

VDH Updated Guidance on Testing for COVID-19

On March 4, 2020, the Centers for Disease Control and Prevention (CDC) removed clinical and epidemiologic criteria for considering an individual to be a patient under investigation (PUI) for COVID-19. At this point, the Division of Consolidated Laboratory Services (DCLS), Virginia's state lab, has received a very small number of test kits from CDC so has a limited capacity for testing. Until private labs are able to provide testing and DCLS receives additional test kits, we need to continue to use some clinical and epidemiologic criteria to identify patients most likely to be infected with SARS-CoV-2. These criteria are as follows:

1. Person who had close contact* with a laboratory-confirmed COVID-19 patient within 14 days of onset **AND** fever or signs/symptoms of a lower respiratory illness;
2. Person with travel to a country with a [Level 2 or 3 Travel Advisory](#) or an area with confirmed ongoing community transmission within 14 days of onset **AND** has fever and signs/symptoms of a lower respiratory illness **AND** tested negative for influenza on initial work-up (rapid or confirmatory)** ;
3. Person who resides in a nursing home or long-term care facility **AND** who has fever or signs/symptoms of a lower respiratory illness **AND** who tested negative for influenza on initial work-up (rapid or confirmatory))** **AND** a respiratory virus panel negative for all pathogens** **AND** no alternative diagnosis

*Close contact is defined by [CDC](#) as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

— or —

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

Note: Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

** Initial work-up for influenza can be a rapid influenza diagnostic test or confirmatory PCR test performed at a routine laboratory. Initial work-up using the respiratory virus panel (if applicable) should be performed at a routine laboratory.

COVID-19 testing is available at private laboratories and more laboratories are expected to offer testing in the future. If clinicians want to test patients who do not meet the above criteria for testing at DCLS, they should check with their laboratory partners about testing availability. Clinicians should use their

judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). For more information, refer to the CDC guidance about evaluating and testing persons for COVID-19 at www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.