Technical Bulletin

Date: May 05, 2020
Topic: Expansion of COVID-19 Testing Criteria
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To: All Healthcare Providers and Facilities, Health Plans, Medical and Nursing Regulatory Boards

Background

Due to a severe lack in testing capacity up until now, the National Centers for Disease Control and Prevention (CDC) previously prioritized COVID-19 testing only for symptomatic patients. According to the *Annals of Internal Medicine*, symptoms might not develop for five to six days — or even two weeks after contracting COVID-19. The *WHO* reports show that presymptomatic and asymptomatic cases can transmit this virus one to three *days before* they start showing symptoms. About 75% of patients who tested positive without showing symptoms turned out to be presymptomatic, displaying coughing, fatigue, fever and other signs of COVID-19 in a later follow-up exam. Transmission from asymptomatic and presymptomatic nursing facility residents, who were not recognized as having SARS-CoV-2 infection and therefore not timely isolated, might have contributed to further spread, according to *CDC MMWR April 2nd – 2020 research published*.

Focusing solely on testing symptomatic patients may not be sufficient to prevent further transmission of COVID-19. Testing expansion is urgently required to determine the impact of asymptomatic cases on viral spread. Asymptomatic, subclinical and presymptomatic COVID-19 infections might contribute to the ongoing viral transmission. Current symptom-based screening strategies seem to be inadequate to identify or early detect all COVID-19 cases to prevent viral spread in the community and the transmission of infection within skilled nursing homes and other residential facilities.

Expansion of Testing to Asymptomatic Individuals

As testing capacity continues to increase the state healthcare and public health systems must extend COVID-19 testing to areas with unmet needs. Increasing testing availability will allow clinicians to consider testing for wider groups including mildly symptomatic, asymptomatic, and presymptomatic patients. To early identify more COVID-19 cases, testing should be extended to individuals with and without symptoms. Focused activities should be implemented to reduce and ultimately prevent further transmission, including testing of asymptomatic high-risk vulnerable individuals and those who could have been exposed to COVID-19 cases. Older individuals with comorbidities; racial/ethnic underserved, uninsured and under-insured minorities; individuals with physical, social, psychiatric, behavioral and/or emotional challenges seem to exhibit higher risks for contracting and dying due to COVID-19 infections. Subsequently they should be regarded as high priority for testing and early detection.

Dramatic measures are necessary to establish a statewide system for universal and timely testing of all symptomatic and high risk asymptomatic individuals. Two kinds of tests are available for COVID-19: *viral tests* and *antibody tests*. Viral tests can identify a current infection. While,

antibody tests can identify a previous infection. It may take a COVID-19 patient 1-3 weeks post infection to develop antibodies. Additionally, it is unknown yet if having such antibodies against the virus can provide some protection against reinfection and how long such protection might last.

PRIORITIES FOR COVID-19 TESTING

High Priority

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms
- Persons identified through public health clusters and select contact investigations

Priority

- Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Persons without symptoms *https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html* who are prioritized by the local/state health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local community plans.

COVID-19 data and test results that include those who don't show symptoms can provide a more accurate understanding of how the virus is spreading in the community. Such critical findings will inform future policies and guidelines. Identifying asymptomatic cases will provide a better understanding of the virus's impacts on the community. Expansion in testing will play a major part in influencing the state's continuous adjustment of prevention, community mitigation and control measures. This additional testing expansion may also lead to a larger number of residents made aware of their conditions, knowledge that could contribute to focused social distancing and further slowing community transmissions. Proceeding timely, cautiously, carefully and incrementally with testing, tracing and containment enhances our attainments and helps avoid setbacks.

Reporting

Health care providers should immediately notify both infection control personnel at their health care facility and their local/state health department in the event of a person under investigation (PUI) for COVID-19.

- Nevada Division of Public and Behavioral Health (DPBH): (775)-684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours)
- Southern Nevada Health District (SNHD): (702)-759-1300 (24 hours)
- Washoe County Health District (WCHD): (775)-328-2447 (24 hours)
- Carson City Health and Human Services (CCHHS): (775)-887-2190 (M-F 8:00 AM to 5:00 PM); (775)-887-2190 (after hours)

For More Information: Please contact DPBH M-F 8:00 AM to 5:00 PM at (775)-684-5911. The after-hours line can be contacted at (775) 400-0333.

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