



DSHS Coronavirus Disease 2019 (COVID-19) Reinfection Guidance

Updated: 02/24/2022

Starting February 24, 2022, the Texas Department of State Health Services (DSHS) DSHS Central Office adopted the new Council of State and Territorial Epidemiologists (CSTE) guidance and case definition for COVID-19 reinfection cases.* This guidance update adds to the existing guidance by counting cases that meet either the probable or confirmed case definition to be enumerated as a new case. See below for additional FAQs (pg. 2).

Case Criteria

The following should be enumerated as a new case:

- SARS-CoV-2 sequencing results from the new positive specimen and a positive specimen from the most recent previous case demonstrate a different lineage,

OR

- person was most recently enumerated as a confirmed or probable case with onset date (if available) or first positive specimen collection date for that classification >90 days prior,

OR

- person was previously reported but not enumerated as a confirmed or probable case (i.e., suspect) but now meets the criteria for a confirmed or probable case.

Additional Case Notes

- Reinfections should be enumerated as new COVID-19 cases, and COVID-19 isolation and quarantine procedures apply to these cases.
- The DSHS Austin Lab will accept reinfection cases for priority sequencing. Please notify DSHS Central Office Coronavirus Epidemiology team (EAIDU-coronavirus@dshs.texas.gov) if you would like sequencing for a confirmed reinfection case.

Reporting of Reinfection Cases:

Central Office is no longer requesting that PHRs and LHDs send COVID-19 Reinfection Worksheets to Central Office. If a PHR or LHD receives a paper or faxed lab that has not previously been reported for a case that may be a reinfection, they will need to enter that lab into NEDSS and create a case investigation for it to be detected as a potential reinfection. Central Office will be able to pull a list of cases that meet the test-based reinfection definition from the National Electronic Disease Surveillance System (NEDSS). PHRs may request these reports on an ad hoc basis. To request these reports, please email the Coronavirus Epidemiology team at (EAIDU-coronavirus@dshs.texas.gov).

*** COVID-19 2021 Case Definition, Approved November 2021**

<https://www.dshs.texas.gov/coronavirus/docs/DSHS-COVID19EpiCaseCriteriaGuide.pdf>

**** Duration of Isolation & Precautions for Adults**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

FAQS

What are the key changes with this adoption?

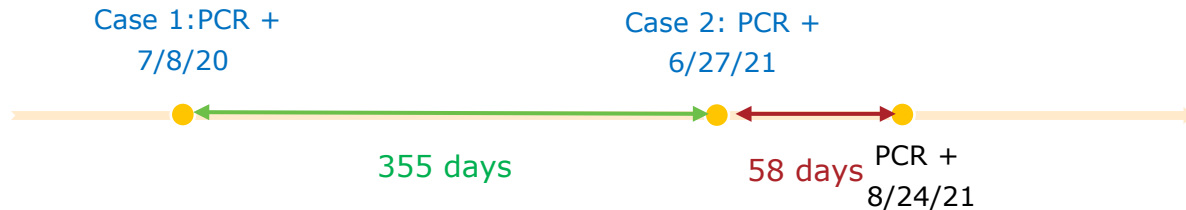
In addition to Confirmed cases, Probable cases will now be considered in the reinfection case review. This means, in terms of laboratory evidence, antigen positive tests will now be included in addition to PCR positive or other positive molecular tests (i.e., NAAT).

How does Central Office evaluate reinfection cases?

To be considered a reinfection, a case should be prioritized when a person has a PCR or Antigen (not Antibody) positive result more than 90 days from their initial positive result from their most recent case classification. Please review the case submission examples below:

Example 1.

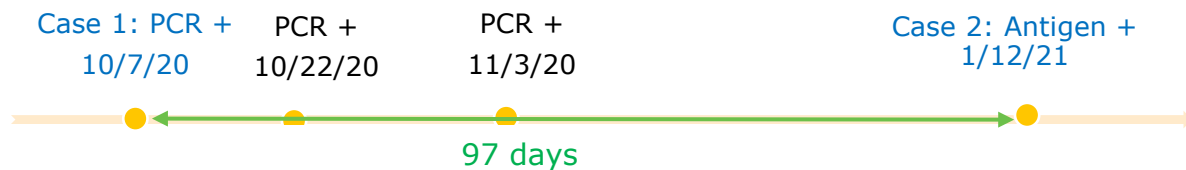
The case was reported to have two PCR positive tests on 7/8/2020 and 8/24/2021. After reviewing NEDSS/NBS, a PCR positive test was identified on 6/27/2021. There were 355 days between 7/8/2020 and 6/27/2021; therefore, meeting the 90-day requirement. The case created based on the PCR positive meets the reinfection case definition while the test on 8/24/21 does not (58 days). Blue labels indicate new cases.



Example 2.

The case was reported to have PCR positive test on 10/7/2020 and an Antigen positive test on 1/12/2021. After reviewing NEDSS/NBS, two PCR positive tests were identified on 10/22/2020 and 11/3/2020.

Putting these tests on a timeline, the two tests used to determine the 90-day requirement will be 10/7/2020 and 1/12/2021. There are 97 days between these tests, and this case meets the reinfection case definition.



Example 3.

The case was reported to have Antigen positive tests on 5/15/2020, 8/11/2020, 11/17/2020, and 11/24/2020. After reviewing NEDSS/NBS for additional tests, no additional qualifying labs were identified.

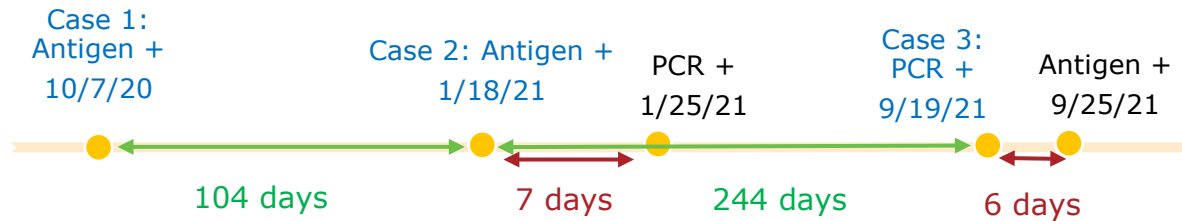
The two tests used to determine the 90-day requirement will be 5/15/2020 and 11/17/2020. There are 186 days between these tests, and this case meets the definition of reinfection. The 5/15/2020 and the 8/11/2020 would not meet the current case definition as it falls short of the 90-day requirement at 89 days.



Example 4.

The case was reported to have a mix of PCR and Antigen positive tests on 10/7/2020, 1/18/2021, 1/25/2021, 9/19/2021, and 9/25/21. After reviewing NEDSS/NBS for additional tests, no additional qualifying labs were identified.

This patient would have three cases created, two probable case investigations and one confirmed. Two of the cases would count as reinfections as they have two timeframes that meet the 90 day and lab requirements as displayed in the timeline below.



Example 5.

The case was reported to have two PCR positive tests on 7/8/2020 and 10/16/2020. After reviewing NEDSS/NBS, additional PCR positive tests were identified on 7/22/2020, 8/5/2020, 8/26/2020, 9/15/2020, 9/24/2020, and 10/1/2020.

This case has laboratory evidence of being persistently positive but would be considered a reinfection case beginning on 10/16/20.

