



June 2, 2020

Significant recent changes are highlighted in blue text

Guidance for clinicians regarding COVID-19 testing

Clinical and private laboratory options for COVID-19 testing continue to expand. Clinicians can order COVID-19 testing at their discretion through such laboratories, including Oregon hospital labs and commercial labs such as LabCorp and Quest Diagnostics. Public Health approval is not needed for this testing.

Oregon Health Authority (OHA) recommends COVID-19 viral testing for people with new onset of a COVID-19-like illness, subject to the guidelines detailed below. A list of symptoms is available from CDC [here](#). OHA recommends that people with COVID-19 symptoms call their health care provider in advance of any visit to discuss their illness, need for medical attention, and testing availability.

OHA does not recommend routine screening of asymptomatic people for COVID-19, including health care and other essential workers. In general, testing people without COVID-19 symptoms is not useful because the sensitivity of molecular testing in asymptomatic people is low. Therefore, a negative result does not significantly increase confidence that a person is not infected. Exceptions are noted in section 3 below.

OHA recommends using only tests that have FDA approval or Emergency Use Authorization (EUA). Note that EUA is an expedited vetting process that involves a much lower level of FDA review than does FDA approval. The up-to-date list is available [here](#).

There is clear evidence that COVID-19 disproportionately affects Black/African American, Latino, Latina, Latinx, Pacific Islander and American Indian/Alaskan Native communities in Oregon and across the United States. OHA requires health care providers to collect accurate race, ethnicity, language, and disability (REAL-D) data on all patients, including those being tested for COVID-19. Please ensure that these data are collected and complete in a patient's health record **prior** to ordering COVID-19 testing; these data will help assess COVID-19 risk and guide prevention efforts. Additional information on the collection of REAL-D data can be found [here](#).

Criteria for testing at OSPHL are described in a separate document, available at healthoregon.org/coronavirushcp.

Viral testing at clinical and private laboratories

1. General guidance:

- a. Clinicians do not need to routinely notify the local public health authority (LPHA) or the Oregon Health Authority when evaluating patients with respiratory illness or ordering COVID-19 testing.
- b. Because COVID-19 and influenza (which is treatable) can present in similar fashion, while influenza is circulating, an influenza test should be ordered along with a COVID-19 test.
- c. Employers are responsible for making testing available to their healthcare workers who should be tested according to the recommendations below.
- d. If a patient does not have a clinical need to be sent to an emergency department or a hospital, do not send them there.
- e. Specimens should be collected under appropriate infection prevention precautions. For information on recommended infection prevention measures for patients with suspected or confirmed COVID-19, including personal protective equipment (PPE) use and a list of aerosol-generating procedures, see OHA's Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19 at healthoregon.org/hcpcovid19.
- f. Note that nasopharyngeal (NP) swabs, oropharyngeal (OP) swabs, nasal swabs, and nasopharyngeal washes are not considered aerosol-generating procedures.

2. OHA recommends that any person **with symptoms consistent with COVID-19** be tested for COVID-19.

If resources are limited, people with symptoms in the groups listed below should be prioritized. Severity of symptoms and available testing and health care system capacity should be factored into the decision, including staff, PPE, testing supplies, specimen collection supplies, and current testing turnaround time.

- a. Healthcare workers and first responders (EMS, public safety workers)
- b. Residents, staff, children, or other people in a congregate setting (e.g., healthcare facility, residential care facility, school, agricultural workers, [food-packing plants](#), child care, corrections, [shelters](#), etc.).
- c. Workers who provide direct care or service in multiple group facilities or who provide in-home services (e.g. hospice care workers, physical or occupational therapists, in-home personal care workers, etc.)
- d. Essential front-line service workers who have regular contact with large numbers of people (e.g., those working in grocery stores, pharmacies, food service, transportation, delivery, and other critical infrastructure services)
- e. People [65](#) years of age or older

- f. People with underlying medical conditions, including, but not limited to hypertension, diabetes, cardiovascular disease, lung disease, and immunocompromising conditions
 - g. People who identify as Black, African-American, Latino, Latina, Latinx, American Indian/Alaska Native, Asian, Asian-American or Pacific Islander
 - h. People who identify as having a disability
 - i. People whose first language is not English
 - j. Pregnant women
 - k. People whose condition requires hospitalization
 - l. People who within 14 days of their symptom onset had close contact with a person with laboratory-confirmed COVID-19 or a person determined by a public health authority to be a presumptive case
3. OHA recommends that testing of people **without symptoms consistent with COVID-19** be limited to the following groups:
- a. Close contacts of a person with laboratory-confirmed COVID-19 or of a person determined by a public health authority to be a presumptive case
 - b. People exposed to COVID-19 in a congregate setting (see examples in 2b above)
 - c. Migrant/seasonal agricultural workers upon arrival in Oregon
 - d. People who identify as Black, African-American, Latino, Latina, Latinx, American Indian/Alaska Native, Asian, Asian-American or Pacific Islander
 - e. People who identify as having a disability
 - f. People whose first language is not English

Serology (antibody) testing

Serology-based tests for COVID-19 are increasingly available. Serology tests assess for the presence of antibodies to the SARS-CoV-2 virus in blood.

Antibody testing is **not** recommended for diagnosis or exclusion of COVID-19. Viral testing (e.g., PCR) is necessary to confirm COVID-19. It can take 14 days after symptom onset for antibodies to SARS-CoV-2 to be detectable by serology assays. In most people, the illness and contagious period are likely over by 14 days after symptom onset.

Serology has limited utility in the care of patients who may have COVID-19, but it may be useful for epidemiologic studies. OHA has begun a SARS-CoV-2 seroprevalence study to determine population prevalence of antibodies in Oregon based on sampling across the state.

Health care providers and health systems who decide to use antibody testing should understand the limitations of the tests and explain these limitations to patients:

- Antibody tests cannot reliably diagnose or rule out active COVID-19.

- Whether antibodies confer or indicate any degree of immunity to COVID-19 remains unknown.
- Cross-reactivity with other coronaviruses may be a concern with some assays. Check the performance data from the manufacturer of any test you plan to use.
- If antibody prevalence in the population is very low, or the specificity of the test is not very high (e.g., >99%), a positive serology test may be more likely to be a false positive than a true positive.
- FDA has published a [comparison](#) of selected antibody test performance, including estimates of positive predictive value—i.e., the likelihood that a positive test represents a true positive.

Health care providers should continue to report all cases of COVID-19, including positive results on molecular and serology tests, to public health. For details on reporting requirements, see our [disease reporting page](#).

OHA's Public Health Division is tracking all serology test lab reports—positive and negative. However, note that positive serology test results are not included in either the “confirmed” or “presumptive” case definitions for COVID-19. People who have only a positive antibody test will not be included in COVID-19 case counts. Public health is not following up on positive serology results.

For individuals with disabilities or individuals who speak a language other than English, OHA can provide documents in alternate formats such as other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsosha.state.or.us.