

**From:** Fischer, Marc (CDC/DDID/NCEZID/DPEI)  
**Sent:** Fri, 12 Mar 2021 21:57:40 +0000  
**To:** Martin, Stacey (CDC/DDID/NCEZID/DVBD);Lindsey, Nicole (CDC/DDID/NCEZID/DVBD);Spratling, Robin (CDC/DDID/NCIRD/ID) (CTR)  
**Cc:** Nolen, Leisha (CDC/DDID/NCEZID/DPEI);CDC IMS 2019 NCOV Response VTF Vaccine Breakthrough Team  
**Subject:** FW: Management of fully vaccinated residents in LTCF with pos. COVID 19 tests

Robin, Nicole, and Stacey.

Please see the questions below from Jane Siegel at the California Department of Health which were forwarded to me by the Lab TF strain surveillance team. The original emails was also sent to the VTF Implementation Planning Unit and do not know if they replied or forwarded on to someone else.

The email is about LTCF residents who have been vaccinated and have asymptomatic infection identified during routine screening (i.e., vaccine breakthrough infections). However, the questions are about isolation and risk of transmission of these patients.

[REDACTED]

[REDACTED]

Could you or someone help direct them

to the correct place in the response?

Thanks,  
Marc

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**From:** Siegel, Jane@CDPH <[jane.Siegel@cdph.ca.gov](mailto:jane.Siegel@cdph.ca.gov)>  
**Sent:** Thursday, March 11, 2021 6:22 PM  
**To:** CDC IMS 2019 NCOV Response VTF Implementation Planning Unit <[eocevent480@cdc.gov](mailto:eocevent480@cdc.gov)>; CDC 2019 NCOV Response Lab TF Strain Surveillance Coord <[eocevent506@cdc.gov](mailto:eocevent506@cdc.gov)>  
**Subject:** Management of fully vaccinated residents in LTCF with pos. COVID 19 tests

Hello, CDC experts.

Thank you for all that you do to support us throughout this pandemic.

We have received many calls asking for advice about the following situations:

LTCF residents who are fully vaccinated and are 21 days from dose #2 and are asymptomatic, tested as part of response testing and are pos. with Ct values in the mid 30s.

2 different situations:

1. Residents who have had frequent testing and have always previously been negative. Now they are pos. as part of response testing, Ct value mid 30s.

These people could be vaccine breakthroughs, but we cannot do WGS since Ct values so high. How should they be managed re: isolation and indication to continue to do response testing? My understanding is that they are very unlikely to transmit and therefore, I would think that they should not require isolation or trigger continued response testing. Will serology that measures and distinguishes antibody to spike protein and to nucleocapsid be helpful to R/O infection?

2. More complicated is the same situation, but with residents who have tested positive 90-93 days previously during the last surge. My current understanding is that > 90 days after last positive requires isolation and is a trigger for response testing. This seems unreasonable. Same question about antibody for these patient.

Will you be extending the time > 90 days since last episode, especially for fully vaccinated ?

I submitted this question on today's CDC call, but I don not think that my question was clear enough, so I did not received an answer to the specific management questions above.

Thanks,

Jane

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