COVID-19 Laboratory Prioritization and Reporting Advisory

Update #8: Revised Priority Test Submission and Priority Testing Tiers
May 14, 2020

This provider advisory is issued in collaboration with healthcare partners to assure coordinated prioritized COVID-19 triage and testing instructions. This advisory is updated regularly to reflect changes in testing availability.

Patients with symptoms consistent with COVID-19 and close exposure to another known COVID-19 case should be managed as if they have COVID-19. Consider foregoing testing if it will not alter patient care or disposition.

Laboratory Testing:

If you do not have a CalREDIE account call Disease Control at (805) 681-5280

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<tr>
<th>Tier</th>
<th>Patient Type</th>
<th>How to Report</th>
<th>Laboratory Testing Resource</th>
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<tr>
<td>Tier 1</td>
<td>Symptomatic patient or staff in congregate setting</td>
<td>Call Disease Control at (805) 681-5280 to report case testing Enter positive case(s) in CalREDDIE</td>
<td>Send samples as directed by Disease Control to: • Commercial lab If using PDL: note “Priority Tier 1 Congregate Setting” OR if directed by Disease Control: • Public Health Lab Use requisition form found here: <a href="https://publichealthsbc.org/healthcare-professionals/">https://publichealthsbc.org/healthcare-professionals/</a></td>
</tr>
<tr>
<td>Tier 1</td>
<td>All other Tier 1 patients in non-congregate settings</td>
<td>Report positive cases in CalREDDIE</td>
<td>Use commercial lab and corresponding lab requisition form</td>
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<tr>
<td>Tier 2</td>
<td>All Tier 2 patients</td>
<td>Report positive cases in CalREDDIE</td>
<td>Use commercial lab and corresponding lab requisition form</td>
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Specimen Instructions

1. All CDC PPE guidance, for office staff and providers must be followed when testing:
2. Collect respiratory specimen:
   a. A nasopharyngeal (NP) specimen collected by a healthcare professional; or
   b. An oropharyngeal (OP) specimen collected by a healthcare professional; or
   c. A nasal mid-turbinate swab collected by a healthcare professional or by a supervised onsite self-collection (using a flocked tapered swab); or
   d. An anterior nares (nasal swab) specimen collected by a healthcare professional or by onsite or home self-collection (using a flocked or spun polyester swab); or
   e. Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare professional
3. Use Dacron swab with plastic stem and regular viral transport media vial
4. Collect sputum only if productive cough is present. Do not induce sputum
   a. Use sterile container
5. Keep specimen in refrigerator for maximum of 72 hours if unable to send immediately
### Tier 1

**Testing Modality:** *PCR with or without Serology*

- Hospitalized patients
- Symptomatic and asymptomatic healthcare workers, first responders, and other social service employees
- Symptomatic and asymptomatic persons >65 years of age OR any age with chronic medical conditions that increase the risk of severe COVID 19 illness
- Persons identified for testing by public health contact investigations and disease control activities in high risk settings
- Screening of asymptomatic residents or employees of congregate living facilities including:
  - After positive cases have been identified in a facility
  - Prior to resident admission or re-admission to a facility
- Symptomatic and asymptomatic persons in essential occupations
  - E.g., utility workers, grocery store workers, food supply workers, other public employees
- Lower risk symptomatic persons

### Tier 2

**Testing Modality:** *PCR with or without Serology*

- Lower risk asymptomatic persons

### Community Surveillance

**Test Modality:** PCR or Serology

- Surveillance testing of asymptomatic persons as part of community or regional surveillance programs.

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**Note:** *All testing should be accompanied by a seamless plan for follow-up of disclosure of test results and linkage to care.*

Testing of asymptomatic persons in health care, occupational and congregate settings is not a requirement, but may be done if needed to control or prevent the spread of COVID-19. Additionally, in congregate settings decisions should be made for how results will be used for infection control, resident placement, staff and resident cohorting, continuity of care when residents are transferred to other congregate settings, and frequency of repeat testing of residents and staff who test negative.

**Quarantine/Isolation**

Ill persons should stay home and away from others until there has been no fever without the use of fever-reducing medications, there has been improvement in respiratory symptoms (e.g., cough, shortness of breath) for at least 3 days; AND it is at least 10 days since symptoms first appeared, i.e., the minimum length of time will be 10 days.