

Clinical Updates from California Department of Public Health

Updated 5/22/20

Multisystem Inflammatory Syndrome in Children

On May 14, 2020, the U.S. Centers for Disease Control and Prevention (CDC) issued a health alert regarding children with signs and symptoms of a severe multisystem inflammatory syndrome (MIS-C) potentially associated with SARS-CoV-2 infection. Patients have presented with persistent fever and a constellation of symptoms including hypotension, multi-organ involvement and elevated inflammatory markers. CDC also held a Clinician Outreach and Communication Activity (COCA) webinar on May 19 to discuss clinical characteristics of MIS-C and how cases have been diagnosed and treated in the U.K. and in New York. The webinar recording is available online at:

https://emergency.cdc.gov/coca/calls/2020/callinfo_051920.asp?deliveryName=USCDC_1052-DM28705

MIS-C is an unusual illness and is associated with a reportable condition, therefore hospitals and health care providers should immediately report cases meeting the MIS-C case definition to their respective local health jurisdictions (LHJs). LHJs should report cases to CDPH.

Remdesivir Distribution Update

On May 12, 2020, California received its first allocation of remdesivir from the federal government for distribution to LHDs for hospitalized COVID-19 patients. The second shipment was on May 16, which brought our total state allocation to 17,000 doses thus far.

CDPH remains committed to ensuring a transparent and fair allocation process of remdesivir, which currently is the only medication shown to have benefit in randomized controlled trials for COVID-19 treatment. Distribution to LHDs is proportional to currently hospitalized COVID-19 cases and is coordinated through the counties' Medical and Health Operational Area Coordinator (MHOAC). While remdesivir supply remains limited, CDPH recommends a random allocation among all acute care hospitals with COVID-19 patients in each county. CDPH has posted each county's allocation on the CDPH website. Counties should continue to track the cumulative distribution of medication to each hospital. More information on remdesivir allocation and distribution can be found on the CDPH website.

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/CaliforniaRemdesivirDistributionFactSheet.pdf>

Please note that children and pregnant mothers are currently eligible to receive remdesivir through compassionate use from the pharmaceutical company Gilead directly and should not utilize the donated remdesivir allocation.

Regarding dosing, a 5-day treatment course (6 doses) is recommended for adults and pediatric patients not requiring invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO). Treatment in this group may be extended up to 10 days if not showing clinical improvement. For sicker adult and pediatric patients requiring invasive mechanical ventilation or ECMO, a 10-day treatment course (11 doses) is recommended. For pediatric patients in the lowest body weight category, between

3.5 kg and <40 kg, the lyophilized powder form of the drug is required. More instructions are available on the U.S. Food and Drug Administration (FDA) Fact Sheet for Health Care Providers on Emergency Use Authorization (EUA) of Remdesivir, also available on the CDPH website.

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Remdesivir_FDA_EUA_Fact_Sheet.pdf

Symptom-based Strategy to Discontinue Isolation

On May 3, 2020, CDC updated guidance on when to discontinue isolation of persons with COVID-19 and highlighted a symptom-based strategy. This symptom-based strategy recommends isolation until: at least 10 days from symptom onset which must include at least 3 days since resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms. For asymptomatic persons with lab-confirmed COVID-19, a time-based strategy should be used which recommends isolation until: at least 10 days have passed since the date of first positive test. If an asymptomatic person develops symptoms after testing, then the symptom-based strategy should be used with the start date being the first day of symptoms rather than the test date.

CDPH recommends using this symptom-based strategy in general populations instead of a test-based strategy to inform isolation discontinuation. Persons infected with SARS-CoV-2 may repeatedly test positive by PCR for 6 weeks, but replication-competent virus has not been successfully cultured more than 9 days after illness onset. CDC notes that applying a symptom-based strategy cannot prevent all infections. Per CDC, more stringent isolation may be used in cases for whom there is low tolerance for infectious risk and prolonged SARS-CoV-2 shedding. These cases include:

1. Persons who pose risk of transmitting infection to medically vulnerable individuals or to persons who support critical infrastructure;
2. Persons residing in congregate living facilities where there might be increased risk of rapid spread with resulting morbidity and mortality; and
3. Persons who are immunocompromised and thus may have prolonged viral shedding.

In these groups, either a symptom-based strategy with extended timing or a test-based strategy is acceptable. An example of extended timing would be 14 days, rather than 10 days, before discontinuing isolation. More details and data supporting a symptom-based strategy is available on the CDC website.

<https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>