

Covid-19 Ambulatory PCR Testing Recommendations (12/29/20)

Assumptions

- Widespread testing of symptomatic outpatients is a critical element to clinical care, appropriate isolation, contact tracing, accurate assessment of disease prevalence, and ultimate control of the epidemic.
- Emergency Department and hospital testing policies may differ.
- This document does not address 'clearance' related testing following documented Covid-19 disease, or the role of serologic testing, which should not be used for diagnosis of Covid-19.
- Capacity for testing may increase but can be temporarily limited due to variable supply chain constraints.
- Use of conjunctive risk reduction strategies (masking of patients and providers, social distancing, PPE when appropriate) remains in effect
- Guidance may change over time.

SYMPTOMATIC INDIVIDUALS—(Test All).

1. All patients with symptoms suggestive of Covid-19 should be tested without regard to symptom severity.
2. **Early testing**—within 0-5 days of symptom onset—is more likely to detect Covid-19 due to high viral loads early in disease.
3. Healthcare workers (HCWs) should be tested through established expedited pathways.
4. Where and when access to testing is truly limited, priority should be given to high-risk groups.

ASYMPTOMATIC INDIVIDUALS—(Test Some). Recommend use of highly sensitive lab-based nucleic acid tests only, as POC nucleic acid tests (e.g. Abbott ID NOW) and rapid antigen tests (e.g. Abbott Binax Now and BD Veritor) may not have sufficient sensitivity to rule out disease. Any positive test using antigen POC testing likely requires PCR confirmation. Highest priority groups to consider include:

1. Patients requiring **procedures that may pose a risk to HCWs** in the event of undiagnosed asymptomatic infection, as outlined in pre-procedure testing guidelines. This includes, but is not limited to:
 - Intubation or conscious sedation
 - Aerosolizing procedure (e.g. bronchoscopy)
 - Aerodigestive procedure (upper endoscopy)
 - Childbirth admission
2. Patients requiring **planned intervention** where outcomes may be worsened by unrecognized Covid-19. Some examples include (but may not always be necessary for):
 - Chemotherapy or other significant immunosuppression
 - Stem cell / solid-organ transplant
 - Dialysis
3. Individuals that may pose **risk to vulnerable others** in the event of undiagnosed, asymptomatic infection
 - New admission to SNF, assisted living, long-term care, homeless shelter, etc.
 - Patients coming from such settings into high risk clinical environments (e.g. hematology/oncology clinic)
4. **Following high risk occupational, home, or community exposure** as defined and recommended by the CDC and Yale New Haven Health and related entities or **when returning from high risk travel** as defined by state departments of health and as outlined in specific quarantine recommendations.
5. First responders or other pandemic-critical employees **following high risk exposure**
6. **SNF and congregate living residents and staff** (with intervals to be determined based on prevalence).
7. **Community screening** in identified high-risk settings or neighborhoods.
8. Individuals **returning from travel**, in accordance with state public health directives.

Testing of the following groups is optional and based on test availability at this time and alternative testing sites should be considered:

1. Testing for reassurance alone
2. Testing prior to small family or social events or travel (in conjunction with self isolation, masking, and social distancing)

Testing of the following asymptomatic groups is **NOT recommended routinely** at this time, but may eventually be an important element of ultimate epidemic control:

1. Routine screening of patients presenting for ambulatory clinic appointments, exclusive of those listed in #3 above.

Testing for the following asymptomatic groups is **NOT recommended** and should not be facilitated by members of our organization:

1. Routine screening prior to social events which are intended to eliminate requirement for social distancing, masking, and adherence to State of Connecticut mandates.

Based on CDC guidance, IDSA guidelines and local recommendations. Endorsed by the YNHHS/YM Testing Stewardship Committee and the YNHHS Covid 19 Ambulatory Steering Committee.