COVID-19 testing considerations for community healthcare providers

Summary

- Healthcare providers should increase testing for COVID-19 to help identify new cases as access to testing is expanded, but should ensure they can provide testing for all previously identified priority groups for testing. CDC has provided updated guidance on priority categories.
- Symptomatic patients should be prioritized before asymptomatic patients. Any asymptomatic patients who are tested should be appropriately educated about limitations in testing.
- PCR testing to directly detect viral RNA or viral antigen are the preferred tests to diagnose acute cases in symptomatic cases.
- Antibody testing may be appropriate for asymptomatic patients to determine if they were previously exposed to the virus, but the results must be interpreted carefully considering uncertainty about the validity of that testing.
- Patients with a confirmed COVID-19 infection by detection of viral RNA or antigen who have completed their isolation period do not need to initiate a new quarantine after a new exposure.
- Suspected reinfection: Any cases of clinician-suspected reinfection with COVID-19 that meet reporting criteria can be reported to CDC at the information below.
- Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19: A CDC HAN was shared describing this syndrome. Report any suspected cases to DHEC.

Background

This HAN supplements and updates previous DHEC guidance provided March 29, 2020, in addition to other guidance.

DHEC is working to rapidly increase testing and contact tracing capacity for COVID-19. Location of testing sites are being provided on the DHEC website as they become available. Additionally, multiple mobile testing sites are being set up as outreach to communities. Testing to identify new cases is a necessary strategy to effectively control COVID-19 as South Carolina moves toward more normal operations.
Priority testing
Priority groups provided in previous guidance should receive first consideration for testing. CDC has updated guidance for prioritizing nucleic acid amplification testing (NAAT) or PCR testing and antigen testing. CDC has identified five (5) acceptable specimens for this testing.

PRIORITIES FOR COVID-19 TESTING (Nucleic Acid or Antigen)

High Priority
- Hospitalized patients with symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms

Priority
- Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.
- Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

Other testing considerations
Community providers should prioritize testing NAAT or antigen testing for the diagnosis of acute cases.

Testing asymptomatic cases:
Any patients tested for COVID-19 when they do not have symptoms should be educated about the limitations in testing.

- PCR: A negative test even if recently exposed may mean the virus is not present at sufficient levels to be detected.
  - If patients have been told to quarantine, they must continue until the criteria is met to end it even if they test negative. Those who eventually test positive on retesting must complete the isolation criteria.
- Antibody testing: The validity of these tests is still uncertain. No positive result should be used to presume immunity to future COVID-19 exposures.

False negatives: As with any other condition, healthcare providers should be aware of the possibility of false negatives, especially for any PCR testing done early in the clinical course. If clinical suspicion of COVID-19 is high, consider advising patients to continue isolation and consider retesting.

Immunity to COVID-19
It is unknown at this time if those who have recovered from COVID-19 infection have immunity against reinfection and for how long. Many patients with confirmed COVID-19 infection have completed isolation requirements. These patients do not need to quarantine after a new
exposure. No positive result on antibody testing is sufficient at this time to presume immunity to COVID-19.

Clinician Suspected Reinfection with COVID-19

From the CDC Dear Colleague letter:

Several reports from China and South Korea have described cases of recurrent SARS-CoV-2 RNA detection (with or without symptoms) among patients who recovered from COVID-19; whether these cases represent re-infection versus intermittent viral RNA shedding is still being determined. The extent to which such cases are occurring in the United States is unknown.

We would like to learn more about clinician-suspected cases of reinfection. Have you or any clinician you know identified a confirmed COVID-19 patient with clinical recovery for approximately 10 days after symptom onset or diagnosis (if asymptomatic), and subsequently had any of the following:

--Two documented negative PCR results followed by a positive result
--Recurrence of symptoms with a positive PCR result
--Positive PCR results for ≥30 days after recovery (without any recurrence of symptoms)

If so, please use the attached link to enter a case description: https://ein.idsociety.org/surveys/survey/125/

Resources:


DHEC contact information for reportable diseases and reporting requirements

Reporting of COVID-19 cases and deaths is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at: https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf
Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

### Regional Public Health Offices – 2020
Mail or call reports to the Epidemiology Office in each Public Health Region

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<tr>
<th>MAIL TO:</th>
<th>Lowcountry</th>
<th>Midlands</th>
<th>Pee Dee</th>
<th>Upstate</th>
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<tr>
<td></td>
<td>4050 Bridge View Drive, Suite 600</td>
<td>2000 Hampton Street</td>
<td>1931 Industrial Park Road</td>
<td>200 University Ridge</td>
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<tr>
<td></td>
<td>N. Charleston, SC 29405</td>
<td>Columbia, SC 29204</td>
<td>Conway, SC 29526</td>
<td>Greenville, SC 29602</td>
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<tr>
<td></td>
<td>Fax: (843) 953-0051</td>
<td>Fax: (803) 576-2993</td>
<td>Fax: (843) 915-6502</td>
<td>Fax: (864) 282-4373</td>
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<tr>
<td>Lowcountry</td>
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<tr>
<td>Call: (843) 441-1091</td>
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| Midlands | Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York |
| Call: (888) 801-1046 |
| Nights/Weekends: (888) 801-1046 |

| Pee Dee | Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marlton, Marlboro, Sumter, Williamsburg |
| Call: (843) 915-8886 |
| Nights/Weekends: (843) 915-8845 |

| Upstate | Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union |
| Call: (864) 372-3133 |
| Nights/Weekends: (864) 423-6648 |

For information on reportable conditions, see
[https://www.scdhec.gov/ReportableConditions](https://www.scdhec.gov/ReportableConditions)

### Categories of Health Alert messages:

- **Health Alert**: Conveys the highest level of importance; warrants immediate action or attention.
- **Health Advisory**: Provides important information for a specific incident or situation; may not require immediate action.
- **Health Update**: Provides updated information regarding an incident or situation; unlikely to require immediate action.
- **Info Service**: Provides general information that is not necessarily considered to be of an emergent nature.