COVID-19 Testing Updates

Theresa Sokol, Louisiana State Epidemiologist

CMS/CDC Nursing Home Routine Testing Guidance

- **Residents:** Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances, such as the identification of a confirmed case of COVID-19 in the facility.
  - Newly admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests (antigen or PCR) for SARS-CoV-2 infection; immediately and, if negative, again 5-7 days after their admission.
- **Staff:** Routine testing of asymptomatic staff, who are not up-to-date with COVID-19 vaccination, should be based on community transmission level.
  - Staff who are up-to-date with COVID-19 vaccination do not have to be routinely tested.
  - Staff members who have recovered from a SARS-CoV-2 infection in the past 3 months do not need to be routinely tested.

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Level of COVID-19 Community Transmission	**Minimum Testing Frequency of Staff Who are Not Up-to-Date with COVID-19 Vaccination**
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial or High (orange or red)	Twice a week*
*Staff who work infrequently should be tested within 3 days before their shift (this includes the day of their shift)	

- If the level of community transmission increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity level are met.
- If the level of community transmission decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the level of community transmission has remained at the lower activity level for at least two weeks before reducing testing frequency.

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CMS/CDC Nursing Home Symptomatic Testing Guidance

- Residents and staff with signs or symptoms of COVID-19, *regardless of vaccination status*, must be tested immediately.
- Antigen tests can be used, however, negative results should be confirmed by a PCR test as soon as possible (collected within 1 to 2 days of the antigen test). Residents should be kept on transmission-based precautions and staff should remain excluded from work until PCR results return.
  - If the confirmatory PCR test is positive, the symptomatic individual should be classified as having SARS-CoV-2 infection.
- A positive antigen test does not need confirmatory testing and the symptomatic individual should be classified as having SARS-CoV-2 infection.

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CMS/CDC Nursing Home Outbreak Testing Guidance

A new COVID-19 infection in any staff or any nursing home-onset COVID-19 infection in a resident triggers an outbreak investigation and additional testing.

- **Contact Tracing**
  - If the facility is able to complete contact tracing to identify the case's close contacts, then those residents and staff with higher-risk exposure should be tested, *regardless of vaccination status.*
  - If testing of close contacts reveals additional SARS-CoV-2 cases, contact tracing should be continued to identify additional close contacts for testing.
  - A facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission
- **Broad-based Testing**
  - If the facility is unable to identify all close contacts they should instead investigate the outbreak at a facility-level or group-level.
  - Perform testing for all residents and staff on the affected unit(s) or facility-wide, *regardless of vaccination status*, immediately (but generally not earlier than 24 hours after the exposure, if known) and, if negative, again 5-7 days later.
  - If no additional cases are identified during the broad-based testing, outbreak precautions can be discontinued after 14 days and no further testing is indicated
  - If additional cases are identified, testing should continue on affected unit(s) or facility-wide every 3-7 days, in addition to outbreak precautions, until there are no new cases for 14 days.
    - If antigen testing is used, more frequent testing (every 3 days), should be considered.

Community Transmission Indicator

- First released in September 2020
- Relies on 2 metrics to define COVID-19 Community Transmission:
  - Total new cases per 100,000 in the past 7 days
  - Percent of PCR tests that are positive in the last 7 days
- Previously used by CDC for **all** masking recommendations and setting specific guidance
- Use is now limited to healthcare settings, including Nursing Homes
- Community transmission is currently the best measure for evaluating the risk introduction of COVID-19 into and subsequent spread within a long-term care facility
- Link to the CDC COVID data tracker:

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk

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Community Level Indicator

- Released in February 2022
- Represents a re-focusing of efforts for community-level monitoring of COVID-19
- Focus is on minimizing the impact of severe COVID-19
  - Preventing medically significant illness
  - Minimizing strain on the healthcare system
  - Protecting those at greatest risk
- Relies on 3 indicators to determine COVID-19 Community Level:
  - New COVID-19 admissions per 100,000 population in the past 7 days
  - The percent of staffed inpatient beds occupied by COVID-19 patients
  - Total new COVID-19 cases per 100,000 population in the past 7 days
- Informs public health recommendations for the general public and community settings

Who is Up-to-Date (UTD)?

COVID-19 Vaccine	Pfizer-BioNTech	Moderna	Johnson & Johnson's Janssen
Primary Series	2 doses of vaccine given 3-8 weeks apart	2 doses of vaccine given 4-8 weeks apart	1 dose of vaccine
Booster	1 dose of Pfizer-BioNTech or Moderna given at least 5 months after final dose in primary series	1 dose of Pfizer-BioNTech or Moderna given at least 5 months after final dose in primary series	1 dose of Pfizer-BioNTech or Moderna given at least 2 months after final dose in primary series
A resident or staff member is considered up-to-date: • immediately after receiving their 1st booster dose, OR • 2 weeks after they have completed a primary series and are not yet eligible for a booster dose			

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Community Level and Community Transmission Settings

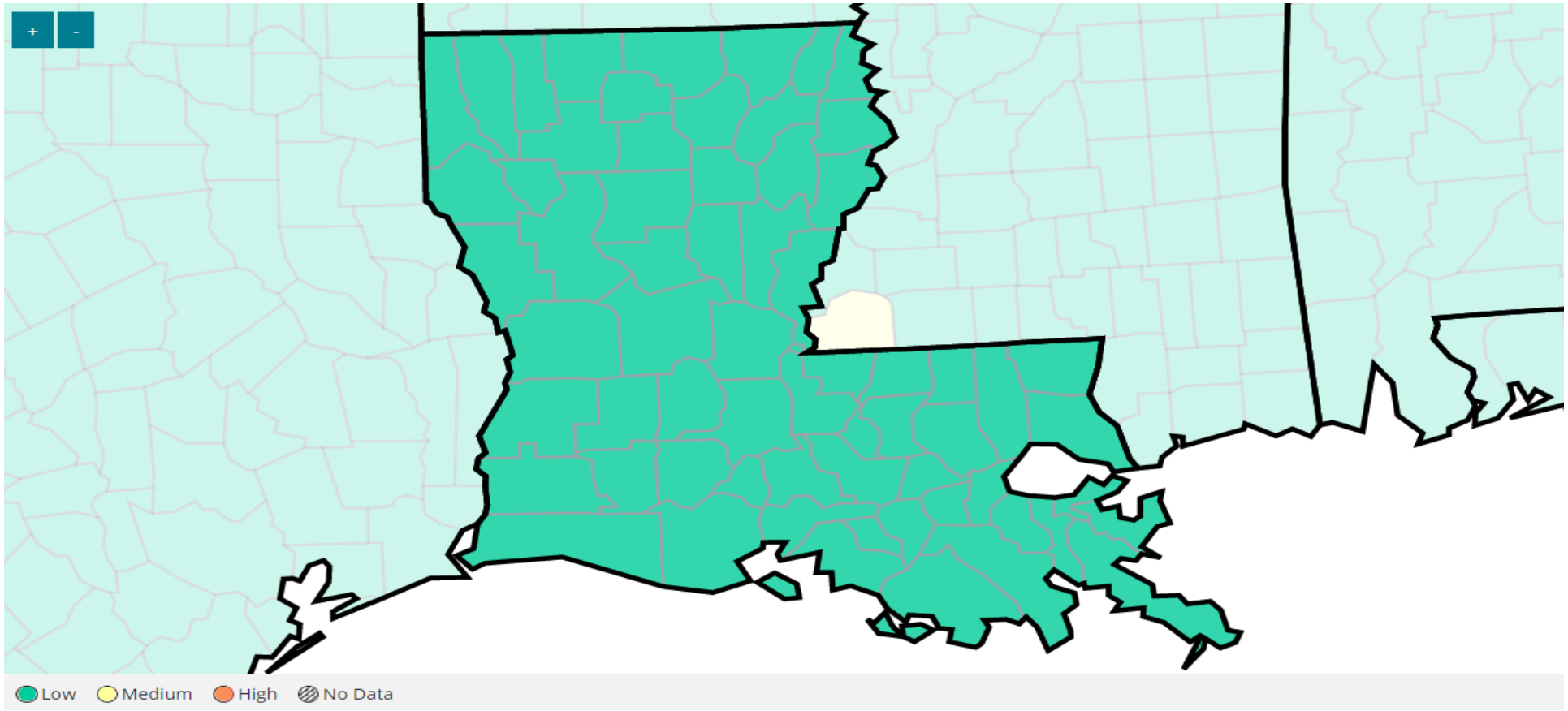
Community Transmission

- All healthcare settings, including (but not limited to):
  - Long-term care facilities, **including nursing homes**
  - Hospitals
  - Clinics
  - Parish Health Units

Community Level

- Individuals in general community settings, including:
  - K-12 schools
  - Colleges/universities

Community Level



This map should **not** be used by long-term care facilities when determining the frequency of routine staff testing.

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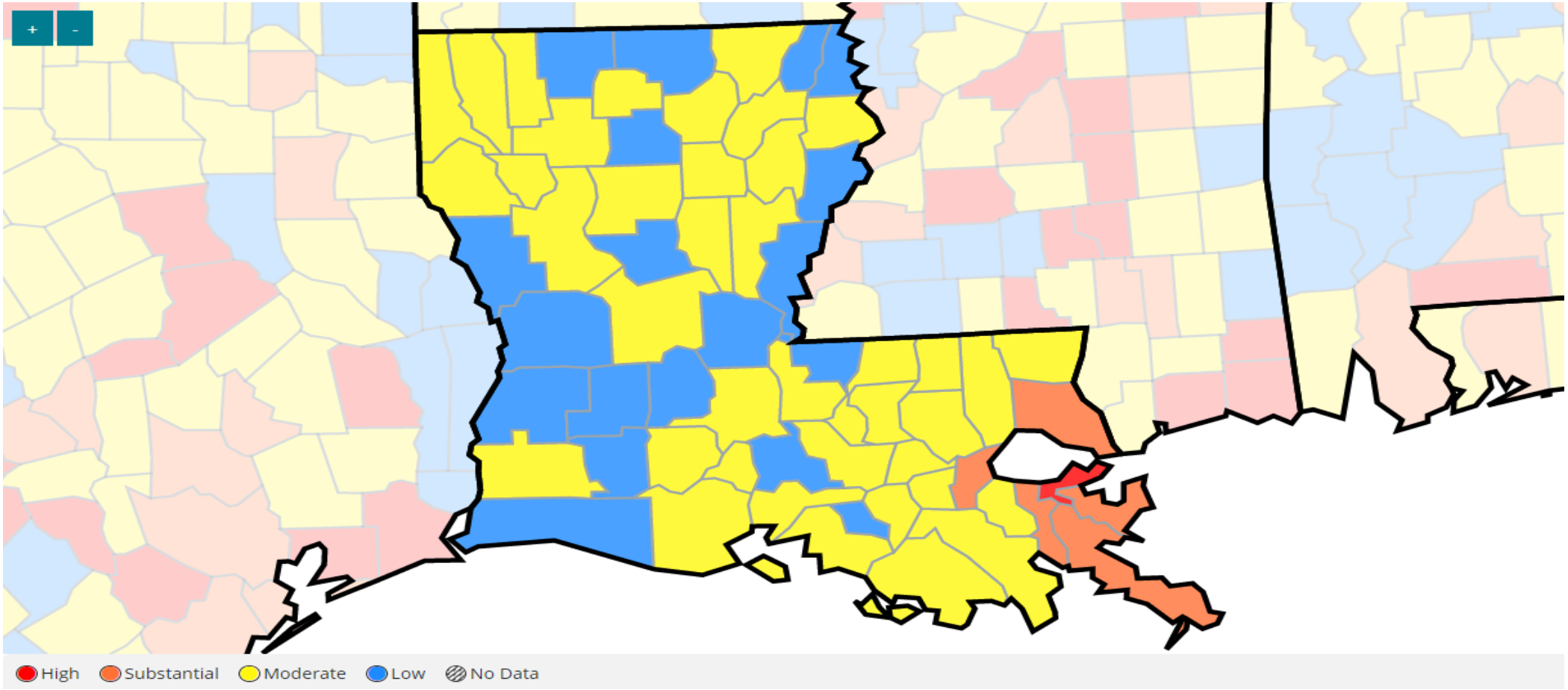
Community Transmission



The Community Transmission map is provided for healthcare facility use and **should be use used by long-term care facilities** when determining the frequency of routine staff testing

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Masking in Healthcare Facilities

- ***Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting***
- The following allowances could be considered for **individuals who are up to date with all recommended COVID-19 vaccine doses** (who do not otherwise meet the criteria described above) in healthcare facilities **located in counties with low to moderate community transmission**.
  - **HCP who are up to date with all recommended COVID-19 vaccine doses:**
    - Could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
    - They **should wear source control** when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors).
  - **Patient Visitation:**
    - **Indoor visitation (in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present):** The safest practice is for patients and visitors to wear source control and physically distance, particularly if either of them are at risk for severe disease or are unvaccinated.
    - If the patient and all their visitor(s) are up to date with all recommended COVID-19 vaccine doses, they can choose not to wear source control and to have physical contact.
    - Visitors should wear source control when around other residents or HCP, regardless of vaccination status.
  - **Outdoor Visitation**: Patients and their visitors should follow the source control and physical distancing recommendations for outdoor settings described on the page addressing Your Guide to Masks | CDC.
- **Residents who are up to date with all recommended COVID-19 vaccine doses in Nursing Homes in Areas of Low to Moderate Transmission:**
  - Nursing homes are healthcare settings, but they also serve as a home for long-stay residents and quality of life should be balanced with risks for transmission. In light of this, consideration could be given to allowing residents who are up to date with all recommended COVID-19 vaccine doses to not use source control when in communal areas of the facility; however, residents at increased risk for severe disease should still consider continuing to practice physical distancing and use of source control

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

COVID-19 Reporting

- Reporting Updates released in 05/09/2011 HAN
- Reporting of COVID-19 antibody test results, regardless of result, will no longer be required
- **All positive results** from COVID-19 antigen tests are still required to be reported.
- Negative results from COVID-19 antigen tests will no longer be required to be reported.
- **All test results** (positive, negative, or other) from COVID-19 nucleic acid amplification tests (NAAT) are still required to be reported to LDH.

Q&A

COVID-19 Reporting

Region	Epidemiologist	Email	Phone
1	Katherine Murphy	Katherine.Murphy@la.gov	504-616-7597
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6	Leslie Saucier Arceneaux,	Leslie.Saucier@la.gov	318-484-2162
7	Calandre Singh	Calandre.Singh@la.gov	318-676-5424
8	Helaina Desentz	Helaina.Desentz@la.gov	318-361-7206
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Q&A