

HHS COVID-19 Update – May 29, 2020

Testing and Treatment

Supporting the Development of At-Home Self-Collection Testing: FDA is including a [voluntary EUA template](#) for at-home sample collection kits to its website. As explained in FDA's guidance, [Policy for COVID-19 Tests During the Public Health Emergency \(Revised\)](#), this template reflects FDA's current thinking on the data and information that developers should submit to facilitate the EUA process. In particular, this template includes recommendations for use by laboratories and commercial manufacturers who may use it to facilitate the preparation and submission of an EUA request. Currently, developers can offer a COVID-19 test for at-home self-collection under emergency use authorization (EUA), and COVID-19 tests for at-home self-collection may also be used as part of an Institutional Review Board (IRB)-approved study.

Antibody Testing for COVID-19: CDC updated information on [Using Antibody Tests for COVID-19](#). CDC has developed [interim guidance](#) for how healthcare providers, laboratories, and public health staff should use antibody tests. These tests look for the presence of antibodies, which are proteins made in response to infections. Antibodies are detected in the blood of people who are tested after infection; they show the body's efforts to fight off a specific infection. The virus that causes COVID-19 is new, and what we know about it changes rapidly. This guidance will be updated as more information becomes available.

Antibody Testing Recommendations: CDC updated their [Antibody Testing At-A-Glance Recommendations for Professionals](#). The webpage includes a summary of CDC advice for healthcare providers, laboratory professionals, and public health professionals using antibody tests for SARS-CoV-2, the virus that causes COVID-19.

Donation of Pneumonia Medicine: ASPR highlighted a donation to the Strategic National Stockpile from [Apotex Corporation](#), who made a donation of 300,000 vials of FDA approved medicine to treat pneumonia and information on how health departments can receive this medicine to help treat COVID-19 patients. The donation equates to more than 35,000 IC courses of treatment.

Information on Pharmaceutical Manufacturing in America: BARDA has updated its medical [countermeasures.gov](#) website to include a page on [pharmaceutical manufacturing in America](#), and the U.S. government's commitment to expanding U.S. manufacturing capacity for active pharmaceutical ingredients and generic medicines needed during the COVID-19 response and for future public health emergencies.

Expanding Respirator Decontamination Options: The FDA issued an [Emergency Use Authorization](#) for the Stryker Sustainability Solutions (SSS) VHP N95 Respirator Decontamination System (RDS). This product uses vapor hydrogen peroxide (VHP) to decontaminate compatible N95 respirators that are, or potentially are, contaminated with SARS-CoV-2 or other pathogenic microorganisms for multiple-user reuse by healthcare personnel to prevent exposure to pathogenic biological airborne particulates when there are insufficient supplies of face-filtering respirators (FFRs) resulting from the Coronavirus Disease 2019 (COVID-19) pandemic. N95 respirators containing cellulose-based materials are incompatible with the SSS VHP N95 RDS. This system is operated by employees of Stryker Sustainability Solutions, whose facilities are designed to allow adequate space for receiving respirators for decontamination, visually inspecting respirators for gross contamination or damage, exposing respirators to VHP, and packaging or labeling them for return to the sender so as to minimize contamination and ensure orderly handling procedures. With respirators limited to a maximum of three decontaminations, each is permanently marked to indicate the number of decontamination cycles it has undergone.

Testing updates: During the COVID-19 pandemic, the FDA has worked with more than 400 test developers who have already submitted, or said they will be submitting, EUA requests to the FDA for tests that detect the virus or antibodies to the virus. To date, the FDA has authorized 113 tests under EUAs, which include 100 molecular tests, 12 antibody tests, and 1 antigen test.

Information on Discontinuation of Isolation: CDC updated their information on [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#). The updates include added information around the management of persons who may have prolonged viral shedding after recovery.

PPE

Appropriate PPE Usage when Caring for COVID-19 Patients: CDC updated their information on [Using PPE When Caring for Patients with Confirmed or Suspected COVID-19](#). The fact sheet has information on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.

Reopening Information

Information for Assisted Living Facilities: CDC updated their [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#). The updates include recommendations about visitor restrictions and group activities to assist facilities if, based on guidance from their state and local officials, they begin to relax restrictions as well as added information about the [National Healthcare Safety Network \(NHSN\) Long-term Care Facility \(LTCF\) COVID-19 module](#), which can assist with tracking infections and prevention process measures in a systematic way.

Information on Child Care, Schools, and Youth Programs: CDC updated information on [Child Care, Schools, and Youth Programs](#). The webpage includes information for schools,

summer camps, youth sports, child care programs, cleaning and disinfecting if you are open or planning to open. The webpage also has videos of recent stakeholder calls and other decision trees for reopening and resources.

Households Living in Close Quarters: CDC updated information on their fact sheet for [Households Living in Close Quarters](#). The webpage provides guidance and tips for families living in close quarters, or with large or extended families and how to protect those who are most vulnerable.

Travel FAQs: CDC updated their [Travel: Frequently Asked Questions and Answers](#).

Information for Specific Populations

COVID-19 and Children: CDC updated their FAQs on [COVID-19 and Children](#).

Washing Face Cloth Coverings: CDC updated information on [How to Wash Cloth Face Coverings](#). Recommendations include how to wash face cloth coverings by hand or in a washing machine.

Extension of Title 32 Order For Federal Funding of National Guard: On May 28, [President Trump announced](#) his intent to extend the Title 32 orders through mid- August. The President's current authority provides governors continued command of their National Guard forces, while being 100% federally funded under Title 32, enabling these states to use the additional resources to meet the missions necessary in the whole-of- America COVID-19 response. Current orders expire on June 24.

Research Updates

COVIDView: CDC released their weekly [COVIDView](#) report. CDC is publishing age-adjusted rates of COVID-19-associated hospitalizations by race and ethnicity for the first time. This information is critical to identifying and addressing the disproportionate impact of COVID-19 on the health of racial and ethnic minority populations. This is also the first time CDC is releasing hospitalization data for American Indian/Alaska Native and Asian/Pacific Islander populations. The results reveal some racial and ethnic minority populations are hospitalized at higher rates compared to the non-Hispanic White population. Specifically, Non-Hispanic Black and non-Hispanic American Indian/Alaska Native populations have hospitalization rates approximately 4.5 times that of the non-Hispanic White population, while the Hispanic/Latino population has a rate approximately 3.5 times that of the Non-Hispanic White population.

Early Spread of COVID-19 in January/February: CDC in their MMWR released an early report on [Evidence for Limited Early Spread of COVID-19 Within the United States, January–February 2020](#). The first U.S. cases of nontravel–related COVID-19 were confirmed on February 26 and 28, 2020, suggesting that community transmission was occurring by late February. The researchers found four separate lines of evidence (syndromic surveillance, virus surveillance,

phylogenetic analysis, and retrospectively identified cases) suggesting that limited U.S. community transmission likely began in late January or early February 2020, after a single importation from China, followed by multiple importations from Europe. Until late February, COVID-19 incidence was too low to be detected by emergency department syndromic surveillance for COVID-19–like illness. The public health implications include that enhanced syndromic and virus surveillance will be needed to monitor COVID-19 trends for the duration of the pandemic.

Resources on Rural Health and COVID-19: ASPR posted a [rural health in COVID-19 fact sheet](#) that identifies challenges specific to rural areas in COVID-19 related to healthcare facilities and at-risk populations residing in rural areas. Considerations for meeting each of the challenges are provided as part of the fact sheet.