

VDH Updated Guidance on Testing for COVID-19

The Virginia Department of Health (VDH) will continue to update on this emerging, rapidly evolving situation. VDH will provide updated information as it becomes available, in addition to updated guidance.

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](#) 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. Healthcare workers and first line responders who had contact or cared for a patient with COVID-19 within 14 days of last exposure **AND** fever or signs/symptoms of a lower respiratory illness.
2. Potential clusters of unknown respiratory illness where influenza has been ruled out, with priority for healthcare facility outbreaks. All suspected clusters or outbreaks should be reported to the local health department.
3. Persons hospitalized **AND** who tested negative for influenza and other respiratory pathogens on a respiratory virus panel on initial work-up** **AND** no alternative diagnosis. Priority will be given to ICU admissions or people on ventilators, where circumstances require a confirmed COVID-19 for compassionate use treatment with antivirals.
4. 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** no alternative diagnosis.

If a clinician suspects COVID-19 and public health resources are not available for testing, clinicians should:

- Take appropriate [infection control precautions](#) in the healthcare setting.
- Advise patients with mild illness to isolate at home, according to [CDC recommendations](#).
- Pursue testing through a private laboratory for individuals where there is a high-priority to confirm testing because of exposures to vulnerable populations (e.g., daycare worker, correctional facility worker, etc.) or because widespread community transmission has not been documented.

*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).

Clinical diagnosis of COVID-19 is a reportable condition, regardless of whether testing is pursued or not. Clinicians should utilize the VDH Online Morbidity Report Portal to report individual cases that do not meet the criteria for DCLS testing noted above: <http://www.vdh.virginia.gov/surveillance-and-investigation/commonwealth-of-virginiastate-board-of-health/>

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. Virginia's local health departments do not provide primary care and thus are not equipped to clinically evaluate patients with respiratory symptoms.