

Interim COVID-19 Testing Guidance for Healthcare Providers

Test all patients with symptoms consistent with COVID-19

Healthcare providers should test all patients with new onset of symptoms consistent with COVID-19, regardless of their age or health status. COVID-19 patients may present with

- Cough, or
- Shortness of breath or difficulty breathing

OR at least two of:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Other patients should be tested per clinical judgment. Rapidly testing all patients with symptoms consistent with COVID-19 is critical to identifying and isolating cases, quarantining their contacts, and suppressing community spread. While this guidance expands the groups of persons eligible for testing, prioritizing testing of certain symptomatic persons may be necessary until adequate test supplies are available.

Prioritize the following symptomatic patients for COVID-19 testing

- Hospitalized patients with severe lower respiratory illness
- Workers in healthcare facilities, congregate living settings, critical infrastructure and public safety/first responders
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters
- Persons identified through public health cluster and selected contact investigations
- Persons at higher risk of severe outcome
- Persons who are pregnant and in labor or scheduled for delivery

At present, limit testing of asymptomatic persons to those with exposure

- Close contacts of a case (if a close contact tests negative, these individuals still need to remain in quarantine for 14 days after their last date of exposure)
- Individuals exposed to COVID-19 during an outbreak in a congregate setting (e.g., long term care facility, shelters, correctional settings, meat-packing plants, etc.)

If adequate supplies are available, testing asymptomatic people can be considered for:

- Persons who are pregnant and present in labor
- People undergoing procedures that increase the risk of aerosolized particle spread
- People undergoing invasive surgical procedures (within 48 hours of procedure)

Testing is not generally recommended for new asymptomatic admissions to a healthcare or long-term care facility, unless to a healthcare facility using the information for cohorting.

To test an asymptomatic person, collect a nasopharyngeal swab or other recommended option.

Educate all patients you test

If COVID-19 is being considered, whether testing is performed or not, provide the following guidance documents to patients, and emphasize isolation for ill persons and self-quarantine for exposed contacts.

- [Patients with confirmed or suspected COVID-19](#)
- [Patients who were exposed to a confirmed COVID-19 case](#)
- [Unexposed patients with COVID-19 symptoms](#)

Request testing supplies and personal protective equipment (PPE)

If you do not have PPE, contact your local emergency management agency to request and receive these items. If you represent a Tribal Nation or a Local Health Jurisdiction, testing specimen collection supplies can be ordered using the [Specimen Collection Request Portal](#).

Swabs for COVID-19 testing

Specimen type	Healthcare provider	Supervised self-collection
Nasal (anterior nares)	Flocked or spun polyester swab with plastic shaft	Flocked or spun polyester swab with plastic shaft
Nasopharyngeal	Synthetic swab with wire shaft	No
Nasal mid-turbinate	Flocked tapered swab	Flocked tapered swab
Nasal/nasopharyngeal wash/aspirate	If swab not possible	No
Oropharyngeal	If nasal or NP specimen not available. Use synthetic fiber swab with plastic shaft.	No
Sputum, tracheal aspirate, BAL, pleural fluid, lung biopsy	Sterile container	No

<https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

Specimen Collection

Follow directions on the laboratory’s test menu for specimen collection instructions, submission forms, and shipping requirements. Washington law requires healthcare providers to **include the patient’s name, date of birth, address and phone number**. The Washington State Insurance Commissioner has ordered that testing for COVID-19 be at no additional cost to patients.

- Collect a single nasal, mid-turbinate or nasopharyngeal (NP) specimen using a synthetic swab and place in 2-3 ml viral transport media – if VTM is not available, check with the receiving laboratory whether saline is an acceptable substitute.
- Be aware that patients may collect their own nasal swab under healthcare provider observation. See self-collection instructions: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Self-SwabNasalCollectionInstructions.pdf>
- Lower respiratory tract specimens in a sterile container are preferred from patients who are intubated.
- For all samples, put specimen type and two identifiers (e.g., name, birthdate) on tubes and form, and store at 2-8°C.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov

In general, send specimens to commercial laboratories

There are currently more than 25 laboratories in Washington performing diagnostic testing for COVID-19. In general, healthcare providers should send specimens for COVID-19 testing to commercial or academic laboratories. Follow directions on the laboratory's test menu for specimen collection instructions, submission forms, and shipping requirements. Washington law requires healthcare providers to **include the patient's name, date of birth, address and phone number**. The Washington State Insurance Commissioner has ordered that testing for COVID-19 be at no additional cost to patients.

For certain situations, send specimens to the Public Health Laboratories (PHL)

Specimens from the following patients can be tested at the Washington State Public Health Laboratories:

- Workers in healthcare facilities, congregate living settings, critical infrastructure and public safety/first responders
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters
- Persons identified through public health cluster and selected contact investigations
- Patients with no health insurance

PHL will fax its results to the submitter and local health jurisdiction (LHJ). For PHL testing, collect specimens and send with the COVID-19 submission form including submitter name, address, phone number, and fax number.

For complete instructions on specimen collection and submission to PHL, see COVID-19 at: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>

Submit specimens to PHL with the COVID-19 sample submission form: <https://www.doh.wa.gov/Portals/1/Documents/5230/302-018-nCoVSampleSubmission2019.pdf>

Interpreting test results

The preferred diagnostic test for COVID-19 is a PCR-based test. At this point in time, specimens sent to CLIA-certified labs for PCR-based tests have demonstrated higher sensitivity and fewer false negatives than currently available point-of-care tests. While increasingly available, serology or antibody tests are not recommended for making a diagnosis of COVID-19 or to reliably determine whether or not someone has experienced a past infection with COVID-19.

Indeterminate results do not rule out COVID-19 infection.

False negative results can occur. If indicated and suspicion is high, a person with a negative test should be retested and complete recommended quarantine or self-monitoring.