumps PCR

DEN Dengue IgM Ab

ZIKA ZIKA IgM Ab

ZIKA ZIKA PCR Serology

VOI OTHER _____

BLOOD LEAD

BLT Blood Lead

MYCOBACTERIOLOGY

ITB *Mycobacteria* Culture and Smear

TOT *Mycobacteria* Reference ID

MTB *M. tuberculosis* PCR

QFT Quantiferon TB Gold Plus

STD

IGPB *Chlamydia/Gonorrhoea*

HHV HIV

RPR Syphilis Non-treponemal

TPPA Syphilis Treponema pallidum

PARASITIOLOGY

BOP Ova & Parasite Exam

BCP Cryptosporidium

BCS Cyclospora

SPECIAL PATHOGENS

Please contact the laboratory at 605-773-3368 before sending.

BACTERIOLOGY

BMD Bacterial Miso. Culture ID

PPR *B. pertussis* PCR

BPC *B. pertussis* culture

CAM *Campylobacter* ID

BSD *Corynebacterium diphtheriae*

BEE *E. coli* O157 confirmation

HFLU *Haemophilus influenzae* typing

mCIM CRE Screen

BGR *Neisseria gonorrhoeae* culture

NMEN *Neisseria meningitidis* serotyping

SAL *Salmonella* serotyping

SHIG *Shigella* serotyping

STX *Shigotoxin* ELA

BEP Enteric Stool Culture

BVC Fibrin culture/ID

BYC *Yersinia* culture/ID

BMH Yeast/Fungus ID

OTHER _____

Referral _____

Tuberculosis Screening and COVID-19

****On January 7, CDC issued a “Dear Colleague Letter” that outlines processes for IGRA and TST for patients that may also receive a COVID mRNA vaccine.****

- For [healthcare personnel](#) or patients who require baseline TB testing (at onboarding or entry into facilities) at the same time they are to receive a COVID-19 mRNA vaccine, [CDC recommends](#):
 - Perform [TB symptom](#) screening on all healthcare personnel or patients.
 - If using IGRA, draw blood prior to COVID-19 mRNA vaccination.
 - If using TST, place prior to COVID-19 mRNA vaccination.
 - If COVID-19 mRNA vaccination has already occurred, defer TST or IGRA until 4 weeks after completion of 2-dose COVID-19 mRNA vaccination.
- Additional information can be found in CDC’s [letter](#)