PUBLIC HEALTH ADVISORY

COVID-19 Re-Testing Protocol

September 23, 2020

Background

Testing strategies for COVID-19 continue to evolve as evidence changes and new technologies become available. Staying abreast of current standards is a challenge for healthcare providers and facilities. This advisory clarifies the current standards which recommend against re-testing patients who have recent laboratory-confirmed SARS-CoV-2 infection (COVID-19).

On August 3, 2020, the Centers for Disease Control and Prevention (CDC) updated isolation guidance to support a symptom-based approach to ending COVID-19 isolation precautions. The CDC no longer recommends a test-based strategy because there is evidence of detectable SARS-CoV-2 RNA shedding in upper respiratory specimens for at least 3 months in recovered patients.

For patients with mild to moderate COVID-19, replication-competent virus has not been recovered after 10 days following symptom onset. There are no confirmed reports to date of a person being reinfected with SARS-CoV-2 within 3 months of initial infection.

Recommendations

1. Health care providers should stay up-to-date on CDC guidance on the appropriate use of testing for COVID-19.
   a. Role of PCR testing after discontinuation of isolation and precautions
      i. For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.
      ii. Persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset (or COVID positive test), especially if history of new COVID-19 exposure, should be evaluated by a healthcare provider, in consultation with infectious disease specialist, to determine if retesting is warranted.

2. Health care providers should review California Department of Public Health (CDPH) Guidance on the Use of Antigen Tests for Diagnosis of Acute COVID-19. Antigen testing is recommended for:
   a. Symptomatic individuals in populations with a high prevalence of disease. The goal is to quickly identify and isolate contagious individuals.
b. High prevalence serial testing environments (i.e. congregate living settings, high-risk essential workers, health care settings).
c. Outbreak investigations.

3. Health care providers should stay up-to-date on CDC guidance related to the Duration of Isolation and Precautions for Adults with COVID-19.

4. Healthcare providers and facilities, including clinics and hospitals, should adopt a symptom-based strategy to end isolation and precautions in COVID-19 positive patients.
   a. COVID-19 patients who are asymptomatic should end their isolation 10 days after the date of the first positive SARS-CoV-2 test.
   b. COVID-19 patients with mild to moderate infection should end their isolation 10 days following symptom onset.
   c. COVID-19 patients with severe to critical illness or who are severely immunocompromised should be isolated for at least 10 days and up to 20 days after symptom onset. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.

5. Health care facilities, mental health programs, and congregate facilities should follow CDC isolation and testing guidance as it relates to admission criteria (incl. Residential Care Facilities for the Elderly [RCFE], Skilled Nursing Facilities [SNF], mental health rehabilitation centers [MHRC], crisis stabilization units [CSU]).
   a. Facilities shall not require repeat COVID-19 testing in patients or residents with a history of COVID-19 infection or documented positive RT-PCR test 3 months prior to admission.
   b. Facilities should refer persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset (or COVID positive test), to a healthcare provider for evaluation, in consultation with an infectious disease specialist, to determine if retesting is warranted.