



May 9, 2020

*Significant recent changes are highlighted in blue text*

## Guidance for clinicians regarding COVID-19 testing

Clinical and private laboratory options for COVID-19 testing continue to expand. Clinicians can order COVID-19 testing at their discretion through such laboratories, including Oregon hospital labs and commercial labs such as LabCorp and Quest Diagnostics. Public Health approval is not needed for this testing. Factors to consider include patient symptoms, underlying medical conditions, and contact with confirmed COVID-19 patients.

Patients with new onset of symptoms consistent with COVID-19 are recommended for testing according to the guidelines detailed below. **Symptoms consistent with COVID-19 are:**

Cough **or** shortness of breath **or** difficulty breathing

**or**

At least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell

Oregon Health Authority (OHA) recommends that people with COVID-19 symptoms call their health care provider in advance of any visit to discuss their illness, need for medical attention, and testing availability.

OHA does not recommend COVID-19 screening of asymptomatic people, including health care and other essential workers. In general, testing people without COVID-19 symptoms is not useful because the sensitivity of molecular testing in asymptomatic people is low. Therefore a negative result does not significantly increase confidence that a person is not infected. An exception is noted in 2.b below.

Criteria for testing at OSPHL are described in a separate document, available at [healthoregon.org/coronavirushcp](http://healthoregon.org/coronavirushcp).

### Testing at clinical and private laboratories

#### 1. General guidance:

- a. Clinicians do not need to routinely notify the local public health authority (LPHA) or the Oregon Health Authority when evaluating patients with respiratory illness or ordering COVID-19 testing.
- b. Because COVID-19 and influenza (which is treatable) can present in similar fashion, while influenza is circulating, an influenza test should be ordered **along with** a COVID-19 test.

- c. Employers are responsible for making testing available to their healthcare workers who should be tested according to the recommendations below.
  - d. If a patient does not have a clinical need to be sent to an emergency department or a hospital, do not send them there.
  - e. Specimens should be collected under appropriate infection prevention precautions. For information on recommended infection prevention for patients with suspected or confirmed COVID-19, including PPE use and a list of aerosol-generating procedures, see OHA's Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19 at [healthoregon.org/hcpcovid19](http://healthoregon.org/hcpcovid19).
  - f. Note that nasopharyngeal (NP) swabs, oropharyngeal (OP) swabs, nasal swabs, and nasopharyngeal washes are not considered aerosol-generating procedures.
2. OHA recommends that people **with symptoms consistent with COVID-19** in the following groups be highest priority for COVID-19 testing:
- a. Healthcare workers and first responders (EMS, public safety workers)
  - b. Residents, staff, children, or other people in a care facility or group living setting (e.g., healthcare facility, residential care facility, school, migrant or seasonal farm worker camp, child care, or corrections). When clinical laboratories have sufficient testing capacity, people in these settings without symptoms can also be considered for testing if current disease clusters or outbreaks warrant.
  - c. Workers who provide direct care or service in multiple group facilities or who provide in-home services (e.g. hospice care workers, physical or occupational therapists, in-home personal care workers, etc.)
  - d. Essential front-line service workers who have regular contact with large numbers of people (e.g., those working in grocery stores, pharmacies, food service, transportation, delivery, and other critical infrastructure services)
  - e. Patients 60 years of age or older
  - f. Patients with underlying medical conditions, including, but not limited to hypertension, diabetes, cardiovascular disease, lung disease, and immunocompromising conditions
  - g. People who identify as Black, African-American, Latino, Latina, Latinx, Hispanic, American Indian/Alaska Native, Pacific Islander or as having a disability; data indicate that these communities are at higher risk for COVID-19 and associated complications due to longstanding social and health inequities
  - h. People from linguistically diverse populations due to longstanding social and health inequities
  - i. Pregnant women
  - j. Patients whose condition requires hospitalization
  - k. Patients who had contact with a suspect or lab-confirmed COVID-19 patient within 14 days of their symptom onset
3. OHA recommends that any person **with symptoms consistent with COVID-19** may be tested for COVID-19, but should be considered a lower priority than the above groups. Severity of symptoms and available testing and health care system capacity should be factored into the decision, including staff, PPE, testing supplies, specimen collection supplies, and current testing turnaround time.

You can get this document free of charge in other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or [OHA.ADAModifications@dhsoha.state.or.us](mailto:OHA.ADAModifications@dhsoha.state.or.us).