

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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INFECTIOUS DISEASES SECTION

COVID-19 Testing: Recommendations for the Use of Nucleic Acid Tests to Diagnose Persons with Current Infection with SARS-CoV-2 Virus (6-16-2020)

This guidance details the current public health recommendations for COVID-19 testing in Connecticut. Health care professionals will order this kind of test to diagnose and treat a person who is sick or may be infected with COVID-19. Public health professionals will use the results of these tests to identify and control new outbreaks of COVID-19, especially in communities where the risk of serious illness and death from COVID-19 is high.

TYPES OF TESTS¹

SARS-CoV-2 is the name of the virus that causes COVID-19. Nucleic acid tests such as reverse transcriptase polymerase chain reaction (RT-PCR) help determine if a person is infected with the SARS-CoV-2 virus.

The following recommendations are for the use of nucleic acid tests to diagnose persons with current infection with SARS-CoV-2 virus and will be updated periodically, as needed.

This document does not cover the use of antibody tests to help determine if someone was infected with SARS-CoV-2 virus in the past.

WHO CAN ORDER A DIAGNOSTIC TEST FOR COVID-19?

An order by a licensed health care provider is required to obtain a test for COVID-19.² Health care providers who can order a COVID-19 test include physicians, nurse practitioners, physician assistants and pharmacists. An individual health care provider for a specific patient may issue an order or a provider facilitating COVID-19 testing at a community, hospital, pharmacy, or other site may issue the order. A consultation with a provider may be advised but is not required before getting the test.

Information about testing sites in Connecticut is available from 2-1-1. Some sites only test symptomatic persons and others test both symptomatic and asymptomatic persons.



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WHO SHOULD GET TESTED?

At the onset of the COVID-19 pandemic, nucleic acid testing was not widely available, and testing was limited to symptomatic individuals who may have been in contact with someone who was ill with COVID-19. Now that testing is more widely available, testing is recommended for all persons who are symptomatic and for those without symptoms in certain circumstances.

The goals of testing people without symptoms in certain populations or groups include the following: 1) prevent transmission in congregate settings among high risk persons; 2) inform infection control measures in healthcare settings and congregate facilities; and 3) protect persons living and working in high risk settings.

Symptomatic persons

Symptomatic persons are the highest priority for testing. Persons who test positive for the virus that causes COVID-19 need to be isolated and their close contacts need to be identified and asked to self-quarantine.

The virus that causes COVID-19 is still being passed from person-to-person in Connecticut, although much less than what was seen in April and early May 2020. Persons that have any of the following symptoms should talk to a health care provider about being tested for COVID-19 or seek testing at a community site, even if these symptoms are mild:

- a. Fever or feeling feverish
- b. Cough
- c. Difficulty breathing
- d. Sore throat
- e. Muscle or body aches
- f. Vomiting or diarrhea
- g. New loss of taste or smell

Contacts to persons with COVID-19

Testing is recommended for asymptomatic persons who are contacts of persons with confirmed or probable COVID-19.^{3,4} Persons who are contacts to a person with COVID-19 should quarantine for 14 days after their last exposure to that person. If an asymptomatic person who had been in close contact with a person with laboratory-confirmed COVID-19 tests negative during their 14-day quarantine period, this person should continue to observe quarantine for the full 14-days by remaining separated from others within their residence and monitoring for symptoms.

The Centers for Disease Control and Prevention (CDC) defines a close contact as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection).⁵

Asymptomatic persons

Testing of asymptomatic persons is not a replacement for other measures to prevent the spread of SARS-CoV-2, including wearing appropriate personal protective equipment (PPE)⁶, social distancing (when possible), wearing of facemasks or cloth face coverings in congregate settings (“universal source control”), good hand hygiene, and regular cleaning and disinfection procedures.

Because some groups (see below) have been shown to be at higher risk for infection and rapid spread of COVID-19, repeated testing is recommended for asymptomatic persons without a history of recent infection in these groups for as long as infection remains present in those settings.

RECOMMENDATIONS FOR TESTING CERTAIN GROUPS

Nursing Home and Assisted Living residents and staff⁷⁻¹⁰

Symptomatic residents and staff should have rapid access to testing. In addition, to contain spread both the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) recommend weekly testing of asymptomatic nursing home residents and staff (who have not previously tested positive) until there have been no new positive test results for 14 days among either residents or staff. Once these criteria are met, testing of asymptomatic residents and staff can be discontinued; weekly testing should resume when a single new confirmed or suspected case of COVID-19 is identified among residents or staff.

Residents and staff who have previously tested positive for SARS-CoV-2 do not need to be included in subsequent rounds of testing of asymptomatic individuals. Only residents or staff with no prior positive viral tests should be included in repeated testing of asymptomatic individuals. The same recommendations outlined above should also be applied to assisted living residents and staff.

Department of Correction staff and inmates

Department of Correction (DOC) facilities should have procedures in place to screen all new admissions for symptoms consistent with COVID-19 to facilitate isolation and rapid access to testing.¹¹ In addition to symptom-based screening, DOC facilities should test all new asymptomatic persons on admission before they enter the general inmate population. If it is possible to quarantine new inmates before they enter the general inmate population, testing should be considered at the end of the 14-day quarantine period. Testing should also be considered at the time of release to the community and on transfer to other DOC facilities.

Testing of all staff and inmates currently underway should be completed for all facilities. Retesting of previously negative asymptomatic staff and inmates should continue until there are no new positive test results in a facility. Consideration can be made for retesting to be focused on subunits within a DOC facility if positive test results are concentrated in one area of the facility.

After current testing plans are completed, testing of asymptomatic persons in DOC facilities (staff or inmates) should be conducted for close contacts of confirmed cases among other staff or inmates.

These recommendations might change as CDC recommendations for correctional facilities are updated.

Persons living in high risk communities

COVID-19 incidence has been higher among certain racial and ethnic groups, as well as in low income and densely populated areas. To reduce the impact of COVID-19, testing of symptomatic individuals in these groups should be a priority. Asymptomatic adult individuals should also be offered testing within these communities. This can be done regularly (e.g. monthly) at community-based facilities, through mobile units, or at community testing events with local partners.

Homeless shelters

Shelters should have procedures in place to screen all persons staying at the shelter on entry to the facility for symptoms consistent with COVID-19 and to refer symptomatic persons for rapid access to testing. A negative test should not be a requirement for entry to a homeless or other shelter. If a new case of COVID-19 is identified in a shelter resident or staff, testing of all asymptomatic residents and staff in that facility, should be conducted.¹²

First responders and law enforcement

Symptomatic first responders and law enforcement staff should have rapid access to testing. Testing should be conducted for asymptomatic first responders and law enforcement staff who have had known close contact to a person with laboratory-confirmed COVID-19, if appropriate personal protection equipment (PPE) was not worn at the time of the interaction.¹³

Healthcare organizations

Symptomatic health care workers who provide direct patient care are among the highest priority to have rapid access to testing for COVID-19. Many Connecticut acute care hospitals are currently testing asymptomatic health care workers and staff to determine prevalence of infection.

Healthcare organizations should develop protocols for testing health care workers and other staff working in their facilities based on CDC recommendations.¹³ Testing should be conducted for asymptomatic health care workers who have had known close contact to a person with laboratory-confirmed COVID-19 if appropriate PPE was not worn at the time of the interaction.

Congregate Residential Facilities

Many group living facilities (e.g. group homes, residential care homes, residential substance use disorder treatment facilities) are currently testing asymptomatic health care workers, staff and residents to determine prevalence of infection.

Symptomatic residents and staff should have rapid access to testing. If a resident or staff person tests positive, testing of asymptomatic residents or staff who are considered close contacts should be conducted. Testing should be conducted for asymptomatic staff who have had known close contact to a person with laboratory-confirmed COVID-19 if appropriate PPE was not worn at the time of the interaction.

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