

SARS CoV-2 Reinfection After 90 Days Workflow

Resources

CCPH:

- ❑ SARS CoV-2 Reinfection After 90 days Tracking Sheet

WA DOH:

- ❑ WA DOH [COVID-19](#) Infection Notifiable Condition Investigation Guidance

Guidance

- ❑ Utilize WA DOH guidance to determine action steps:
 - Repeat positive tests may be due to long term or intermittent shedding, which may be non-infectious RNA, or to reinfection.
 - A molecular amplification detection test for SARS-CoV-2 RNA that is a repeat positive within 3 months of the initial report **should not be counted as a new case for surveillance purposes**. CDC has not established a definition for SARS-CoV-2 reinfection but currently supports evidence that reinfection does not occur with 90 days.
 - Initial criteria support doing investigations for persons:
 - With detection of SARS-CoV-2 RNA* ≥ 90 days after the first detection of SARS-CoV-2 RNA, whether or not symptoms were present.
 - **With COVID-19–like symptoms and detection of SARS-CoV-2 RNA* 45–89 days since first SARS-CoV-2 infection AND** Consistent symptoms and no obvious alternate etiology for symptoms **or** had close contact with a laboratory-confirmed COVID-19 case
 - After 90 days, assume a person with a positive test is infectious and initiate isolation.
 - If a symptomatic person has a **suspected reinfection occurring 45-89 days from the initial infection** and they work or live in a high-risk setting, such as a long-term care facility, isolate the person.
 - Results of repeat testing should also be interpreted in consultation with CCPH Health Officer with consideration of cycle threshold values (if available) and clinical presentations.
 - The determination of whether a patient with a subsequently positive test is contagious to others should be made on a case-by-case basis, in consultation with Health Officer, after review of available information (e.g., medical history, time from initial positive test, RT-PCR Ct values, and presence of COVID-19 signs or symptoms).
 - Follow WA DOH guidance for shipping necessary laboratory specimens.

CCPH Investigator Action Steps

- ❑ CCPH identifies cases or is notified of individual with repeat COVID-19 positive test.
 - Daily review WDRS workflow: “COVID-19 Suspected Reinfection >90 days after initial positive PCR” , sort for Clark County cases only.
- ❑ Assigned investigator initiates case interview
 - Collect Following information
 - Test type and retesting results
 - If the positive is from a PCR test, contact the laboratory and obtain the Ct value if available.
 - If the positive is from an antigen test try to get a PCR test on that specimen or on a new specimen collected as soon as possible regardless of symptoms.

- Any additional testing information (i.e. results for influenza, viral panel etc)
 - Clinical information related to both the initial and current positive tests. (review Kohezion and CREST)
 - Recent exposure risk factors.
- Sequencing and previous specimens
 - Check to see if initial positive specimen was sequenced using the External data question package in WDRS
 - If no sequencing performed- contact the lab to determine if any previous SARS-CoV-2 positive samples are still available. If available have lab place a hold on the specimen.
- ❑ Assigned investigator will create a folder in the SARS CoV-2 Reinfection folder on the H:drive.
 - Utilize case initials and the associated WDRS event # (123456789 - AB)
 - Complete and save WDRS short form.
 - Naming nomenclature: SARS-CoV-2 Reinfection Case report WDRS event ID # , initials and report date. Example: SARS-CoV-2 Reinfection Case report 12345678 - AB 03.09.21
 - ❑ Save any specific reinfection documentation related to that case in the individual's folder.
 - ❑ Assigned investigator monitors individual until the end of isolation and documents these calls any identified concerns using Kohezion call log.
 - ❑ Assigned investigator closes case and ensures all required documentation is complete.