

## VDH Updated Guidance on Testing for COVID-19

Due to a limited number of tests available, testing performed at DCLS, Virginia's state lab, is reserved for patients who meet VDH's priority investigation criteria below. If you have a patient who meets VDH criteria, please contact your local health department to request approval for testing. For other patients who need COVID-19 testing, please contact a private laboratory to ask about how to submit specimens for testing. VDH approval is not needed for testing at private labs.

1. Person (including healthcare worker) 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 fever and clinically or radiographically diagnosed pneumonia requiring hospitalization **AND** who tested negative for influenza and other respiratory pathogens on a respiratory virus panel on initial work-up\*\* **AND** no alternative diagnosis;
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\*\* **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 or facemask, 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 should be performed at a routine laboratory.

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](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html).

Virginia's local health departments do not provide primary care and thus are not equipped to clinically evaluate patients with respiratory symptoms. At this time, local health departments are not providing COVID-19 testing. Please do not refer your patients to a local health department for testing.