

To: All Aquarina of Residents
Re: COVID-19 - Update #25
Date: November 2, 2020



Dear Residents and Neighbors,

The Covid-19 task force has recently received many questions about whether a person who tested positive for COVID 19 should get another test before returning to Aquarina, how long should isolation be and when can a person safely re-enter social contact after testing positive. Given the recent events, these questions are not surprising as we all want to remain healthy and disease free.

In this newsletter, we will try to address these concerns based on scientific findings and public policy, not our opinions. This may not be news to some of you, but our goal is to help provide clarity to the greater community. Please note, we are volunteers trying to help our community stay informed and healthy, and you should always seek and follow the advice of your physicians and healthcare team as they know you and your specific healthcare circumstances best. We apologize for the length of this newsletter, but we believe you should have access to the resources we are using, especially those questions and those additional Aquarina residents who have healthcare and/or legal background.

The first clarification is that as an HOA, we have no right or authority to make or enforce county, state or national healthcare policy. The ACSA board is responsible for the common properties and facilities when it comes to the safety of our community. All residents have the responsibility to hold themselves in compliance and only the appropriate county, state and federal governmental bodies have the responsibility to enforce compliance of their policies. We cannot legally implement requirements about testing, quarantine or isolation.

Why is COVID-19 information difficult to understand?

COVID 19 is new coronavirus that has not been previously identified. New research is rapidly producing findings and recommendations that can be confusing or even conflicting. We've already seen this happen with the use of masks and treatment medications. This kind of confusion can lead to misinformation and distrust especially as this pandemic continues.

The CDC (Center for Disease Control) is considered one of the best scientific sources on COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>. Their findings help drive public policy. We'd encourage you to explore this website regularly so you can search for your own answers and conclusions or use this information for conversation with your healthcare team. Frequently Asked Questions (FAQs) can be found at <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>.

You can find additional reliable information at the following websites:

<https://floridahealthcovid19.gov/>

<https://www.flgov.com/covid-19-executive-orders/>

https://www.google.com/search?q=brevard+county+covid-19+cases&rlz=1C5CHFA_enUS853US853&oq=Brevard+county+covid-19&aqs=chrome.1.69i57j0l7.16488j0j4&sourceid=chrome&ie=UTF-8

CURRENT HOT AQUARINA TOPICS

Traveling to Florida

Currently, the state of Florida has no travel restrictions in place. There are no quarantine requirements for travelers coming into the state. Instead, residents and visitors are advised to wear a mask if social distancing is not possible, to refrain from gathering of more than 10 people and to avoid crowds, closed spaces and close contact. Individuals are advised to not travel when sick or if they've been around someone with COVID-19 in the past 14 days.

<https://floridahealthcovid19.gov/travelers/>

When is it safe for a person who had COVID-19 to be with other people?

For most people who have had COVID-19, it is safe to be around others 14 days after the onset of symptoms. It could need to be longer if the person was severely ill with COVID-19 and/or they have a compromised immune system. In these cases, their healthcare team should advise them when they can safely have contact with others. A person with a positive COVID-19 test should not have an additional COVID-19 testing to determine a safe date for social re-entry as the rate of false positive results are high.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

ACSA Recommendations:

The individuals with active cases that the COVID-19 task force has been notified of (here and away) are under the care and management of their physicians, their departments of health, and are recovering.

We are most concerned about any potential cases that are asymptomatic and/or those individuals who chose not to follow the recommendations and are circulating within our community unaware or unconcerned about keeping others safe. These are the people most likely to spread the disease.

We'd like to encourage anyone who lives in Aquarina and has tested positive to contact us at 571-244-7621 (Darlene Vrotsos) or any member of the COVID-19 task force or ACSA Board. Names are managed with privacy. The purpose for knowing is to help us make the safest decisions for the safety of all residents and visitors through the management of our properties and facilities.

Based on the information above and the fact that COVID-19 cases are again on the rise (especially asymptomatic cases), ACSA makes the following recommendations. These recommendations are most important to those with the highest risks:

Assume that anyone could be a carrier of active COVID-19 and

- 1. Wear a mask if you can't social distance**
- 2. Social distance wherever possible**
- 3. Wash your hands frequently**
- 4. Avoid large crowds (defined by CDC and the State of Florida as >10 people)**
- 5. Think very hard about YOUR OWN plans to stay safe including travel and your holiday celebrations and act responsibly.**
- 6. Get tested if you think you might have been exposed or have symptoms**
- 7. Self-quarantine, if you've been tested, until your test results are back**
- 8. If you test positive you and your household members need to isolate (NOT LEAVE the House) until cleared by the county department of health or your physician.**

The information below is included for those individuals who appreciate and want to review the published research articles and sources cited as well as for the additional healthcare/legal/quality review residents who live in Aquarina.

Details on CDC Research regarding the above Topics:

The CDC has a web location specific for Healthcare Workers, but everyone has access to it at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html#:~:text=There%20are%20no%20confirmed%20reports,additional%20research%20is%20ongoing.>

This webpage is updated regularly with new findings and often gives the support for the healthcare public policy both nationally and from the state.

The CDC update October 19, 2020 release

"Duration of Isolation and Precautions for Adults with COVID-19". It opens with this statement: "Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. This update incorporates recent evidence to inform the duration of isolation and precautions recommended to prevent transmission of SARS-CoV-2 to others, while limiting unnecessary prolonged isolation and unnecessary use of laboratory testing resources.

The key CDC findings are summarized and numbered below.

1. "Concentrations of SARS-CoV-2 RNA measured in upper respiratory specimens decline after onset of symptoms (CDC, unpublished data, 2020; Midgley et al., 2020; Young et al., 2020; Zou et al., 2020; Wölfel et al., 2020; van Kampen et al., 2020)."

2. The likelihood of recovering replication-competent virus also declines after onset of symptoms. For patients with mild to moderate COVID-19, replication-competent virus has not been recovered after 10 days following symptom onset (CDC, unpublished data, 2020; Wölfel et al., 2020; Arons et al., 2020; Bullard et al., 2020; Lu et al., 2020; personal communication with Young et al., 2020; Korea CDC, 2020). Recovery of replication-competent virus between 10 and 20 days after symptom onset has been documented in some persons with severe COVID-19 that, in some cases, was complicated by immunocompromised state (van Kampen et al., 2020). However, in this series of patients, it was estimated that 88% and 95% of their specimens no longer yielded replication-competent virus after 10 and 15 days, respectively, following symptom onset.
3. A large contact tracing study demonstrated that high-risk household and hospital contacts did not develop infection if their exposure to a case patient started 6 days or more after the case patient's illness onset (Cheng et al., 2020). In this research study, people in high risk situations
4. Although replication-competent virus was not isolated 3 weeks after symptom onset, recovered patients can continue to have SARS-CoV-2 RNA detected in their upper respiratory specimens for up to 12 weeks (Korea CDC, 2020; Li et al., 2020; Xiao et al., 2020). Investigation of 285 "persistently positive" persons, which included 126 persons who had developed recurrent symptoms, found no secondary infections among 790 contacts attributable to contact with these case patients. Efforts to isolate replication-competent virus from 108 of these case patients were unsuccessful (Korea CDC, 2020).
5. Specimens from patients who recovered from an initial COVID-19 illness and subsequently developed new symptoms and retested positive by RT-PCR did not have replication-competent virus detected (Korea CDC, 2020; Lu et al., 2020). The risk of reinfection may be lower in the first 3 months after initial infection, based on limited evidence from another betacoronavirus (HCoV-OC43), the genus to which SARS-CoV-2 belongs (Kiyuka et al, 2018).
6. To date, reports of reinfection have been infrequent. Similar to other human coronaviruses where studies have demonstrated reinfection, the probability of SARS-CoV-2 reinfection is expected to increase with time after recovery from initial infection due to waning immunity and possibly genetic drift. Risk of reinfection depends on the likelihood of re-exposure to infectious cases of COVID-19. As the COVID-19 pandemic continues, we expect to see more cases of reinfection.

The current evidence includes the following caveats:

- In a recent study of skilled nursing facility workers followed prospectively for asymptomatic infection, one of 48 infected staff had a nasopharyngeal swab which was weakly positive on a single-passage plaque assay more than 20 days after initial diagnosis; however, the specimen was not subjected to serial passage to demonstrate the presence of replication-competent virus (Quicke et al., 2020).
- In one case report, a person with mild illness provided specimens that yielded replication-competent virus for up to 18 days after symptom onset (Liu et al., 2020).

- Data currently available are derived from adults; equivalent data from children and infants are not presently available.
- More data are needed concerning viral shedding in some situations, including in immunocompromised persons.

Assessment

Available data indicate that persons with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. Persons with more severe to critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset. Recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely. The etiology of this persistently detectable SARS-CoV-2 RNA has yet to be determined. Studies have not found evidence that clinically recovered persons with persistence of viral RNA have transmitted SARS-CoV-2 to others. These findings strengthen the justification for relying on a symptom based, rather than test-based strategy for ending isolation of these patients, so that persons who are by current evidence no longer infectious are not kept unnecessarily isolated and excluded from work or other responsibilities.

The duration and robustness of immunity to SARS-CoV-2 remains under investigation. Based on what we know from other related human coronaviruses, people appear to become susceptible to reinfection around 90 days after onset of infection. To date, reinfection appears to be uncommon during the initial 90 days after symptom onset of the preceding infection ([Annex: Quarantine of Persons Recovered from Laboratory-diagnosed SARS-CoV-2 Infection with Subsequent Re-Exposure](#)). Thus, for persons recovered from SARS-CoV-2 infection, a positive PCR without new symptoms during the 90 days after illness onset more likely represents persistent shedding of viral RNA than reinfection.

- If such a person remains *asymptomatic* during this 90-day period, then any re-testing is unlikely to yield useful information, even if the person had close contact with an infected person.
- If such a person becomes *symptomatic* during this 90-day period and an evaluation fails to identify a diagnosis other than SARS-CoV-2 infection (e.g., influenza), then the person may warrant evaluation for SARS-CoV-2 reinfection in consultation with an infectious disease or infection control expert. Isolation may be warranted during this evaluation, particularly if symptoms developed after close contact with an infected person.

Correlates of immunity to SARS-CoV-2 infection have not been established. Specifically, the utility of serologic testing to establish the absence or presence of infection or reinfection remains undefined.

The recommendations below are based on the best information available in mid-July 2020 and reflect the realities of an evolving pandemic. Even for pathogens for which many years of data are available, it may not be possible to establish recommendations that ensure 100% of persons who are shedding

replication-competent virus remain isolated. CDC will continue to closely monitor the evolving science for information that would warrant reconsideration of these recommendations.

Recommendations

1. Duration of isolation and precautions

- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
 - A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA*.

2. Role of viral diagnostic testing (PCR or antigen)² to discontinue isolation or precautions

- For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.
- For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

3. Role of viral diagnostic testing (PCR or antigen)² after discontinuation of isolation or precautions

- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.
- For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting. Consultation with infectious disease or infection control experts is recommended, especially in the event symptoms develop within 14 days after close contact with an infected person. Persons being evaluated for reinfection with SARS-CoV-2 should be isolated under recommended precautions while undergoing evaluation. If reinfection is confirmed or remains suspected they should remain under the recommended SARS-CoV-2 isolation until they meet the criteria for discontinuation of precautions – for most persons, this would be 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

- For persons who never developed symptoms, the date of first positive viral diagnostic test (PCR or antigen) for SARS-CoV-2 RNA should be used in place of the date of symptom onset.

4. **Role of serologic testing**

- Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

[1] *Symptom onset* is defined as the date on which symptoms first began, including non-respiratory symptoms.

[2] *PCR testing* is defined as the use of an RT-PCR assay to detect the presence of SARS-CoV-2 RNA.

Be smart, follow the guidelines and be safe.

Respectfully,

Aquarina Community Services Association, Inc.

Board of Directors

<https://aquarinabeachandcountryclub.com/covid-19/>