

**ORDER No. 2023-03-02 OF THE LOS ANGELES COUNTY HEALTH OFFICER**

**ORDER OF THE LOS ANGELES COUNTY HEALTH OFFICER**

**COVID-19 Reporting Requirements**

**Original Issue Date: Thursday, March 30, 2023**

**Revision Date: Wednesday, July 05, 2023**

Effective at 12:01am on **Thursday, July 06, 2023**

**Brief Highlights (Revisions are highlighted in yellow):**

**7/5/2023:**

- Updates the internet Link to be used for Cluster Reporting to the Los Angeles County Department of Public Health (LACDPH) to: <https://redcap.link/lac-covid>.
- In alignment with the [California Department of Public Health's June 20, 2023, Non-Healthcare Congregate Facilities COVID-19 Outbreak Definitions and Reporting Guidance for Local Health Departments](#), shortens the timeframe for COVID-19 outbreaks from 14 days to 7 days, as the period of time to determine whether the number of a COVID-19 cases at a facility or worksite constitutes an outbreak that requires reporting to LACDPH. See Section 7 for specific changes.
- Clarifies categories of facilities in Section 4: Facilities Subject to this Order, which are required to report clusters of COVID-19 cases to LACDPH.

**Please read this Order carefully.**

**Summary of the Order:**

Although the County of Los Angeles ended its COVID-19 emergency declarations on March 31, 2023, it remains important to continue public health surveillance<sup>1</sup> efforts to understand trends in COVID-19 infections, hospitalizations, and deaths and the impact they may be having in the community and within various sectors. Accordingly, this County Health Officer Order (Order) continues the requirement for laboratories to report COVID-19 test results and for providers to report COVID-19 hospitalizations and deaths. Although COVID-19 test results, hospitalizations, and deaths will continue to be reported to the Los Angeles County Department of Public Health (LACDPH), from a public health surveillance perspective, these individual reports do not provide sufficient context regarding the continued impact COVID-19 infections may have on various sectors within Los Angeles County. This is especially true with the wide availability and use of

<sup>1</sup> *Public health surveillance* is defined as “the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.” Centers for Disease Control and Prevention (CDC). *Introduction to Public Health Surveillance*. Retrieved from <https://www.cdc.gov/training/publichealth101/surveillance.html>. Accessed on 3/29/2023.

COVID-19 home test kits outside of a healthcare or laboratory testing facility. Consequently, this Order also continues the local COVID-19 cluster reporting requirements for healthcare facilities, skilled nursing facilities, community care facilities, worksites, residential congregate settings, and educational settings, as outlined in this Order. Reporting of clusters of COVID-19 cases to LACDPH will facilitate public health surveillance of COVID-19 and provision of rapid Public Health guidance to facilities and sites that may be experiencing a COVID-19 outbreak.

This Order is effective within the County of Los Angeles Public Health Jurisdiction, defined as all cities and unincorporated areas within the County of Los Angeles, except for the cities of Long Beach and Pasadena that must follow their respective City Health Officer orders and guidance. This Order is effective at 12:01am on **Thursday, July 06, 2023.**

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE (HSC)  
SECTION 120175; CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 17,  
SECTION 2501; AND LOS ANGELES COUNTY CODE, SECTION 11.04.010  
THE COUNTY OF LOS ANGELES HEALTH OFFICER ORDERS:**

- 1) Purpose.** COVID-19 continues to spread and pose a risk to persons within Los Angeles County. It remains important to maintain public health surveillance of COVID-19 infections, severe outcomes, and case clusters. This Order continues the requirement to report COVID-19 tests, hospitalizations, deaths, and clusters to LACDPH, which provides local situational awareness of any changes in infection patterns and levels. Rapid reporting also helps LACDPH provide prompt guidance to facilities and sites that are experiencing an outbreak among their patients, residents, or workers. The County Health Officer will continue to monitor data regarding the evolving scientific understanding of the risks posed by COVID-19, including the impact of vaccinations, and may amend or rescind this Order based on analysis of data and knowledge.
- 2) Intent.** The primary intent of this Order is to continue the COVID-19 testing, hospitalization, death, and cluster reporting requirements to allow for ongoing situational awareness of COVID-19. This Order does not alter any COVID-19 reporting obligation under federal or California statutory or regulatory law.
- 3) Interpretation.** All provisions of this Order must be interpreted to effectuate the purpose and intent of this Order as described above. The summary at the beginning of this Order as well as the headings and subheadings of sections contained in this Order are for convenience only and may not be used to interpret this Order. In the event of any inconsistency between the summary, headings, or subheadings and the text of this Order, the text will control.
- 4) Facilities Subject to this Order.** This Order applies to the following facilities and sites within the County Public Health Jurisdiction, as detailed in this Section.
  - a) **Healthcare Facilities.** Healthcare Facilities subject to this Order include the following facilities or settings:
    - i) Acute Care Hospitals
    - ii) Acute Psychiatric Hospitals

- iii) Chemical Dependency Recovery Hospitals
  - iv) Hospice Facilities
  - v) Respite Care Facilities
  - vi) Skilled Nursing Facilities
- b) **Community Care Facilities.**
- i) Adult Residential Care Facilities, all license types
  - ii) Continuing Care Retirement Communities
  - iii) Intermediate Care Facilities of all license types, including those for the Developmentally Disabled
  - iv) Psychiatric Health Facilities, including Acute Psychiatric Hospitals
  - v) Residential Care Facilities for the Elderly
  - vi) Residential Facility Chronically Ill
  - vii) Social Rehabilitation Facilities
  - viii) Long-Term Care Facilities
  - ix) Congregate Living Health Facilities
  - x) Residential Substance Use Treatment Facilities
  - xi) Mental Health Treatment Facilities
  - xii) Adult Day Programs
  - xiii) Adult Day Healthcare Centers (Community Based Adult Services)
- c) **Workplace Settings.**
- i) Places of employment as defined in [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#), section 3205(a)(2)(A)-(D).
- d) **Sites Serving People Experiencing Homelessness and Congregate Residential Settings (excludes sites that provide healthcare or assistance with activities of daily living).**
- i) Shelters for people experiencing homelessness
  - ii) Encampment or safe parking sites
  - iii) Recuperative care centers
  - iv) Non-congregate shelters, single room occupancy hotels (SRO), or permanent supportive housing
  - v) Agencies that provide housing or services
  - vi) Correctional/detention facilities
  - vii) Community residential congregate settings, such as shared housing

d) **Educational Settings.**

- i) **Early Care and Education (ECE) Facilities**
- ii) TK-12 Schools
- iii) Institutes of Higher Education (IHE) (including colleges, universities, and trade and technical schools)
- iv) **Programs serving school-aged children, including day care, camps, and youth sports programs**

5) **Definitions.** For purposes of this Order the following terms have the meanings given below:

a) **COVID-19 Case.** A person who:

- i) Has a positive viral test (i.e., a PCR or antigen test, including self-administered and self-read tests) for COVID-19 and/or
- ii) Has a positive COVID-19 diagnosis from a licensed healthcare provider.

b) **COVID-19.** COVID-19 means coronavirus disease 2019, the disease caused by the SARS-CoV-2 virus.

c) **Linked COVID-19 Cases.** Cases that have had a close contact between persons as defined by the [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#) or may include individuals who are members of the same risk cohort (for example, individuals were present at some point in the same setting during the same time period while they were infectious), even without an identified close contact.

6) **Laboratory and Provider Reporting Requirements.**

a) **All reporting laboratories must:**

- i) Report SARS-CoV-2 virus positive and non-positive test results (e.g., not detected, inconclusive, and specimen unsatisfactory) to LACDPH, via electronic transmission.

b) **All reporting laboratories that are not reporting electronically must:**

- i) Register with the California Department of Public Health (CDPH) [Health Information Exchange \(HIE\) Gateway](#) and complete the enrollment process for [Infectious Disease Electronic Laboratory Reporting](#) within 1 week of receipt of this Order.
- ii) Initiate Electronic Laboratory Reporting immediately upon completion of the onboarding process.

c) **All hospitals must:**

- i) Designate a liaison with their facility to coordinate and communicate with LACDPH regarding COVID-19.

- ii) Provide LACDPH a line list for all COVID-19 positive hospitalized inpatients, as detailed in the following reporting guidance:  
<http://publichealth.lacounty.gov/acd/docs/HospCOVIDReportingGuide.pdf>
- d) **All mandated reporters must:**
  - i) Report COVID-19 hospitalizations and deaths, as required by California Code of Regulations, Title 17, section 2500 and the State Public Health Officer Order: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Revision-of-Mandatory-Reporting-of-Covid-19-Results-by-Health-Care-Providers.aspx>. More details on how to report are available at <http://publichealth.lacounty.gov/acd/ncorona2019/reporting.htm>.
- e) **All skilled nursing facilities must also:**
  - i) Report COVID-19 data, at the frequency and timeline required, to the federal Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). Required COVID-19 data includes the reporting of all data elements in the Long-Term Care Facilities (LTCF) COVID-19 Module and the HCP & Resident COVID-19 Vaccination Module under the NHSN LTCF Component.

## 7) COVID-19 Cluster Reporting Requirements for Various Sectors.

- a) **Cluster Reporting Methods for All Sectors:** Facilities in sectors outlined in section 7 subdivisions (b) through (e) below must report clusters of COVID-19 cases to LACDPH online at <https://redcap.link/lac-covid> or by phone at 888-397-3993 or 213-240-7821. Educational settings should follow the unique reporting methods outlined in Section 7(f).
- b) **Healthcare Facilities.** The Facility must report within 24 hours when there are at least two (2) Linked COVID-19 Cases identified in patients four (4) or more days after admission (i.e., nosocomial cases) or three (3) Linked COVID-19 Cases among staff within a 7-day period.
- c) **Skilled Nursing Facilities and Community Care Facilities.** The Facility must report within 24 hours when there are at least one (1) COVID-19 Case in a resident or three (3) Linked COVID-19 Cases among staff within a 7-day period.
- d) **Workplace Settings.** Employers are required to report within 24 hours when there are at least three (3) Linked COVID-19 Cases among an exposed group of workers (employees, assigned or contracted workers, or volunteers) within a 7-day period.
  - i) For large workplaces with more than 100 on-site workers, employers must also report when 5% of the workers are COVID-19 cases within a 7-day period, even if they are unlinked to each other.
- e) **Sites Serving People Experiencing Homelessness and Congregate Residential Settings (excludes sites that provide healthcare or assistance with activities of daily living).** **These sites** must report within 24 hours when there are at least three (3) Linked COVID-19 Cases among residents or staff **within a 7-day period.**

- i) For large settings with more than 100 persons present in the setting, the Facility must report when 5% of the persons present are COVID-19 cases within a 14-day period, even if they are unlinked to each other.
- f) **Educational Settings.** Educational settings must notify LACDPH of all clusters of at least three (3) Linked COVID-19 Cases who were on campus at any point within the 7 days prior to illness onset date (school-associated cases). Cases include employees, children/students, and visitors.
  - i) All site-associated COVID-19 clusters should be reported online through the secure web application, the Shared Portal for Outbreak Tracking (SPOT): [https://spot.cdph.ca.gov/s/?language=en\\_US](https://spot.cdph.ca.gov/s/?language=en_US). All clusters with information for the cases should be reported to LACDPH immediately, and no later than 1 business day of being notified of the third, or last, case in the cluster. Educational settings that need assistance with reporting can contact: [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov).
- 8) **Obligation to Follow County Health Officer Orders and Directives and Mandatory State and Federal Rules.** All Facilities and Workplaces must follow any applicable orders of the County Health Officer and any applicable rules issued by state or federal authorities, including but not limited to Cal/OSHA regulations. Based on local health conditions, this Order may include a limited number of health and safety requirements that are more protective or more detailed than those contained under other rules. Employers must adhere to applicable Cal/OSHA regulations relating to COVID-19 health and safety measures in the workplace. In the event of a conflict between provisions of any County Health Officer Order and any order or rule, the provision that is more protective of health supersedes the conflicting, less protective provisions of the other order or rule.
- 9) **Copies.** The County shall promptly provide copies of this Order by: (a) posting it on the Los Angeles Department of Public Health's website ([publichealth.lacounty.gov](http://publichealth.lacounty.gov)), (b) providing it to any member of the public requesting a copy, and (c) issuing a press release to publicize the Order throughout the County.
- 10) **Severability.** If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.
- 11) **Amendments to Order.** This Order may be revised in the future as the State Public Health Officer amends its guidance to reflect evolving public health conditions and recommendations issued by the federal Centers for Disease Control and Prevention (CDC) and other public health authorities. Should local COVID-19 conditions warrant, the County Health Officer may issue orders that are more protective than the guidance and orders issued by the State Public Health Officer.
- 12) **Statutory Authority.** This Order is issued pursuant to California Health and Safety Code (HSC) section 120175; California Code of Regulations (CCR), Title 17, section 2501; and Los Angeles County Code, section 11.04.010.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
ORDER OF THE HEALTH OFFICER**



**13) Effective Date.** This Order shall become effective at 12:01am **Thursday, July 06, 2023**, and will continue to be until it is revised, rescinded, superseded, or amended in writing by the County Health Officer.

**IT IS SO ORDERED:**

A handwritten signature in blue ink, appearing to read 'Muntu Davis M.D., M.P.H.', is written over a horizontal line.

**7/5/2023**

**Muntu Davis, M.D., M.P.H.**

**Date Revised**

County Health Officer,  
County of Los Angeles

# Los Angeles County Department of Public Health (LAC DPH) Guidelines COVID-19 Exposure Management Plan for Institutes of Higher Education

Note: This document is frequently updated. Please check the date on the webpage for the most recent version.

**Recent Updates:** (Changes highlighted in yellow)

**4/21/2023**

- This update aligns with the California Department of Public Health (CDPH) [Guidance on Isolation and Quarantine of the General Public](#) that took effect on March 13, 2023.
- Updates also reflect the [Los Angeles County Department of Public Health Guidelines for COVID-19 Cases \(Isolation\) and Close Contacts](#) that went into effect on March 13, 2023.
- Clarifies that staff and students who are infected with COVID-19 must stay home away from others until the criteria to end isolation have been met.
- Notification of student close contacts has changed to a strong recommendation.

A targeted public health response to contain COVID-19 exposures at a community-level can help maximize the impact of the Los Angeles County Department of Public Health (LAC DPH) COVID-19 response.

**Institutes of Higher Education (IHE)** are trusted community partners that can help LAC DPH improve the timeliness and impact of the public health response through rapid initiation of an IHE COVID-19 Exposure Management Plan (EMP). Immediate implementation of an EMP when a single case of COVID-19 is identified at an IHE can accelerate the ability to contain the spread of infection and prevent outbreaks from occurring on campus.

The steps for managing exposures to COVID-19 cases on campus are described below. The term “campus” in this document refers to non-residential settings on the IHE property and residential congregate settings that house or employ large groups of IHE students and employees, both on- and off-campus.

## Exposure Management Planning Prior to Identifying COVID-19 Cases at IHE Setting

- Required:* A designated IHE COVID-19 Compliance Officer that is responsible for serving as a liaison to LAC DPH for sharing site-level information to facilitate public health action.
- Required:* A plan to report all IHE-associated clusters of 3 or more epidemiologically linked COVID-19 cases within 1 business day of being notified of the third, or last, case in the cluster and all known COVID-19 hospitalizations and/or deaths among students or staff to LAC DPH by sending a notification to [ACDC-Education@ ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov).



• • • • Los Angeles County Department of Public Health (LAC DPH) Guidelines  
• • • • COVID-19 Exposure Management Plan for  
• • • • Institutes of Higher Education

Exposure Management for COVID-19 Cases at IHE Setting

- ❑ Students and staff with confirmed COVID-19 infection (cases) must stay home and away from others (isolate) and follow all isolation instructions for COVID-19, regardless of their vaccination status, history of previous infection, or lack of symptoms. (Refer to Isolation Instructions for People with COVID-19 [ph.lacounty.gov/covidisolation](http://ph.lacounty.gov/covidisolation).)
  - A confirmed COVID-19 case is a person who has received a positive result of the presence of SARS-CoV-2 virus as confirmed by a COVID-19 viral test or clinical diagnosis.
- ❑ Persons with symptoms of possible COVID-19 infection, regardless of vaccination status or previous infection, should isolate and test for COVID-19. Refer to LAC DPH's [Learn about Symptoms and What to do if You are Sick](#).
- ❑ Students and employees with COVID-19 can end isolation after Day 5\* (i.e., between Day 6-10) if both of the following criteria are met\*\*:
  - 1) No fever for at least 24 hours without the use of fever-reducing medicine, **AND**
  - 2) Other symptoms are **not present**, or symptoms are **mild and** improving

\*For symptomatic students and staff, Day 0 is the first day of symptoms; Day 1 is the first full day after symptoms develop. For students and staff **who never develop symptoms**, Day 0 is the day the first positive test was collected; Day 1 is the first full day after the positive test was collected. **Please note that if they develop symptoms, their new Day 0 is the first day of symptoms.**

\*\* It is **strongly recommended** that an individual test negative (with an antigen test) for COVID-19 prior to ending isolation between Day 6-10 to reduce the chance of infecting others with COVID-19.

  - Persons who continue to have symptoms of COVID-19 that are not improving should continue to isolate until their symptoms are improving or until after Day 10.
  - Persons who have left isolation and have a return or worsening of their COVID-19 symptoms need to re-test (with an antigen test). If they test positive, they should re-start isolation at Day 0.
  - If a student meets the criteria to leave isolation after Day 5, the student should continue to wear a well-fitting mask indoors around others, except when eating or drinking, through Day 10, unless they have two sequential negative COVID-19 tests taken at least one day apart.
  - For staff requirements related to isolation, refer to [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#). Employers must review and follow these regulations for the prevention and control of COVID-19 in the workplace setting. Additional information may be found in the Cal/OSHA [COVID-19 Prevention Non-Emergency Regulations FAQs](#) and DPH's [Responding to COVID-19 in the Workplace](#).



# Los Angeles County Department of Public Health (LAC DPH) Guidelines COVID-19 Exposure Management Plan for Institutes of Higher Education

- When IHE are notified of a confirmed COVID-19 case, it is strongly recommended that they notify students who were exposed to the COVID-19 case during the case's infectious period\* and provide them with actions to take for close contacts. IHE are required to notify employees if they have been exposed to a known case of COVID-19 in the workplace during the case's infectious period, as per [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#).

\*The infectious period is:

- *For symptomatic confirmed cases:* Persons who have tested positive on a COVID-19 viral test or received a clinical diagnosis of COVID-19 (i.e., a confirmed case) are considered infectious starting 2 days before their symptoms began until their isolation ends (i.e., through Days 6-10 after symptoms first appeared AND 24 hours have passed with no fever, without the use of fever-reducing medicines, and symptoms have improved).
- *For asymptomatic confirmed cases:* Persons who have tested positive on a COVID-19 viral test and never develop symptoms are infectious starting 2 days before their test was taken (test collection day is Day 0) until their isolation period ends (after Day 5).

- Close Contacts: Persons are considered to have been exposed to a COVID-19 case during the case's infectious period if:

*In indoor airspaces that are 400,000 cubic feet or less per floor:* They shared the same indoor airspace with the infected person (case) for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period.

*In indoor airspaces that are greater than 400,000 cubic feet per floor:* They were within 6 feet of the infected person (case) for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period. NOTE: Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, break/eating areas separated by floor-to-ceiling walls) are considered distinct indoor airspaces.

NOTE: Persons with an outdoor exposure are not considered close contacts.

- Close contacts to a COVID-19 case should take the following actions:
  - Close contacts who have or develop symptoms of COVID-19 infection, regardless of vaccination status or previous infection, must stay home away from others and test for COVID-19.
  - Asymptomatic close contacts do not need to stay away from others and should take the following actions to lower the risk of spreading COVID-19 to others:
    - 1) Wear a well-fitting mask around others through Day 10, especially in indoor settings.
    - 2) Test for COVID-19 between Days 3-5 after the last date of exposure.
      - Close contacts who recently tested positive for COVID-19 within the prior 30 days do not need to be tested unless symptoms develop.
      - Close contacts who recently tested positive for COVID-19 in the past 31-90

# Los Angeles County Department of Public Health (LAC DPH) Guidelines COVID-19 Exposure Management Plan for Institutes of Higher Education

days should use an antigen test.

- Close contacts who are or live with persons at [higher risk for severe illness](#) are recommended to test as soon as possible after exposure. If testing negative before Day 3, retest during the 3-5 day window following exposure, with at least 24 hours between the first and second tests.
- Close contacts who test positive for COVID-19 stay home away from others and follow the instructions for a confirmed COVID-19 case outlined above. Refer to DPH's [Guidelines for COVID-19 Cases \(Isolation\) and Close Contacts](#).

3) Monitor their health for symptoms for 10 days after the last date of exposure. If symptoms develop, stay away from others and test immediately. If the test is positive for COVID-19, they must stay home away from others and follow the instructions for a confirmed COVID-19 case. If you test negative, follow LAC DPH's [Learn about Symptoms and What to do if You are Sick](#) guidance.

Refer to Instructions for Close Contacts for COVID-19 ([ph.lacounty.gov/covidcontacts](http://ph.lacounty.gov/covidcontacts)) for details.

- Staff who are close contacts exposed at work must follow the guidance outlined in [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations](#). See also DPH's [Responding to COVID-19 in the Workplace](#).

- Staff may request masks and respirators from their employer at no cost to staff. See [Wear a Mask and Know your Rights](#) for more information.

- Employers must make COVID-19 testing available at no cost and during paid time in a manner that ensures employee confidentiality to staff who are close contacts. See [Cal/OSHA COVID-19 Prevention Non-Emergency Regulations Frequently Asked Questions-Testing](#).

- IHE must notify LAC DPH of all clusters of 3 or more confirmed cases of COVID-19 (students and/or employees) who were linked (i.e., shared a defined physical space like a classroom, workspace, communal area, sports activity, IHE-sponsored gathering at the same time) and on campus at any point within a 14-day period prior to illness onset date.

- Clusters should be reported online through the secure web application, the Shared Portal for Outbreak Tracking (SPOT): [https://spot.cdph.ca.gov/s/?language=en\\_US](https://spot.cdph.ca.gov/s/?language=en_US). For reporting multiple cases, IHE can submit their reports using the "Bulk Upload Template" located within the SPOT Portal.
- All clusters with information for the cases should be reported to Public Health immediately, and no later than 1 business day of being notified of the third, or last, case in the cluster.
- When reporting clusters, IHE are required to include exposure location and/or group membership details, when known, to describe potential connections between the cases (e.g., dormitory name/location, classroom name/location athletic team name, gathering

# Los Angeles County Department of Public Health (LAC DPH) Guidelines COVID-19 Exposure Management Plan for Institutes of Higher Education

name/date, etc.) and which cases are close contacts of each other when possible.

❑ IHE Compliance Officer will work with Public Health as needed to determine whether the cases within the reported cluster are epidemiologically linked, meaning that the affected individuals were present at some point in the same setting and during the same time period while they were infectious.

❑ DPH will review the submitted information to determine whether the outbreak criteria have been met. **The outbreak criteria are:**

In IHE Non-residential Settings: At least 3 confirmed cases of COVID-19 within a 14-day period in a group with members who are epidemiologically linked, do not share a household, and are not close contacts of each other outside of the campus. IHE groups include persons that share a common membership (e.g., Greek or other social organization, athletic teams, sports and recreation clubs, academic cohort, workplace on campus).

In IHE Residential Settings\*: At least 3 confirmed cases of COVID-19 within a 14-day period in epidemiologically linked residents and/or staff within the same or multiple dwellings that share a common area.

\*IHE residential settings include on- and off-campus residential housing facilities where groups of IHE students and/or employees congregate and/or reside (e.g., on-campus residences, on- or off- campus Greek housing). Epidemiologically linked cases are those that were present at some point in the same setting at the same time while one or more cases were infectious; OR a member of a risk group as defined by public health during an outbreak. This may include persons who share a defined physical space in the dwelling indicating a higher likelihood of linked spread of disease than sporadic transmission from the community.

❑ If outbreak criteria are met and DPH recommends an outbreak response, DPH will notify the IHE that an outbreak investigation is activated, and a Public Health **Outbreak** Investigator will communicate directly with the IHE to coordinate the response.

**NOTE:** In outbreak settings, the Public Health Outbreak Investigator may implement temporary strategies that are more protective than these guidelines to prevent further spread of COVID-19 at the site.

• • • • Los Angeles County Department of Public Health (LAC DPH) Guidelines  
 • • • • **COVID-19 Exposure Management Plan for**  
 • • • • **Institutes of Higher Education**

**Appendix A: Steps for Managing Exposures to COVID-19 cases in non-residential or residential congregate settings associated with IHE**

<b>1-2 Cases</b>	<ol style="list-style-type: none"> <li>1) <i>Required:</i> IHE notifies cases to follow isolation instructions. Cases may return when the criteria for ending isolation have been met.</li> <li>2) <i>Recommended:</i> IHE notifies IHE close contacts of exposures and actions to take.</li> </ol>
<b>3+ Cases</b>	<ol style="list-style-type: none"> <li>1) <i>Required:</i> IHE notifies cases to follow isolation instructions. Cases may return when the criteria for ending isolation have been met.</li> <li>2) <i>Recommended:</i> IHE notifies IHE close contacts of exposures and actions to take.</li> <li>3) <i>Required:</i> If there is a cluster of 3 or more cases who were linked and on campus within the 14 days prior to illness onset date, IHE reports this immediately to DPH using SPOT (<a href="https://spot.cdph.ca.gov/s/?language=en_US">https://spot.cdph.ca.gov/s/?language=en_US</a>), and no later than 1 business day of being notified of the third, or last case. Reports must include details regarding exposure location/group membership of the cases.</li> <li>4) DPH determines if outbreak criteria have been met. If a DPH outbreak investigation is activated, a Public Health Outbreak Investigator will contact the IHE to coordinate the outbreak investigation.</li> </ol>

## ORDER OF THE HEALTH OFFICER FOR CONTROL OF COVID-19

SARS-CoV-2 Data Sharing and Reporting

Order Issued: September 27, 2021

This Order is in effect until rescinded by the Health Officer.

**Summary:** California and local law empower the County of Los Angeles Health Officer (Health Officer) to take preventive measures necessary to protect the public from a public health hazard due to infectious disease including during a State of Emergency. The spread of COVID-19 poses a substantial danger to the health of the public of Los Angeles County. This Health Officer Order is issued with the intent of strengthening COVID-19 surveillance and reporting activities, which can help to slow the spread of this deadly disease.

COVID-19 is caused by a coronavirus known as SARS-CoV-2. Whole genome sequencing (WGS) (i.e., determining the virus' complete DNA sequence) and molecular testing of this virus provide high-resolution data that are instrumental to efforts to investigate viral pathogen genomes; understand outbreaks; monitor re-infection events; and identify mutations that may affect transmissibility, diagnosis, and medical countermeasures. Analysis of SARS-CoV-2 WGS data has led to important findings that have contributed to the development of diagnostic, treatment, control, and mitigation efforts. For example, WGS has been used to identify specific virus strains that are associated with outbreak clusters, develop molecular assays for COVID-19 testing, and guide the development of therapeutics and vaccines. Results of WGS and molecular testing can also impact public health decision making.

This Health Officer Order requires entities that are performing SARS-CoV-2 sequencing and molecular testing on specimens collected from residents of the Los Angeles County Public Health Jurisdiction to register with the Los Angeles County Department of Public Health (LAC DPH), report information about sequenced samples as directed, report findings of public health significance, and submit specimens upon request. It also encourages these entities to provide public access to WGS data. The World Health Organization (WHO) strongly supports making these data publicly available, to strengthen research efforts and inform public health decision-making during outbreaks.<sup>1</sup>

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER ORDERS THE FOLLOWING:**

### **1) Registration with the Los Angeles County Department of Public Health**

Any research or diagnostic laboratory, academic institution, or other entity ("Entity") that is performing whole genome sequencing for SARS-CoV-2 (COVID-19) and/or Polymerase Chain Reaction (PCR), molecular, or sequencing-based surveillance for variants of SARS-CoV-2 (COVID-19) on patient specimens collected from residents of the Los Angeles County Public Health Jurisdiction must register with LAC DPH within 14 days of the issuance of this Order and thereafter, annually submit updated registration information per instructions provided by LAC DPH.

## 2) **SARS CoV-2 Sequences and Findings of Urgent Public Health Concern**

Effective immediately, any research or diagnostic laboratory, academic institution, or other entity (“Entity”) that is performing whole genome sequencing for SARS-CoV-2 (COVID-19) and/or PCR, molecular, or sequencing-based surveillance for variants of SARS-CoV-2 (COVID-19) on patient specimens collected from residents of the Los Angeles County Public Health Jurisdiction must, upon request, provide LAC DPH with information regarding sequenced samples, including associated patient information when available. Entity must provide any sequencing results that are requested, including results from specimens that were sequenced prior to issuance of this Health Officer Order. When requested, the Entity must report this information in an electronic format specified by LAC DPH, per the timeline specified by LAC DPH.

The Entity must report any suspected outbreak of COVID-19 that is identified based on coordinated specimen collection, detection of clusters of closely related specimens, or other analyses. The Entity must also report findings of urgent public health concern, including but not limited to, the Entity’s first identification of a known [variant of concern, interest, and/or high consequence](#) in Los Angeles County. These findings must be reported within 1 working day to LAC DPH by phone (888-397-3993 or 213-240-7821) or electronically per instructions provided by LAC DPH.

## 3) **Submission of SARS-CoV-2 Specimens**

Effective immediately, if requested, any research or diagnostic laboratory, academic institution, or other entity (“Entity”) that identifies SARS-CoV-2 (COVID-19) from patient specimens collected from residents of the Los Angeles County Public Health Jurisdiction is required to submit specimens to the LAC DPH Public Health Laboratories. Entity must include specimen CT or RLU value and identifiable patient information related to the specimen submission such as name, date of birth, date of collection, medical record number, address of residence, email address, and phone number when available.

## 4) **Whole Genome Sequencing Data Repository**

Any research or diagnostic laboratory, academic institution, or other entity (“Entity”) that is performing whole genome sequencing for SARS-CoV-2 (COVID-19) on specimens collected from residents of the Los Angeles County Public Health Jurisdiction is strongly encouraged to make the WGS data publicly accessible. When sequence data meet acceptance standards for upload, the Entity should upload de-identified complete viral genomic sequence data within 7 days of the date that they become available into, at a minimum, the following publicly accessible repositories:

- Global Initiative on Sharing All Influenza Data ([GISAID](#)). When uploading sequences into GISAID, the metadata file should include “Location” column field information to the County level (i.e., North America / USA / California / Los Angeles County).
- National Center for Biotechnology Information ([NCBI](#)) GenBank. When uploading sequences into GenBank, the Entity should select SARS-CoV-2 submission and during the Source Modifier step, specify “USA: California, Los Angeles County” in the “Country” column.

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH  
ORDER OF THE HEALTH OFFICER**



For each sequence submitted, within 7 days of the date that results become available, Entity should submit the GISAID and GenBank accession number, along with specified corresponding patient identifiers when available, to LAC DPH electronically per instructions provided by LAC DPH.

These actions are required because they will enable the Los Angeles County Department of Public Health and other stakeholders to identify which SARS-CoV-2 virus strains are spreading locally, in the state, and in the nation, which will support the development of targeted strategies, diagnostics, and therapeutics.

**5) Additional Terms**

- a. If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.
- b. The violation of any provision of this Order constitutes an imminent threat and creates an immediate menace to public health, safety, and welfare. To protect the public's health, the County Health Officer may take additional action(s) for failure to comply with this Order.
- c. Violation of this Order is a misdemeanor punishable by imprisonment, fine or both under California Health and Section Code Section 120275 et seq and Los Angeles County Code Section 11.02.080.

This Order will remain in effect until rescinded, superseded, or amended in writing by the Health Officer.

If you have any questions about this Order, please call the LAC DPH Public Health Laboratories Director at (562) 658-1330.

For updated COVID-19 guidance and reference documents, please visit the LAC DPH website: <http://ph.lacounty.gov/Coronavirus>.

**IT IS SO ORDERED:**

---

**Muntu Davis, M.D., M.P.H.**  
Health Officer,  
County of Los Angeles

9/27/2021

---

**Date**





## RESOURCES

- **Global Initiative on Sharing All Influenza Data (GISAID)**  
<https://www.gisaid.org>
- **National Center for Biotechnology Information (NCBI), National Library of Medicine**  
<https://www.ncbi.nlm.nih.gov/sars-cov-2>
- **Emerging SARS-CoV-2 Variants**  
Centers for Disease Control and Prevention  
<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html>
- **SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES)**  
Centers for Disease Control and Prevention  
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/spheres.html>
- **Advanced Molecular Detection (AMD) Tools and Resources**  
Centers for Disease Control and Prevention  
<https://www.cdc.gov/amd/>
- **Genomic Epidemiology Data Infrastructure Needs for SARS-CoV-2: Modernizing Pandemic Response Strategies**  
National Academies of Sciences, Engineering, and Medicine; Division on Earth and Life Studies; Board on Life Sciences; Health and Medicine Division; Board on Health Sciences Policy; Committee on Data Needs to Monitor Evolution of SARS-CoV-2  
<https://www.ncbi.nlm.nih.gov/books/NBK562778/>
- **SARS-CoV-2 Sequencing Data: The Devil Is in the Genomic Detail**  
American Society for Microbiology  
<https://asm.org/Articles/2020/October/SARS-CoV-2-Sequencing-Data-The-Devil-Is-in-the-Gen>
- **Sequencing of SARS-CoV-2**  
European Centre for Disease Prevention and Control  
<https://www.ecdc.europa.eu/sites/default/files/documents/sequencing-of-SARS-CoV-2.pdf>
- **COVID-19 Resources for the Public and Providers**  
Los Angeles County Department of Public Health  
<http://ph.lacounty.gov/Coronavirus>

---

<sup>i</sup> R&D Blueprint: Public consultation - Pathogen genetic sequence data (GSD). WHO's draft code of conduct for open and timely sharing of pathogen genetic sequence data during outbreaks of infectious disease. Geneva, Switzerland: World Health Organization; 2019. Available at: [https://www.who.int/blueprint/what/norms-standards/GSDDraftCodeConduct\\_forpublicconsultation-v1.pdf?ua=1](https://www.who.int/blueprint/what/norms-standards/GSDDraftCodeConduct_forpublicconsultation-v1.pdf?ua=1)