



**LAC DPH COVID-19 Updates:
SARS-CoV-2 Testing Guidelines and More**

June 1, 2021



*This message is intended for all healthcare providers in Los Angeles County.
Please distribute as appropriate.*

Key Message

LAC DPH has updated the [provider testing website](#) and local [SARS-CoV-2 viral testing guidelines](#). Key points include:

- Testing for SARS-CoV-2 is recommended when infection is suspected, such as when a patient has signs or symptoms consistent with COVID-19, regardless of their COVID-19 vaccination status or recent history of previous infection, or if they are an unvaccinated close contact to a confirmed case.
- With few exceptions, testing is **not** recommended for asymptomatic persons if they are fully vaccinated or if they have recently recovered from laboratory confirmed SARS-CoV-2 in the past 90 days.
- Asymptomatic persons with no known or suspected exposure to COVID-19 who screen positive for SARS-CoV-2 should receive confirmatory nucleic acid amplification testing (NAAT) due to the high probability of false positives in the setting of low community prevalence. They must complete full isolation unless the confirmatory test is negative.

Updates:

- **Improving access to vaccination:** Patients can now search the [How to Get Vaccinated](#) webpage by location, vaccine type, appointment availability, and walk-in options. The webpage also has links to services, such as the DPH Vaccine Call Center, in-home vaccination, free transport to vaccination sites, and paratransit and other transit services for people with disabilities. The site can be reached by visiting [VaccinateLACounty.com](#) (Spanish - [VacunateLosAngeles.com](#)).
- **California vaccine incentive program:** The state's [Vax for the Win](#) program offers \$50 to encourage people to get vaccinated, and entry into a \$1.5 million prize draw for people who are already vaccinated or are soon to be vaccinated.
- **FDA authorizes longer time for refrigerator storage of thawed Pfizer-BioNTech COVID-19 Vaccine.** Undiluted, thawed Pfizer-BioNTech COVID-19 vaccine vials can now be stored in a refrigerator for up to 1 month (previously this was up to 5 days). This makes it easier for community doctor's offices to receive, store, and administer the vaccine. See the [FDA press release](#).
- **LAC DPH resources for the public on masking and guidance for fully vaccinated people:** A new webpage [When You've Been Fully Vaccinated](#) summarizes what fully vaccinated persons can (and cannot) do. One page flyers on masking for those who are [fully vaccinated](#) and [not fully vaccinated](#) are now available. Visit ph.lacounty.gov/masks for more information.

Situation

The number of [COVID-19 cases](#) in LA County continues to remain low and stable. Over the past month, there has been a steady decline in hospitalizations and deaths and the latest 7-day viral test positivity is consistently $\leq 0.5\%$. More than half of persons age 16 and over in LA County have been fully vaccinated against COVID-19 and over 60% have received at least one dose. For more information see the recently updated LA County [vaccination dashboard](#).

LAC DPH SARS-CoV-2 Testing Guidelines

Currently FDA-authorized viral tests for SARS-CoV-2 (NAATs or antigen) can be used for both diagnostic and screening* purposes. When choosing the type of test to use and when interpreting test results, it is important to consider the purpose of the testing (diagnostic or screening), the test performance characteristics (sensitivity and specificity), and the pre-test probability of infection. For a detailed discussion of COVID-19 test types, their use, and interpretation, see the [COVID-19 Testing](#) page.

*Regardless of FDA authorization, for the duration of the public health emergency, [CMS has indicated](#) all SARS-CoV-2 diagnostic tests can be used on asymptomatic people.

Diagnostic testing

The goals of diagnostic testing are to identify persons actively infected with SARS-CoV-2 virus (based on symptoms or exposure) to help guide clinical and infection control decisions.

Diagnostic testing is indicated when infection is suspected, such as when the person:

- **Has signs or symptoms of COVID-19**
Individuals who have symptoms consistent with acute COVID-19 should be tested for SARS-CoV-2 infection regardless of vaccination status or recent history of previous infection.
- **Is a close contact to a confirmed case, if not fully vaccinated**
Testing is not recommended for asymptomatic close contacts who are fully vaccinated* or who have recovered from laboratory-confirmed COVID-19 within the past 3 months (90 days).
*Exceptions where testing of fully vaccinated persons should be considered include persons who live or work in higher risk congregate settings (e.g. shelters, correctional and detention facilities, group homes), healthcare settings, and high-density workplaces (e.g., manufacturing or food processing plant).
- **Is part of an outbreak investigation and response and/or case investigation**
Public health will guide testing decisions. Investigations may include testing of asymptomatic fully vaccinated persons and those with recent history of previous infection.

Nucleic acid amplification tests (NAATs) or antigen tests can be used for diagnostic testing. Negative results from less sensitive tests (e.g., antigen tests, some [NAATs](#)) should be

considered presumptive and confirmation with a standard laboratory-based NAAT test (e.g., RT-PCR) is recommended if important for clinical management or infection control decisions.

Screening testing

Screening testing is testing persons who have no signs or symptoms of COVID-19 and no known or suspected exposure to SARS-CoV-2.

The rationale for screening is to identify persons with pre-symptomatic or asymptomatic SARS-CoV-2 infection in order to prevent additional spread of the virus.

Screening, when done serially in settings with highly vulnerable residents such as SNFs, has been a useful additional infection control strategy in settings with frequent COVID-19 outbreaks and high levels of community transmission. With the advent of effective vaccines and lower community prevalence of virus, however, the utility of screening testing is less clear and may result in a high number of false positive tests.

While currently available viral tests perform well when there is a high pre-test probability of infection, this is not the case when used for screening low risk persons. The interpretation of a positive viral test in an asymptomatic person with no known or suspected exposure is unclear, and when performed in a low prevalence setting, the likelihood that it is a false positive test is high and confirmatory testing is recommended.

Despite this, until more of the population is fully vaccinated and more is known about the emerging variants, screening in some select settings is warranted. Current screening testing recommendations are primarily for persons who are not fully vaccinated in certain settings and as an additional layer of risk assessment for the residents in skilled nursing homes.

Recommendations

Screening testing is not recommended for:

- **Fully vaccinated persons**
To date, all published literature indicate that currently authorized vaccines are highly effective at preventing infection. With the few exceptions listed below, fully vaccinated people with no COVID-19-like symptoms and no known exposure should not be tested for SARS-CoV-2 infection and should be exempted from routine screening testing programs.
- **Persons who have recovered from laboratory confirmed COVID-19 within the past 90 days and are asymptomatic**
Recently infected persons are known to shed virus for up to 90 days after recovery and reinfection is unlikely to occur during this period. To avoid false positives due to detection of non-infectious viral particles, provided they remain asymptomatic, they should not be part of screening programs until at least 90 days after the onset of initial illness (or after the date of first positive viral test if they never had symptoms).

Screening testing is required in the following settings*:


- **All residents and staff of skilled nursing facilities, regardless of vaccination status** as part of the required response testing strategy.
- **For persons who are not fully vaccinated working or playing in specific settings where safe distancing and masking is not consistently feasible** as mandated in the Health Officer Order and related appendices: [Safer at Work and in the Community](#).
- **For [international travelers](#), regardless of vaccination status, prior to boarding a flight bound for the United States**, (screening is not required for persons with proof of recovery from laboratory confirmed COVID-19 in the past 90 days).

*Some additional settings or facilities may have their own screening requirements.

Screening testing is recommended*:

- **For persons who are *not fully vaccinated* in the following settings**
 - Staff and residents of community care facilities
 - Persons living/working in high-risk congregate settings (e.g., shelter, correctional and detention facilities, group homes)
 - Those who are part of a workplace or school screening program
 - Those who are playing high-contact and moderate-contact youth and adult recreational sports
- * Unless required by a Health Officer Order.
- **For the following persons after travel**
 - Not fully vaccinated persons prior to and after domestic travel
 - After international travel, regardless of vaccination status.

Organizations conducting screening testing should have a mechanism to confirm positive results in asymptomatic persons with no known exposure when the probability of infection is low. See interpretation of [NAAT](#) and [antigen](#) test sections for more information.

 **Visit the LAC DPH Provider [COVID-19 Hub](#) and [Vaccination Hub](#)**
Refresh your browser to view the latest version

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