

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

INFECTIOUS DISEASES SECTION

Interim Guidance for the Use of Molecular Tests to Diagnose Adults and Children with Current Infection with SARS-CoV-2, the Virus that Causes COVID-19 (Updated 9-11-2020)

This guidance details the current public health recommendations for COVID-19 testing in Connecticut. Health care professionals will order this kind of test to diagnose and treat an adult or child who is sick or may be infected with COVID-19. Public health professionals will use the results of these tests to identify and control new outbreaks of COVID-19, especially in communities where the risk of serious illness and death from COVID-19 is high.

TYPES OF TESTS¹

SARS-CoV-2 is the name of the virus that causes COVID-19. Two kinds of tests are available for COVID-19: viral tests and antibody tests. A viral test tells you if you have a current or recent (<90 days) infection. An antibody test might tell you if you had a past infection.

There are 2 types of viral tests: molecular tests, which are also called “nucleic acid tests,” and antigen tests, which are sometimes referred to as “rapid tests.” Of note, some molecular tests also yield “rapid” results. Molecular tests such as reverse transcriptase polymerase chain reaction (RT-PCR) help determine if a person is infected with the SARS-CoV-2 virus.

This interim guidance is for the use of molecular tests to diagnose persons with current infection with SARS-CoV-2 virus and will be updated periodically, as needed. This document does not cover the use of antigen tests (rapid tests) or antibody tests.

WHO CAN ORDER A DIAGNOSTIC TEST FOR COVID-19?

An order by a licensed health care provider is required to obtain a test for COVID-19.² Health care providers who can order a COVID-19 test include physicians, nurse practitioners, physician assistants and pharmacists. A patient’s personal health care provider may order the test; or a provider at a community, hospital, pharmacy, or



Phone: (860) 509-7995 • Fax: (860) 509-7910
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



other site where COVID-19 testing is offered may order the test. A consultation (telehealth or in-person visit) with a provider is advisable, but is not required, before being tested.

WHERE CAN SOMEONE GET A COVID-19 TEST?

Testing is available in many locations throughout Connecticut. Anyone experiencing symptoms or signs of COVID-19 should contact their primary care provider and get a test. Anyone who does not have a primary care provider should call 2-1-1 or visit [the CT Testing Locator](#) to locate the nearest testing site.

WHAT ARE THE SYMPTOMS OF COVID-19?

- Fever (100.4 F or more) or chills
- Cough (new)
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

WHO SHOULD GET TESTED?

Testing is recommended for all persons who are symptomatic and for persons without symptoms in certain circumstances. The goals of testing people without symptoms in certain populations or groups include the following: 1) prevent transmission in congregate settings among high risk persons; 2) inform infection control measures in healthcare settings and congregate facilities; and 3) preventing transmission among persons living and working in high risk settings.

Symptomatic persons

Symptomatic persons are the highest priority for testing. Persons who test positive for the virus that causes COVID-19 need to be isolated and their close contacts need to be identified and asked to self-quarantine.

Contacts of persons with COVID-19

Testing is recommended for asymptomatic persons who are contacts of persons with confirmed or probable COVID-19.^{3,4} Persons who are contacts to a person with COVID-19 should quarantine for 14 days after their last exposure to that person. If an asymptomatic person who had been in close contact with a person with laboratory-confirmed COVID-19 tests negative during their 14-day quarantine period, this person should continue to observe quarantine for the full 14-days by remaining separated from others within their residence and monitoring for symptoms.

The Centers for Disease Control and Prevention (CDC) defines a close contact as someone who spent at least 15 minutes within 6 feet of an infected person during their infectious period (starting from 2 days before illness onset or, for asymptomatic patients, 2 days prior to specimen collection) or having direct contact with an infected person's droplets (e.g., cough, sneeze).

Asymptomatic persons

Testing of asymptomatic persons is not a replacement for other measures to prevent the spread of SARS-CoV-2, including wearing appropriate personal protective equipment (PPE)⁵, social distancing (when possible), wearing of facemasks or cloth face coverings in congregate settings (“universal source control”), good hand hygiene, and regular cleaning and disinfection procedures.

Because some groups (see below) have been shown to be at higher risk for infection and rapid spread of COVID-19, repeated testing is recommended for asymptomatic persons in these groups for as long as infection remains present in those settings. (Those with a history of recent infection (less than 90 days) need not be re-tested.)

RECOMMENDATIONS FOR TESTING CERTAIN GROUPS

Nursing Home and Assisted Living residents and staff⁶⁻⁹

Symptomatic residents and staff should have rapid access to testing. In addition, to contain spread both the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) recommend weekly testing of asymptomatic nursing home residents and staff (who have not previously tested positive) until there have been no new positive test results for 14 days among either residents or staff. Once these criteria are met, nursing homes should test all staff monthly according to the following schedules: for facilities with 100 or more staff, the facility should test 25% of staff weekly; for facilities with fewer than 100 staff, the facility should test 50% of the staff every other week. DPH may require facilities to increase their testing frequency based on indicators of community spread in the facility’s respective town, city or county. Weekly testing of *all* residents and staff should resume when a single new confirmed or suspected case of COVID-19 is identified among residents or staff.

Residents and staff who have tested positive in the previous 90 days for SARS-CoV-2 do not need to be included in subsequent rounds of testing of asymptomatic individuals. The same recommendations outlined above should also be applied to assisted living residents and staff.

Department of Correction staff and inmates

Department of Correction (DOC) facilities should have procedures in place to screen all new admissions for symptoms consistent with COVID-19 to facilitate isolation and rapid access to testing.¹⁰ In addition to symptom-based screening, DOC facilities should test all new asymptomatic persons on admission before they enter the general inmate population. If it is possible to quarantine new inmates before they enter the general inmate population, testing should be considered at the end of the 14-day quarantine period. Testing should also be considered at the time of release to the community and on transfer to other DOC facilities.

Testing of all staff and inmates currently underway should be completed for all facilities. Retesting of previously negative asymptomatic staff and inmates should continue until there are no new positive test results in a facility. Consideration can be made for retesting to be focused on subunits within a DOC facility if positive test results are concentrated in one area of the facility.

After current testing plans are completed, testing of asymptomatic persons in DOC facilities (staff or inmates) should be conducted for close contacts of confirmed cases among other staff or inmates.

These recommendations might change as CDC recommendations for correctional facilities are updated.

Persons living in high risk communities

COVID-19 incidence has been higher among certain racial and ethnic groups, as well as in low income and densely populated areas. To reduce the impact of COVID-19, testing of symptomatic individuals in these groups

should be a priority. Asymptomatic adults and children should also be offered testing within these communities. This can be done regularly (e.g., monthly) at community-based facilities, through mobile units, or at community testing events with local partners.

Homeless shelters

Shelters should have procedures in place to screen all persons staying at the shelter on entry to the facility for symptoms consistent with COVID-19 and to refer symptomatic persons for rapid access to testing. A negative test should not be a requirement for entry to a homeless or other shelter. If a new case of COVID-19 is identified in a shelter resident or staff, testing of all asymptomatic residents and staff in that facility, should be conducted.¹¹

First responders and law enforcement

Symptomatic first responders and law enforcement staff should have rapid access to testing. Testing should be conducted for asymptomatic first responders and law enforcement staff who have had known close contact to a person with laboratory-confirmed COVID-19, if appropriate personal protection equipment (PPE) was not worn at the time of the interaction.¹²

Healthcare organizations

Symptomatic health care workers who provide direct patient care are among the highest priority to have rapid access to testing for COVID-19. Healthcare organizations should develop protocols for testing health care workers and other staff working in their facilities based on CDC recommendations.¹² Testing should be conducted for asymptomatic health care workers who have had known close contact to a person with laboratory-confirmed COVID-19 if appropriate PPE was not worn at the time of the interaction.

Congregate Residential Facilities

Symptomatic residents and staff should have rapid access to testing. If a resident or staff person tests positive, testing of asymptomatic residents or staff who are considered close contacts should be conducted. Testing should be conducted for asymptomatic staff who have had known close contact to a person with laboratory-confirmed COVID-19 if appropriate PPE was not worn at the time of the interaction.

REFERENCES

1. CDC, Overview of Testing for SARS-CoV-2: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>
2. DPH, Order on the Reporting of COVID-19 testing: <https://portal.ct.gov/-/media/Coronavirus/20200514-DPH-Order-modifying-the-May-6-2020-order-on-the-reporting-of-COVID19-testing.pdf?la=en>
3. CDC, Contact Tracing for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>
4. CDC, Public Health Guidance for Community-Related Exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>
5. CDC, Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>
6. CDC, Testing Guidance for Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
7. CT OTG, Executive Order 7AAA: <https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7AAA.pdf>

8. CT DPH, Supplemental DPH Guidance on Monthly Surveillance for Nursing Homes, ALSAs, and MRCs Staff Testing: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-202087-Supplemental-DPH-Guidance-on-Monthly-Surveillance.pdf>
9. CDC, Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>
10. CDC, Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
11. CDC, Investigating and Responding to COVID-19 Cases at Homeless Service Provider sites: <https://www.cdc.gov/coronavirus/2019-ncov/php/investigating-cases-homeless-shelters.html>
12. CDC, Interim U.S. Guidance of Risk Assessment and Work Restrictions for Healthcare Personnel for Potential Exposure to COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>