Background
The purpose of this document is to summarize the recommendations for viral testing to detect current COVID-19 infection. Note, it does not discuss the use of serology (antibody) tests as these blood tests should not be used alone to diagnose current infection. For a detailed discussion of COVID-19 test types, their use, and interpretation, see the COVID-19 Testing pages for providers or for patients.

COVID-19 Testing Guidelines
Currently, FDA-authorized viral tests for SARS-CoV-2 (nucleic acid amplification tests/NAATs or antigen tests) can be used for both diagnostic and screening* purposes. These tests should not be confused with antibody tests, also known as serology tests, which might indicate past infection but do not indicate current infection.

*Regardless of FDA authorization, for the duration of the public health emergency, CMS has indicated all COVID-19 diagnostic tests can be used to screen asymptomatic people.

Diagnostic testing
The goals of diagnostic testing are to identify persons actively infected with COVID-19 (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 suggestive of COVID-19 should be tested 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 asymptomatic fully vaccinated close contacts 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 accurate 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.

Screening can help prevent the spread of the virus by identifying people who may be infected but who are not showing symptoms.

Screening, when done serially in settings with highly vulnerable residents such as skilled nursing facilities, 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 usefulness 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 likelihood of infection, this is not the case when used for screening low-risk persons. It is possible that asymptomatic people in a low risk setting with no known or suspected exposure may test positive without actually being infected.

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.

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 COVID-19 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 they first develop symptoms (or after the date of first positive viral test if they never had symptoms).

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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 when traveling
  - Prior to and after domestic travel, for not fully vaccinated persons only.
  - 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.

Relevant Resources
- COVID-19 Testing (for healthcare providers)
- COVID-19 Testing Basics (for general public)
- Testing Recommendations for Asymptomatic Workers