



October 6, 2020

Significant recent changes are highlighted in blue text

COVID-19 testing recommendations for health care providers

The recommendations in this document should be followed to the extent possible in order to slow and stop the spread of COVID-19, but are not mandatory.

Oregon Health Authority (OHA) recommends COVID-19 viral testing for all people with new symptoms consistent with COVID-19, regardless of severity. A list of symptoms is available from the CDC [here](#). OHA recommends that all people with symptoms consistent with COVID-19 call their health care provider before their visit to discuss their illness and testing availability.

OHA recommends using only tests that have U.S. Food and Drug Administration (FDA) approval or Emergency Use Authorization (EUA). The up-to-date list is available [here](#).

Criteria for testing at OSPHL are described in a separate document, available at healthoregon.org/coronavirushcp.

Viral testing at clinical and private laboratories *

1. General recommendations:

- a. Providers do not need to notify the local public health authority (LPHA) or OHA when evaluating patients with respiratory illness or ordering COVID-19 testing.
- b. Because COVID-19 and influenza (which is treatable) can present in similar fashion, influenza testing should be considered in addition to COVID-19 testing.
- c. Employers are responsible for making testing available to their health care workers, who should be tested according to the recommendations below.
- d. If a patient does not have a clinical need to be sent to an emergency department or a hospital, do not send them there.
- e. Specimens should be collected under appropriate infection prevention precautions. For information on recommended infection prevention measures for patients with suspected or confirmed COVID-19, see [OHA's Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19](#).
- f. Note that nasopharyngeal (NP) swabs, oropharyngeal (OP) swabs, nasal swabs and

* Viral testing includes nucleic acid amplification tests (including PCR tests) and antigen tests.

nasopharyngeal washes are not considered aerosol-generating procedures.

- g. COVID-19 disproportionately affects Black/African American, Latinx, American Indian/Alaska Native, Asian, Asian American and Pacific Islander communities. OHA requires health care providers to collect accurate race, ethnicity, language and disability ([REAL-D](#)) data on all patients, including those being tested for COVID-19. Please ensure that these data have been collected in a patient's health record prior to ordering COVID-19 testing.
- h. [If resources are limited, people with symptoms consistent with COVID-19 should be prioritized for testing.](#)

2. OHA recommends that any person with symptoms consistent with COVID-19 be tested for COVID-19.

If resources are limited, the following groups should be prioritized. Severity of symptoms, testing availability and health care system capacity should also be considered.

- a. Health care workers and first responders (EMS, public safety workers)
- b. Residents, staff, children and others in congregate settings (e.g., residential care facilities, childcare facilities, group homes, schools, agricultural workplaces, food processing plants, jails or prisons, shelters)
- c. Workers who provide direct care or services in multiple group facilities or who provide in-home services (e.g., hospice care workers, physical or occupational therapists, in-home personal care workers)
- d. Essential front-line service workers who have regular contact with large numbers of people (e.g., those working in grocery, pharmacy, transit, delivery and other critical infrastructure services)
- e. People 65 years of age or older
- f. People with underlying medical conditions, including, but not limited to hypertension, diabetes, cardiovascular disease, lung disease, obesity and immunocompromising conditions
- g. People who identify as Black, African American, Latinx, American Indian/Alaska Native, Asian, Asian American or Pacific Islander
- h. People who identify as having a disability
- i. People whose first language is not English
- j. Pregnant women
- k. People whose condition requires hospitalization
- l. People who, within 14 days of their symptom onset, had close contact with a confirmed or presumptive COVID-19 case

3. **OHA recommends that people in the following groups be tested regardless of whether they have symptoms:**
 - a. Close contacts of confirmed or presumptive COVID-19 cases.[†] The optimal time for testing of asymptomatic contacts is unknown, but 3–14 days after exposure is recommended based on data on testing sensitivity, which indicate that likelihood of a positive test in an infected person remains close to zero until day 3–4 after exposure. Note that a negative test does not change the need for 14 days of quarantine for all contacts.
 - b. People exposed to COVID-19 in a congregate setting (e.g., residential care facilities, childcare facilities, group homes, schools, agricultural workplaces, food processing plants, jails or prisons, shelters)
 - c. Migrant/seasonal agricultural workers upon arrival in Oregon
4. **OHA recommends that testing of people without symptoms consistent with COVID-19 be limited to the following groups:**
 - a. People who identify as Black, African-American, Latino, Latina, Latinx, American Indian/Alaska Native, Asian, Asian-American or Pacific Islander
 - b. People who identify as having a disability
 - c. People whose first language is not English

Patients and providers should be aware that COVID-19 testing for asymptomatic individuals may not be covered by insurance (e.g., when there is no known contact or exposure to COVID-19).

Interpretation of test results

Tests for COVID-19 have significant limitations. Testing is most useful in patients with COVID-19 symptoms. Testing of people without symptoms is most useful in COVID-19 case, cluster and outbreak investigations. Antibody testing is not recommended (see next section).

Because viral nucleic acid or antigen is not reliably detectable throughout the course of SARS-CoV-2 infection, it is difficult to glean actionable information from negative test results. Both molecular (e.g., PCR) and point-of-care (POC) antigen tests may produce false negative results. A negative test result neither rules out SARS-CoV-2 infection nor influences the duration of isolation or quarantine. OHA does not recommend confirmatory molecular testing for negative POC antigen tests; an exception is in symptomatic residents and staff in long-term care facilities (LTCF) (see [Provisional Guidance for Point-of-care Antigen Testing for COVID-19 in Long-term Care Facilities](#)).

Both molecular and POC antigen tests for COVID-19 are very unlikely to produce false positive results. OHA considers any person with a positive molecular or POC antigen test for COVID-19 a confirmed case of COVID-19, regardless of symptoms. This differs from CDC guidance

[†] A confirmed case is a person who tests positive using a diagnostic test that has received EUA from FDA. Presumptive cases are determined by LPHAs according to OHA's investigative guidelines.

that recommends confirmatory molecular testing for positive POC antigen tests in asymptomatic patients and for negative POC antigen tests in symptomatic patients.

Antibody testing

Serology-based tests for COVID-19 are increasingly available. Serology tests assess for the presence of antibodies to the SARS-CoV-2 virus in blood.

Antibody testing is **not** recommended for diagnosis or exclusion of COVID-19. Viral testing (e.g., PCR) is necessary to confirm COVID-19. It may take up to 14 days for antibodies to SARS-CoV-2 to be detectable by serology assays.

Serology has limited utility in the care of patients who may have COVID-19, but it may be useful for epidemiologic studies. OHA has begun a series of SARS-CoV-2 seroprevalence studies to determine the prevalence of antibodies in Oregon.

Providers who order antibody testing should understand the limitations of the tests and explain these limitations to patients:

- Antibody tests cannot reliably diagnose or rule out active COVID-19.
- If antibody prevalence in the population is very low, or the specificity of the test is not very high (e.g., >99%), a positive serology test may be more likely to be a false positive than a true positive.
- FDA has published a [comparison](#) of selected antibody test performance, including estimates of positive predictive value—i.e., the likelihood that a positive test represents a true positive.

Whether antibodies confer or indicate any degree of immunity to COVID-19 remains unknown. Patients should not change their behavior based on antibody test results.

Messaging to patients with symptoms of COVID-19		
	Viral test	Antibody test
Positive	You have COVID-19. Protect your community by isolating according to public health recommendations.	Approximately half of test results may be falsely positive. [§] Even if you do have antibodies, it's not yet known whether they provide protection against reinfection.
Negative	Tests are falsely negative in about 30% of patients with symptoms. Assume that you have COVID-19 and protect your community by isolating until you feel better.	Your symptoms may be caused by an illness that is not COVID-19. Results may also be falsely negative even if you have or had COVID-19. Antibody tests may not become positive for weeks following infection.

Messaging to patients without symptoms of COVID-19		
	Viral test	Antibody test
Positive	You have COVID-19. You may or may not develop symptoms. Protect your community by isolating according to public health recommendations.	Approximately half of test results may be falsely positive. [§] Even if you do have antibodies, it's not yet known whether they provide protection against reinfection.
Negative	You may have COVID-19. Tests may be falsely negative, and a negative result provides no indication that you are protected from infection.	Results may be falsely negative even if you have or had COVID-19. Antibody tests may not become positive for weeks following infection.

§ False positive rate depends on the specificity of the test used and the prevalence of COVID-19 in the community.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us