3/31/2020

## **UW** Medicine

## **UPDATED: SARS-CoV-2 (COVID-19) Testing Criteria**

Current testing capacity across UW Medicine is adequate, therefore outpatient testing is left up to provider discretion. We continue to prioritize COVID-19 testing for symptomatic people with risk factors listed in the table below.

Those who do not meet criteria for testing but are symptomatic should stay home for 7 days or 72 hours after symptom resolution, whichever is longer. If a person is doing well at home and testing is unlikely to change management, please consider the utility of bringing someone in for testing alone. A negative test result does not definitively rule out an infection.

Clinical Features	Risk Factors?	SARS-CoV-2 Testing?
Asymptomatic		No
Asymptomatic with an aerosol- generating procedure planned within the next 72 hours (Refer to testing schematic)		Yes
New symptoms of acute respiratory infection (such as fever, cough, shortness of breath, myalgias, rhinorrhea, sore throat, anosmia, ageusia)  And does NOT require hospitalization	None	Defer to clinical judgement
New symptoms of acute respiratory infection (such as fever, cough, shortness of breath, myalgias, rhinorrhea, sore throat, anosmia, ageusia)  And does NOT require hospitalization	<ul> <li>Healthcare workers and first responders</li> <li>Person working in a critical infrastructure occupation<sup>1</sup></li> <li>Pregnant persons</li> <li>Adults older than 60 years</li> <li>Persons living homeless/unstably housed</li> <li>Persons living in a congregate setting<sup>2</sup></li> <li>Persons with chronic lung disease (eg. COPD, asthma)</li> <li>Use of an immunosuppressive medication (eg. Prednisone, rituximab, chemotherapy)</li> <li>Persons with an immunocompromising condition (eg. Current cancer, history of transplantation (solid organ or bone marrow), diabetes, dialysis, HIV, cirrhosis, rheumatoid arthritis, lupus)</li> <li>Close contact with a confirmed case<sup>3</sup></li> <li>Spent time at any skilled nursing facility</li> </ul>	Yes <sup>4</sup>
New symptoms of acute respiratory infection (such as fever, cough, shortness of breath, myalgias, rhinorrhea, sore throat, anosmia, ageusia) requiring hospitalization		Yes <sup>4</sup>

<u>If COVID-19</u> is being considered, whether testing is performed or not, please provide patients with the <u>following guidance documents</u> so that they know how to best prevent the spread of infection to other people, and to minimize phone calls.

- Patients with confirmed or suspected COVID-19
- Patients who were exposed to a confirmed COVID-19 case
- Unexposed patients with COVID-19 symptoms

<sup>&</sup>lt;sup>1</sup> Critical infrastructure occupation: E.g., grocery store, restaurant, gas station, public utilities or transportation occupations

<sup>&</sup>lt;sup>2</sup> Congregate settings: e.g. skilled nursing facilities/adult family homes, correctional facilities, homeless/shelters, other institution/congregate setting, dorms, fraternities/sororities

<sup>&</sup>lt;sup>3</sup> Close contact: Approximately 6 feet 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 having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

<sup>&</sup>lt;sup>4</sup> SARS-CoV-2 sample collection: Nasopharyngeal swabs often generate a strong cough reflex. Standard/Contact/Droplet precautions are recommended. Please remember to collect samples from <u>both nostrils</u>, <u>using the same swab</u>. For additional instructions, please refer to Sample Collection for COVID19 Testing on our <u>UW Medicine COVID-19 Website</u>. For ordering information, please review <u>UW Laboratory Test Guide</u>.