

BILH COVID-19 Molecular & Serology (Antibody) Testing Recommendations by Symptom Onset
 (See definitions on page 4)

INPATIENT			
Days since Symptom Onset	COVID-19 PCR	RAPID COVID-19 PCR	COVID-19 IgG
<8 days	Recommended for all	Recommended for: <ul style="list-style-type: none"> • Inpatients with life-threatening infection who require testing to enroll in clinical trial • Patients with accepted offer for receipt of solid organ transplant • OB service with approval from L&D Medical Director 	Not Recommended
8-14 days	Recommended for all	Not Recommended	Recommend for: <ul style="list-style-type: none"> • Patients with high-degree of suspicion and negative COVID-19 PCR (Repeat if (-) after 14 days)
>14 days	Consider but of decreased utility	Not Recommended	Recommended if no alternative diagnosis (at clinician discretion)
Asymptomatic	Recommend for: <ul style="list-style-type: none"> • Pregnant persons within expectation of delivery in the next 48 hrs or on admission • Patients admitted from high-risk congregate settings • Patients admitted to an inpatient psychiatry unit • Patients requiring admission for immunosuppressive therapy¹ • Inpatients with a close contact of a confirmed case of COVID-19² • Patients 48-72 hrs prior to all scheduled operative procedures • Patients 48-72 hrs prior to scheduled high-risk non-operative procedures³ 	Not Recommended	Not Recommended

EMERGENCY DEPARTMENT/URGENT CARE			
Days since Symptom Onset	COVID-19 PCR	RAPID COVID-19 PCR	COVID-19 IgG
<8 days	Recommended if high likelihood of admission <i>(If discharge planned, see outpatient grid below)</i>	Not Recommended	Not Recommended
8-14 days	Recommended if high likelihood of admission <i>(If discharge planned, see outpatient grid below)</i>	Not Recommended	Consider if: Persistent symptoms suggestive of COVID-19 with either negative PCR or PCR not performed, without alternate diagnosis
>14 days	Consider but of decreased utility	Not Recommended	Consider if: Previously symptoms suggestive of COVID-19 but negative PCR and negative initial serologic testing performed at <14 days with no alternate diagnosis
Asymptomatic	Not Recommended	Not Recommended	Not Recommended

HEALTHCARE PERSONNEL (<i>Ordered by Employee Health</i>)			
Days since Symptom Onset	COVID-19 PCR	RAPID COVID-19 PCR	COVID-19 IgG
<8 days	Recommended for all	Not Recommended	Not Recommended
8-14 days	Recommended for all	Not Recommended	Considered for: Employees with high-degree of suspicion for work-related COVID-19 and negative COVID-19 PCR (Repeat if (-) after 14 days)
>14 days	Consider but of decreased utility	Not Recommended	Considered for: Employees with high-degree of suspicion for work-related COVID-19 and negative COVID-19 PCR (Repeat if (-) prior to 14 days)
Asymptomatic	Not Recommended	Not Recommended	Not Recommended

OUTPATIENT

Days since Symptom Onset	COVID-19 PCR (See Test Priority Prioritization Strategy)	RAPID COVID-19 PCR	COVID-19 IgG
<8 days	Recommended for: <ul style="list-style-type: none"> Patients with high-risk healthcare contact⁴ Patients from congregate settings Patients from densely populated communities with known clusters of infection Patients with other high-risk conditions⁵ without high-risk health care contacts 	Not Recommended	Not Recommended
8-14 days	Recommended for: <ul style="list-style-type: none"> Patients with high-risk healthcare contact⁴ Patients from congregate settings Patients from densely populated communities with known clusters of infection Patients with other high-risk conditions⁵ without high-risk health care contacts 	Not Recommended	Consider if: Symptomatic with improvement but not full resolution of influenza-like illness (ILI) with either negative prior COVID-19 PCR or in whom a PCR test was not performed, without alternate diagnosis
>14 days	Consider but of decreased utility	Not Recommended	Consider if: Previously symptomatic patients with clinical presentation suggestive of COVID-19 but negative COVID-19 PCR <u>and</u> negative initial serologic testing performed at <14 days with no alternate diagnosis
Asymptomatic	Recommended for: <ul style="list-style-type: none"> Pregnant persons within expectation of delivery in the next 48 hrs. or on admission Patients 48-72 hrs. prior to all scheduled operative procedures Patients 48-72 hrs. prior to scheduled high-risk non-operative procedures³ Outpatients with a close contact of a confirmed case of COVID-19² Outpatients prior to initiation of immunosuppressive therapy¹ 	Not Recommended	Consider if: Asymptomatic high-risk patients 48-72 hrs prior to receipt of immunosuppressive therapy ¹ , or as part of a pre-transplant assessment <i>(Positive result should prompt a COVID-19 PCR if not proximately done)</i>

Definitions

¹Immunosuppressive therapy:

- Cytotoxic chemotherapy, solid organ or stem cell transplant, long acting biologic therapy, cellular immunotherapy or high-dose corticosteroids (high dose-steroids are defined as prednisone $\geq 15\text{mg/day}$ (or equivalent) x 28 days or more)
- Outpatients should receive a single COVID-19 PCR prior to initial receipt of cytotoxic chemotherapy, solid organ or stem cell transplant, long acting biologic therapy, cellular immunotherapy, or high-dose corticosteroids (high dose-steroids are defined as prednisone $\geq 15\text{mg/day}$ (or equivalent) x 28 days or more).
 - It is reasonable to obtain a concurrent COVID-19 IgG as part of the initial screen. There are no recommendations to obtain serial screening of PCR or serology for asymptomatic patients with serial or ongoing receipt of immunosuppression. Symptom screening should be continued, and further testing obtained if symptoms develop.

²Close Contact is defined as:

- a. being within approximately 6 feet of a COVID-19 case; close contact can occur while caring for, living with, visiting with a COVID-19 case (without wearing a mask)
OR
- b. having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on without eye protection and mask)

³High-risk non-operative procedures

- GI procedures
 - Upper endoscopy
 - Endoscopic Retrograde Cholangiopancreatography (ERCP)
 - Endoscopic Ultrasound (EUS)
 - Colonoscopy
- Cardiac procedures
 - Transesophageal echocardiogram (TEE)
 - Pacemaker placement
 - Cardiac catheterization
- Pulmonary procedures performed outside of the OR
 - Interventional pulmonary (IP) procedures
 - Bronchoscopy
- Electroconvulsive therapy (ECT)
- Interventional radiology procedures (thoracentesis, lung biopsy, chest tube placement)

⁴High-risk healthcare contact:

Patients with frequent healthcare contact in settings with contact with other patients, including:

- Patients receiving hemodialysis at a dialysis center
- Patients receiving infusions at a hospital-based practice or home infusion with VNA
- Patients receiving chemotherapy with a high likelihood of admission
- Patients receiving radiation therapy
- Patients on the transplant list or with a history of solid organ transplant or bone marrow transplant within the last year
- Patients with ventricular assist devices

⁵High-risk conditions:

- Chronic lung (such as asthma, chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine (such as diabetes mellitus)
- Cardiac disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Hematologic malignancy
- Immunosuppression (due to disease or medication)
- Liver disease
- Chronic kidney disease (other than on hemodialysis)
- Age >60
- Extreme obesity (BMI ≥ 40)
- Household contact of an Immunocompromised Hos