Guidance for Evaluation and Laboratory Testing for COVID-19

As of 01MAY2020

Clinicians considering testing of persons with possible COVID-19 should direct their patients to COVID19.AustinTexas.gov, to take the Public Testing Enrollment Assessment, and enroll for testing.

Completion of the online assessment will not guarantee referral to a testing site. Austin Public Health will continue to *prioritize health care workers and first responders* on the frontline of the COVID-19 pandemic, as well as people at higher risk for developing severe symptoms. Testing continues to be by appointment-only and tests at the APH testing sites will be at no cost to the individual. If your patient is a healthcare provider, or Austin or Travis County Employee in need of testing, please be aware they will be required to show their work ID in order to get tested.

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) but some people may present with less common symptoms as well. Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 infections in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness.

The testing algorithm scores indicators and risk factors for COVID testing. Points are given for:

- Age > 55
- Fever
- Cough
- Shortness of breath
- Recent contact with a positive patient, and
- Comorbidities (DM, HTN, CVD, Immunosuppression, and Lung Disease)

Additionally, common symptoms recently added by the CDC include:

- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

PRIORITIES FOR COVID-19 TESTING
(Nucleic Acid or Antigen)

High Priority

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms
- Persons identified through public health cluster and selected contact investigations

Priority

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

Additional Information:

Fever may be subjective or confirmed

For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel.

> Close contact is defined as—
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> a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare 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)
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> If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in the CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

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 healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.