

## Jackson/Josephine/Curry County COVID-19 TESTING GUIDANCE re-opening phase 1

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LOW PREVALENCE	NOTES
<b>Full Testing Capacity</b> <u>SYMPTOMATIC</u> people (including in YELLOW and RED categories below): PCR test ALL persons presenting with COVID-19 symptoms. <u>Including mildly symptomatic persons.</u>	
<b>Moderate Testing Capacity</b> <u>SYMPTOMATIC</u> people, including in RED category below: <ul style="list-style-type: none"><li>• &gt;60 y.o. with comorbidities that put them at high risk for complications (DM, HIV, immunocompromised, chronic respiratory disease, HTN, CVD, etc.)</li><li>• Critical infrastructure workers who have regular contact with large numbers of people (farm workers, grocery clerks, pharmacy, food workers, transportation, and other front-line service workers)</li><li>• Pregnancy</li><li>• Caregivers in non-clinical settings (home health, PT, OT, in home personal care workers, etc.) especially those who provide care to multiple persons</li><li>• Homeless, houseless, housing insecure</li><li>• Other individuals who may not comply with isolation</li><li>• People who identify as Black, African American, Latinx, American Indian, Pacific Islander or as having disability</li></ul>	<ul style="list-style-type: none"><li>• High risk epi/exposure from this category may be tested at RED level when outbreaks suspected. To be determined through Local County Public Health department's support.</li></ul>
<b>Limited Testing Capacity</b> <u>SYMPTOMATIC</u> people: <ul style="list-style-type: none"><li>• Hospitalized patients</li><li>• Healthcare workers</li><li>• Staff/residents of congregate care facilities (&gt;10 individuals)</li><li>• First responders</li><li>• Out-patient care/ER patients with moderate symptoms where testing determines disposition</li><li>• Patients needing urgent or emergency surgery or other aerosol generating procedure</li></ul>	<ul style="list-style-type: none"><li>• High risk settings such as these may want to isolate those exposed and symptomatic without testing if prevalence is high, presuming COVID-19 infection</li></ul>

<p><b>In alignment with OHA guidelines, <u>we are not recommending routine testing of asymptomatic individuals</u> (see notes below).</b> Local County Public Health departments and hospitals may:</p> <ul style="list-style-type: none"> <li>• Test asymptomatic staff and residents to identify covert infection in the event of a suspected outbreak (particularly in high risk congregate living settings).</li> <li>• Test asymptomatic individuals for other specific public health or infection control purposes (e.g. prior to major aerosol generating procedures, or highly immunosuppressive treatments/procedures).</li> </ul>	<ul style="list-style-type: none"> <li>• Local County Public Health departments and hospitals may consider pooled testing (if available and needed to expand testing capacity) for early outbreak investigations in suspected low disease prevalence settings.</li> </ul>
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### Caveats/Assumptions:

- **Symptoms consistent with COVID-19 are:** cough or shortness of breath or difficulty breathing OR at least 2 of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, GI symptoms (nausea/vomiting or diarrhea), new loss of taste or smell
- **This stratification for testing populations is meant for the outpatient medical provider.** There may be other related testing frameworks within the hospitals and Local County Public Health Department settings to address other populations and needs. (For example: outbreak testing in Long Term Care, surveillance testing prior to surgery or other aerosol generating procedures).
- **This stratification for testing is assuming current low prevalence.** Recommendations may change when prevalence is higher, see notes above.
- **Asymptomatic testing is not recommended at this time.** Current low prevalence results in low positive predictive value of the test and a very high likelihood that a positive test is inaccurate in asymptomatic patients. The color table above indicates the priority of testing people *with symptoms*.
  - We assume a specificity of 95-99% with PCR testing of SARS-CoV-2.
  - In a setting of low prevalence, like we have now, the positive predictive value (PPV) is very low. In other words, there is a low probability that the disease is present when the test is positive.
  - Testing when patients have symptoms (i.e. have a higher pre-test probability of having COVID-19) results in a more accurate positive test and preserves testing (and other) resources.
  - Testing an asymptomatic patient in a low prevalence setting leads to an inaccurate positive test up to ~ 40%+ of the time.
- The testing level/color would be determined as needed by Local County Public Health departments with the hospital medical leadership. Reporting of the testing level may be changed as frequently as daily and will be distributed via Jackson County Flash Report.
- Testing is for nasopharyngeal PCR testing only; no point of care or Antibody testing is assumed in this guidance.