COVID-19 Testing Guidance (Nucleic Acid Amplification / PCR Testing)

6/5/2020 Updates From Prior Version

1. Added guidance for COVID testing of patients without COVID-19 symptoms.
   a. Testing may be considered for asymptomatic close contacts of persons with COVID-19 infection and for patients/personnel identified as a part of a cluster investigation by public health or infection control
   b. Testing is discouraged for routine surveillance of asymptomatic COVID-19 infection, but Rush healthcare personnel may obtain asymptomatic testing at Rush testing sites, and all other asymptomatic patients may seek unrestricted testing at IDPH State-Operated Testing Sites.

General Principles

1. COVID-19 testing should only be performed if it changes patient management
   a. Example of over-testing: Patients who are transferred in with an existing positive COVID-19 test from an outside hospital

2. Point-of-care (‘Rapid’) COVID-19 testing on inpatients is discouraged as it is resource intensive. Order routine COVID-19 testing for most patients, with turnaround time of 1 day.

3. For inpatients, repeat COVID-19 testing (i.e., ordering a 2nd COVID-19 test if 1st test is negative) to make an initial COVID-19 diagnosis may be considered any of the following situations:
   a. High clinical suspicion with no alternative diagnosis, worsening respiratory status, clinical deterioration, OR admission to ICU (endotracheal sample or bronchoalveolar lavage after intubation preferred)

4. “Presumptive COVID-19” patient status
   a. Even if all COVID-19 testing is negative (regardless of number of tests), if the patient has clinical features concerning for COVID-19, then admit to COVID-19 unit with COVID-19 infection precautions and add EPIC infection status for “Presumptive COVID-19”.
      i. COVID-19 clinical features include compatible symptoms, chest X-ray/CT findings, or undifferentiated respiratory illness
Whom to test for COVID-19

1. A patient with symptoms or signs consistent with COVID-19.
   a. Symptoms include: Fever (including subjective fever and chills), cough, shortness of breath, sore throat, body aches, or new loss of taste / smell.

2. Patients for whom universal COVID-19 testing is currently considered (this list will change over time based on community COVID-19 prevalence, indication, and testing availability):
   a. Patients admitted with any of the following risk factors: homelessness, congregate settings (e.g., nursing home, homeless shelters, jail/prison)
   b. Pregnant women admitted for Labor and Delivery
   c. Patients undergoing transplant (solid organ or hematologic transplant) or chemotherapy treatment
   d. Patients prior to OR/IR/endoscopy procedure or prior to any aerosol-generating procedure of the airway / upper digestive tract (see “Pre-procedure, Pre-surgical COVID Testing Protocols” in Clinical Resources section of Rush COVID-19 intranet page)

3. For asymptomatic patients (i.e., no COVID-19 symptoms), testing may be considered for:
   a. Unprotected close contacts of persons with COVID-19 infection, within 14 days of exposure.
      i. Per Illinois Department of Public Health, a close contact is defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the COVID-infected person is isolated.
      ii. Testing of close contacts is optional, as a negative COVID-19 test does not preclude a positive test on a subsequent day within the incubation period.
   b. Patients or healthcare workers instructed by public health / infection control to undergo testing because they are part of a COVID-19 cluster investigation.

4. Testing of asymptomatic patients (i.e., no COVID-19 symptoms) is discouraged for:
   a. Patients who want to undergo periodic ‘surveillance’ of infection because of on-going risk (e.g., workplace risk).
      i. Rationale: A negative COVID-19 test on any given day does not preclude a positive test on a subsequent day.
      ii. Rush healthcare personnel may undergo asymptomatic surveillance testing at Rush.
      iii. For all other asymptomatic patients, Illinois Department of Public Health’s State-Operated Community-Based Test Sites may offer additional COVID testing opportunities with no restriction or cost.
## Considerations for Outpatient Re-Testing (e.g., return visit to emergency room or primary care setting)

<table>
<thead>
<tr>
<th>Prior COVID-19 Test Result</th>
<th>Current Outpatient Symptoms</th>
<th>COVID-19 Re-Test?</th>
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</table>
| Positive                   | Continued symptoms, not improving | **No:** COVID-19 infection already established.  
Assess for symptoms/signs of severe COVID-19 disease.  
Search for other causes of symptoms. |
|                            | New episode of COVID-19-like symptoms | **Yes:** to diagnose potential re-infection.  
Since re-infection has not been described to date, and prolonged (4-8 weeks) shedding of COVID-19 RNA remnants can occur *without live virus*, search for other causes of symptoms. |
| Negative                   | Continued symptoms, not improving | **Consider re-testing if symptoms consistent with COVID-19**  
Search for other causes of symptoms. |
|                            | New episode of COVID-19-like symptoms | **Yes**  
Search for other causes of symptoms. |