

# Covid-19 Ambulatory PCR Testing Principles as of APRIL 22, 2020

## 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
- ED and hospital testing policies may differ from ambulatory testing
- 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 will progressively increase
- PPE, masking of patients and providers remain in effect and should reduce need for asymptomatic testing
- Guidance may change over time

## RECOMMENDATIONS

### 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 3-5 days of symptom onset—is more likely to detect Covid-19 due to high viral loads early in disease
3. HCW should be tested through established expedited pathways
4. Where access to testing is truly limited, priority should be given to high risk groups
  - Age>60
  - Chronic medical conditions (i.e. lung disease, cardiovascular disease, cirrhosis, end stage renal disease, diabetes, cirrhosis, obesity with BMI≥35) and pregnancy
  - Immunosuppressed (i.e. HIV, immunodeficiency or on immunosuppressive medications)
  - Individuals residing in institutional facilities (i.e. prison, skilled nursing facility or long term care, homeless facility)
  - Workers essential to pandemic response

**ASYMPTOMATIC INDIVIDUALS—Test select high-risk groups only.** Recommend use of highly sensitive lab-based PCR assays only, as POC tests (e.g. Abbott ID NOW) may not have sufficient sensitivity to rule out disease. The process and timing for testing these groups is the responsibility of involved proceduralists and specialists.

1. Patients requiring **procedures posing risk to HCW** in the event of undiagnosed asymptomatic infection
  - Intubation or high risk conscious sedation (ASA 3 or 4)
  - Aerosolizing procedure (e.g. bronchoscopy)
  - Aerodigestive procedure (upper endoscopy)
  - Prior to delivery (pregnancy)
2. **Risk to patients requiring planned intervention** in the event of undiagnosed asymptomatic infection. Examples:
  - Immunosuppression
  - Stem cell transplant
  - Dialysis
  - Chemotherapy
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. oncology clinic)

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. Asymptomatic contacts of known cases
2. Routine screening of patients returning to clinic
3. Routine screening of HCW returning to clinic
4. Population-based or targeted screening

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.