

HEALTH ALERT

Coronavirus Disease 2019 (COVID-19): Updated Guidance for Testing

May 5, 2020

Update from Health Alert about testing procedures released April 1, 2020

Summary and Action Items

- The Ohio Department of Health (ODH) has issued updated COVID-19 testing guidance.
- This guidance applies to all COVID-19 testing in the State of Ohio.
- ODH continues to prioritize testing for symptomatic individuals in Priority 1 and Priority 2 at the ODH Public Health Laboratory (ODHL).
- Antibody test results should not be used as the sole basis to diagnose someone with an active SARS-CoV-2 infection. Please visit the CDC website for more information on [serology testing for COVID-19](#) and [serology surveillance strategy](#).

Updated COVID-19 Testing Guidance

The Centers for Disease Control and Prevention (CDC) has established [priority groups for testing](#). Ohio has modified these groups to meet the specific needs of our state considering changes in testing availability and evolving knowledge of COVID-19 and its impact on Ohioans. The state continues to emphasize testing of patients who are most severely ill, patients who are moderately ill with a high risk of complications – such as those who are elderly and those with serious medical issues – and individuals who are critical to providing care and service to those who are ill. Expanded test availability will allow individuals in lower risk tiers to be tested and help to further contain and respond to COVID-19 in Ohio. COVID-19 Hospital Preparedness Zones/Regions and community-based coalitions will work together to ensure equitable implementation of effective testing strategies that align with Ohio’s cohesive statewide plan.

Testing is only one component of Ohio’s response to COVID-19. The role of testing is to quickly identify individuals infected with COVID-19, promptly isolate them and trace and quarantine any contacts to minimize spread of the virus to others. Testing does not change treatment in any way, nor does it replace comprehensive infection control and prevention activities.

Testing must be first available to individuals described in **Priorities 1, 2 and 3**. At a later date yet to be determined, testing for other groups will be implemented. The purpose of this prioritization is to assure access to testing for the most ill and vulnerable Ohioans and those who care for them in order to limit the risk of spread in congregate living environments and communities. The prioritization also recognizes the appropriate use and preservation of personal protection equipment (PPE) across all health care and community settings to ensure safety.

Priority 1 is to ensure optimal and safe care for all hospitalized patients, lessen the risk of hospital-acquired infections, and ensure staff safety. Testing for Priority 1 includes:

- Hospitalized patients with symptoms.
- Healthcare personnel with symptoms. This includes behavioral health providers, home health workers, nursing facility and assisted living employees, emergency medical technicians (EMTs), housekeepers and others who work in healthcare and congregate living settings¹.

Priority 2 is to ensure that people at highest risk of complications from COVID-19 and those who provide essential public services are rapidly identified and appropriately prioritized in accordance with the [CDC's April 30 guidance for testing in nursing homes](#)². Testing for Priority 2 includes:

- Residents of long-term care facilities and other congregate living settings¹ who are symptomatic.
- Residents and staff of long-term care facilities and congregate living settings¹ who are asymptomatic with known exposure to COVID-19 in the context of an outbreak (e.g., two or more cases in the same area, wing or building). The purpose of testing individuals who are exposed and asymptomatic is to facilitate more specific isolation and quarantine within the congregate living setting to reduce the risk of virus transmission to other residents³. In these cases, the extent of testing will be determined by the local health department in consultation with the facility medical director or other clinical leadership.
- Patients 65 years of age and older with symptoms.
- Patients with underlying conditions with symptoms.
 - Consideration should be given for testing racial and ethnic minority groups with underlying illness who are disproportionately affected by adverse COVID-19 outcomes – currently African Americans, Hispanics and Latinos, some American Indian tribes (e.g., Navajo Nation).
- First responders, public health workers, and [critical infrastructure workers](#) with symptoms.
- Other individuals or groups designated by public health authorities to evaluate and manage community outbreaks, including those within workplaces and other large gatherings.

Priority 3 is to test individuals with and without symptoms to implement health care services across all health care settings, as outlined in the [Stay Safe Ohio Order](#) and [Governor DeWine's Responsible RestartOhio Guide for Health Care](#). The purpose of Priority 3 testing is to minimize risk of post-procedure complications and transmission of COVID-19. Testing for Priority 3 includes:

- Individuals receiving essential surgeries and procedures, including those that were reassessed after a delay, as outlined in Responsible RestartOhio for Health Care Step 1.
- Individuals receiving all other medically necessary procedures that do not require an overnight stay or an inpatient hospital admission, as outlined in Responsible RestartOhio for Health Care Step 2, which became effective on May 1, 2020.
- Providers/facilities should develop policies to define the necessity for testing based on procedural and individual patient risk factors. Zone/region leaders may be consulted for alignment with best practices.

Footnotes:

¹ Congregate living settings are those where more than 6 persons reside with a propensity for rapid person-to-person spread, including but not limited to: assisted living, nursing facilities, Ohio Veterans Homes, residential mental health and substance use treatment facilities, psychiatric hospitals and group home settings, developmental centers, intermediate care facilities and group homes for individuals with intellectual disabilities, facilities operated by the Ohio Department of Youth Services, facilities operated by the Department of Rehabilitation and Corrections, homeless and domestic violence shelters, and jails.

² The CDC's April 30 Guidance for Nursing Facilities states at (3): the first step of a test-based prevention strategy is a Point Prevalence Survey (PPS). Performing PPS on units with symptomatic residents should be prioritized.

³ Following testing for this group:

- Exposed but asymptomatic residents who test negative still should be quarantined for 14 days and monitored for symptoms, as they could test positive later during the 14-day incubation period.
- Exposed but asymptomatic staff who test negative should be assessed to determine need for quarantine and symptom monitoring based on CDC's "[Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in Healthcare Settings to Patients with COVID-19](#)". They may be permitted to work, adhering to CDC's "[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)".
- Exposed but asymptomatic staff who test positive should remain off work for ten (10) days following the date of the test, assuming they remain asymptomatic. Under certain circumstances they may be permitted to work, adhering to CDC's "[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)".

Providers should work with their regional hospital leads on issues related to testing and use hospital labs and private labs preferentially. The regional leads in collaboration with ODH will be assessing laboratory capacity and assessing supplies on hand to ensure each region is maximizing their testing capacity. All specimens referred to ODHL require approval of the ODH Bureau of Infectious Diseases for processing and will focus on symptomatic patients in Priorities 1 and 2.

Serology Testing for COVID-19

Antibody test results should not be used as the sole basis to diagnose someone with an active SARS-CoV-2 infection. It typically takes 1 to 3 weeks after someone becomes infected with SARS-CoV-2 for their body to make antibodies; some people may take longer to develop antibodies. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with an active infection.

- Check FDA's website to see antibody tests with [emergency use authorization](#) (EUA). FDA has reviewed the validation of these tests.
- Check FDA's website for a list [of other antibody tests on the market](#). FDA has not reviewed the validation of tests by these developers, who may not be pursuing EUAs.
- Read FDA's letter to healthcare providers: [Important Information on the Use of Serological \(Antibody\) Tests for COVID-19](#).

Please visit the CDC website for more information on [serology testing for COVID-19](#) and [serology surveillance strategy](#).

Local health jurisdictions: Please report all positive serological tests in the Ohio Disease Reporting System (ODRS). For case classification, detection of specific antibody in serum, plasma, or whole blood using a serological test with FDA EUA meets presumptive laboratory evidence and can be considered as a probable case if either clinical criteria OR epidemiologic evidence are also met.

Contact

Immediately report all confirmed or probable cases of COVID-19 to the local health department in the jurisdiction in which the case resides. To locate a local health department, please visit <https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD>.

For general questions related to COVID-19, healthcare providers and facilities should contact their local health department. Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599.

For testing at ODH Laboratory, contact the ODH Bureau of Infectious Diseases at 614-995-5599 and complete the ODH Microbiology Specimen Submission Form (attached) for each specimen.

Attachments

- COVID-19 Testing in Ohio Graphic (UPDATED May 4, 2020)
- Sample Microbiology Specimen Submission Form