



~~Sandra Shewry~~ TOMÁS J. ARAGÓN, M.D., Dr.P.H.

~~Acting Director Erica S. Pan,~~
MD, MPH ~~Acting State Public Health~~
~~Officer~~ ~~icer & Director~~

State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM
Governor

AFL 20-75.1

September

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TO: All Facilities

SUBJECT: Coronavirus Disease 2019 (COVID-19) Outbreak Investigation and Reporting Thresholds
[\(This AFL supersedes AFL 20-75\)](#)

AUTHORITY: Title 17 California Code of Regulations (CCR) sections 2500, 2501, and 2502; Title 22 CCR sections 70737, 70739, 72523, 72539, and 72541

All Facilities Letter (AFL) Summary

~~This AFL reminds licensed health facilities of requirements to report outbreaks and unusual infectious disease occurrences to their local health department (LHD) and Licensing and Certification District Office and provides investigation and reporting thresholds for reporting for COVID-19.~~

~~The national Council of State and Territorial Epidemiologists (CSTE) recently posted Proposed Investigation/Reporting~~

All Facilities Letter (AFL) Summary

This AFL reminds licensed health facilities of requirements to report outbreaks and unusual infectious disease occurrences to their local health department (LHD) and Licensing and Certification District Office and provides investigation and reporting thresholds for reporting for COVID-19.

This AFL notifies all facilities that the webpage for county COVID-19 case rates has changed. To check county case rates after June 15, 2021 please visit [Tracking COVID-19 in California - Coronavirus COVID-19 Response](#).

~~Thresholds and Outbreak Definition for COVID-19 in Acute Care Hospitals, Critical Access Hospitals, Long Term Care Facilities (LTCFs) and Long Term Care Acute Hospitals (PDF). These thresholds are~~

The national Council of State and Territorial Epidemiologists (CSTE) recently posted Proposed

Investigation/Reporting Thresholds and Outbreak Definition for COVID-19 in Healthcare Settings (PDF). These thresholds are

intended to expedite facilities' investigation of COVID-19 cases and reporting to public health authorities, to help ensure early detection of possible outbreaks and timely intervention to prevent the virus' spread. Reporting of outbreaks and unusual infectious disease occurrences does not replace reporting of individual COVID-19 cases as part of state and local COVID-19 surveillance nor daily reporting for upload on their behalf to the National Healthcare Safety Network (NHSN).[1] When the reporting threshold is reached and reported, LHDs will determine if the cases constitute an outbreak.

Acute Care Hospitals:

Threshold for Additional Investigation by Facility

- ≥ 1 case of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition;
- ≥ 1 case of confirmed COVID-19 in Healthcare Personnel (HCP)

Threshold for Reporting to Local Public Health

- ≥ 2 cases of confirmed COVID-19 in a patient 7 or more days after admission for a non-COVID condition, with epi-linkage[2];
- ≥ 2 cases of confirmed COVID-19 in HCP with epi-linkage[3] in counties with < 4 daily new cases per 100k population or $< 5\%$ test positivity based on the county positivity rate reported in the past week[4], **or**
- ≥ 3 cases of confirmed COVID-19 in HCP with epi-linkage[3] in counties with ≥ 4 daily new cases per 100k population or $\geq 5\%$ test positivity based on the county positivity rate reported in the past week[4].

[Proposed Investigation/Reporting Thresholds and Outbreak Definition for COVID-19 in Healthcare Settings \(PDF\)](#)

- [Tracking COVID-19 in California - Coronavirus COVID-19 Response](#)
- [Investigation of COVID-19 Outbreaks in Acute Care Hospitals \(PDF\)](#)

[1] CDPH collects data from skilled nursing facilities and hospitals daily and transmits data to NHSN on behalf of those facilities that have conferred rights to CDPH. Epi-linkage among patients is defined as overlap on the same unit or ward for any duration or having the potential to have been cared for by common HCP within a 14-day time period of each other.

[2] Epi-linkage among HCP is defined as having the potential to have been within 6 feet for 15 minutes or longer while working in the facility during the 14 days prior to the onset of symptoms or positive test (for example, worked on the same unit during the same shift).

[3] Facilities and LHDs should refer to the [California Blueprint for a Safer Economy website](#) [Tracking COVID-19 in California - Coronavirus COVID-19 Response](#) for their county's daily new cases per 100k population and percent test positivity.

[4] Probable case is defined as any one of the following: a person meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; a person meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; a person meeting vital records criteria with no confirmatory laboratory testing performed for COVID-19.

[5] Facility-acquired COVID-19 infection in a long-term care resident is defined as a confirmed diagnosis 14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring.

Center for Health Care Quality, MS 0512 . P.O. Box 997377 . Sacramento, CA
95899-7377

(916) 324-6630 . (916) 324-4820 FAX
Department Website (cdph.ca.gov)

