

# Testing in Response to a Newly Identified COVID-19 Case in Long-term Care Facilities



*Note: This document does not supersede any existing state and federal regulation. Facilities shall comply with any applicable existing regulatory requirements. **Highlight reflects content revisions.***

Testing for COVID-19, the infection caused by SARS-CoV-2, is an epidemiologic tool to assess the number of people in a facility with the disease. Generally, viral testing for SARS-CoV-2 is considered to be diagnostic when conducted among individuals with symptoms consistent with COVID-19 or among asymptomatic individuals with known or suspected recent exposure to SARS-CoV-2 to control transmission, or to determine resolution of infection.

## Viral testing

Viral testing is considered screening when conducted among asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification and considered surveillance when conducted among asymptomatic individuals to detect transmission hot spots or characterize disease trends. **Authorized assays for viral testing include those that detect COVID-19 nucleic acid (nucleic acid amplification test [NAAT] ) or antigen. The “gold standard” for clinical diagnostic detection of SARS-CoV-2 remains NAAT tests, such as reverse-transcriptase polymerase chain reaction [RT-PCR].** The sensitivity of antigen tests varies but is generally lower than most NAATs. Therefore, it may be necessary to confirm an antigen test result with a NAAT test (e.g., RT-PCR). Lastly, the clinical performance of antigen diagnostic tests largely depends on the circumstances in which they are used; please refer to the CDC SARS-COV-2 *Antigen Testing in Long Term Care Facilities* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html> and the accompanying *Considerations for Interpreting Antigen Test Results in Nursing Homes* table in the Appendix of this document.

## Visitors and essential caregivers

Facilities that have antigen testing available **should** use it to supplement their visitor and essential caregiver screening process. **Facilities are encouraged to test these individuals based on community transmission levels and should refer to the NJDOH COVID-19 Activity Level Index (CALI) score at <https://www.nj.gov/health/cd/statistics/covid/index.shtml> when assessing risk.** Facilities that have point of care testing available are encouraged to use it as part of their visitor screening process, in particular during high/very high CALI scores in the region, reporting of results, and notification to local public health. **Visitors and essential caregivers who test positive are not permitted to enter the facility.** Facilities should operate in accordance with applicable NJDOH COVID-19 Temporary Operational Waivers and Guidelines at <https://www.nj.gov/health/legal/covid19/>.

## Testing a previously positive COVID-19 case

For persons previously diagnosed with COVID-19 who remain asymptomatic after recovery, retesting is not recommended **within 3 months** after the date of symptom onset or first positive test. If re-testing is performed within 3 months, re-isolation would not be indicated, and quarantine would not be recommended in the event of close contact with an infected person. For persons who develop new symptoms consistent with COVID-19 <3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant re-testing; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert.

Testing should be considered again for residents or HCP who were positive >3 months after the date of initial onset of the prior infection or exposure (e.g., in response to an exposure or serial testing). Currently, NJDOH and CDC recommend that if an individual test positive with viral test (e.g., RT-PCR, antigen) **more than 3 months** after an initial positive test, it should be managed as new infection or re-infection. Until public health can collect more data about the infectivity of individuals who test positive >90 days (3 months) after their first infection, NJDOH and CDC are recommending a conservative approach to act on these results. **These timeframes and recommendations may change as more information becomes available.**

## **Test-based methods for discontinuation of Transmission-Based Precautions (TBP) and HCP return to work guidance**

In general, a test-based method to discontinue TBP or return HCP to work is not recommended. However, in some instances, a test-based strategy could be considered to allow for return to work or discontinuation of TBP earlier than if the symptom-based strategy were used. Many individuals will have prolonged viral shedding, which may limit the utility of this approach. A test-based strategy could also be considered for some HCP or residents (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP or residents being infectious for more than 20 days.

Antigen tests should NOT be utilized to determine the duration of TBP nor when HCP can return to work. If a long-term care facility (LTCF) needs to use a test-based method, they should use only **NAAT (e.g., RT-PCR)**.

**Exposed persons who live or work in LTCFs should not test out of quarantine. These individuals should continue to quarantine for 14-days, unless staffing shortages would cause serious harm or danger to public health or safety. The 14 days should be followed in these settings at all times, regardless of COVID-19 transmission risk level.**

## **Identification of a COVID-19 case in LTCFs**

When a new case of COVID-19 is identified in a LTCF, **immediate** facility-level testing is **imperative** to assist with containment and response. Routine testing may identify cases in HCP, new- or re-admitted residents and/or in residents who have been at the facility longer than 14 days. Upon identification of a confirmed case of COVID-19 within a LTCF, **there are critical priority actions facilities should take regardless of where the transmission event occurred.**

**Regardless of attribution of the case, all facilities should take the following steps when a new case of COVID-19 (e.g., residents, HCP, essential caregivers) is identified in their facility:**

- Perform a risk assessment to determine any potential exposures and/or infection control breaches at the facility.
- Determine any possible exposures the new case of COVID-19 (e.g., resident, HCP, essential caregiver) may have had prior to diagnosis including contact with other known COVID-19 positive persons or those who later developed symptoms consistent with COVID-19.
- Alert the local health department to the newly identified case.
- Identify close contacts including 48 hours prior to symptom onset/date of specimen collection of associated case, if applicable.

- Close contact is identified as being within approximately 6 feet of a COVID-19 case for a prolonged period of time, a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic residents, 2 days prior to test specimen collection) until the time the resident is isolated; or
- Having direct contact with infectious secretions from an individual with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets (e.g., being coughed or sneezed on).
- Quarantine close contacts for 14 days from last exposure and provide care using all COVID-19 recommended personal protective equipment (PPE).
- Increase symptom monitoring in all residents to per shift until 14 days have passed with no new cases identified.
- Any newly positive residents should be cohorted appropriately.
- Any newly positive HCP should be provided information on duration of isolation and when they can return to work. Refer to NJDOH *Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel* at [https://www.nj.gov/health/cd/topics/covid19\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid19_healthcare.shtml).

**NOTE: Any identification of COVID-19 in the LTCF should be reported to the local health department and will prompt an investigation. During an investigation the LTCF will work with the LHD to implement additional infection prevention and control measures. Refer to the NJDOH COVID-19 Communicable Disease Investigation Chapter (Table 1) at [https://www.nj.gov/health/cd/topics/covid2019\\_professionals.shtml](https://www.nj.gov/health/cd/topics/covid2019_professionals.shtml).**

### **Newly positive facility-onset COVID-19 case in a resident**

Facility-onset COVID-19 infection in a LTCF is defined as a confirmed diagnosis >14 days or more after admission for a non-COVID condition, without an exposure during the previous 14 days to another setting where an outbreak was known or suspected to be occurring unless there is confirmation of possible transmission or exposure through a breach in PPE. This does not apply to residents who were positive for COVID-19 on admission to the facility and were placed into appropriate TBP OR residents who were placed into TBP on admission and developed SARS-CoV-2 infection within 14 days after admission, unless there is confirmation of possible transmission or exposure through a breach in PPE.

**Upon identification of a facility-onset COVID-19 case in their facility, and in addition to the steps outlined above, the facility should:**

- Immediately perform expanded viral testing (either point-of-care or via commercial laboratory) of all residents who have not been previously positive within the past 90 days.
- **Repeat the expanded viral testing every 3-7 days** of all residents who have not been previously positive within the past 90 days.
- **Continue to screen HCP** via viral testing every 3-7 days.
- **Continue to perform expanded viral testing of all patients/residents** (who have not tested positive in the previous 3 months) until at least 14 days have elapsed since the most recent positive result and during this 14-day period at least two weekly tests have been conducted with all individuals testing negative.
- **Continue routine serial HCP testing (e.g., every 3-7 days)** in accordance with applicable NJDOH COVID-19 Temporary Operational Waivers and Guidelines at <https://www.nj.gov/health/legal/covid19/>.

- Refer to NJDOH Outbreak Management Checklist and COVID-19 Disease Chapter for full outbreak recommendations.

**If the newly identified COVID-19 positive resident does not meet the facility-onset COVID-19 case criteria, the facility should take the following additional actions:**

- Upon identification of a case of COVID-19 in a resident who was recently admitted (within 14 days), the receiving facility must provide these results back to the sending facility to allow for the appropriate response and investigation.
- Alert the local health department to a new case and identify the facility that the resident was transferred from (if applicable).
- Conduct a risk assessment to determine if the resident had been cohorted appropriately, cared for in full TBP, if any breaches in PPE occurred, and if there are any resident, HCP, or essential caregiver exposures that may have occurred.

### Newly positive HCP

During the course of weekly surveillance testing, HCP may test positive. Given the local community transmission of SARS-CoV-2, it is difficult for public health to attribute an isolated positive case of COVID-19 in HCP to a specific facility, particularly if there are limited epidemiologic linkages that could support exposure or transmission. **However, regardless of attribution**, LTCFs should take immediate action to ensure that further transmission does not occur. This is particularly relevant for facilities without an active outbreak.

**Upon identification of a new COVID-19 case in HCP, and in addition to the steps outlined above the facility should:**

- Alert their local health department to *possible* COVID-19 outbreak in their facility, if not currently experiencing an outbreak. If the facility was experiencing an outbreak, report the new **positive** test result as a newly confirmed case.
- Conduct a risk assessment **and perform contact tracing** to determine if the HCP may have exposed any residents or other HCP. Facilities should take into account the role of the HCP, level of resident contact, use of appropriate PPE, and use of source control (e.g., facemask/face covering) when in the healthcare facility. **Refer to the NJDOH *Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel* at [https://www.nj.gov/health/cd/topics/covid2019\\_healthcare.shtml](https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml).**
- **Immediately initiate expanded viral testing of residents**, as described above, if the facility is not already conducting routine testing of all residents. Results of testing will guide further response activities and recommendations.
- Encourage transparent communication. If the newly positive HCP works at other healthcare facilities, strongly encourage the HCP to alert those facilities immediately.
- **Continue routine serial HCP testing (e.g., every 3-7 days)** in accordance with applicable NJDOH COVID-19 Temporary Operational Waivers and Guidelines at <https://www.nj.gov/health/legal/covid19/>.

*\*Healthcare personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, feeding assistants, students and trainees, contractual HCP not employed by the healthcare facility, and persons not directly involved in resident care but who could be exposed to infectious agents that can be*

*transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel*

***See next page for Appendix: Considerations for Interpreting Antigen Test Results in Nursing Homes. The interpretation of antigen testing results is subject to change as more information becomes available.***

## Appendix: Considerations for Interpreting Antigen Test Results in Nursing Homes

ALL FACILITIES			
Person	Antigen Result	Confirmatory Molecular Testing	Return to Work Criteria and Transmission-Based Precautions (TBP) Recommendations
Asymptomatic Resident or Healthcare Personnel (HCP)	Antigen Positive	Perform NAAT (e.g. RT-PCR) within 48 hours	<ul style="list-style-type: none"> <li>Resident should be isolated in a single room (when possible) and placed on appropriate TBP. Do not relocate to the COVID-19 positive unit until confirmatory NAAT.</li> <li>HCP should be excluded from work.</li> <li>If non-outbreak facility, immediately initiate facility-wide testing of all residents per NJDOH guidance.</li> <li>Refer to NJDOH <a href="#">Outbreak Management Checklist</a> and <a href="#">COVID-19 Disease Chapter</a> for full outbreak and investigation recommendations.</li> <li><b>Note:</b> If confirmatory NAAT (e.g., RT-PCR) is positive, then this is a confirmed case. If the confirmatory NAAT is negative, this is not a case and the HCP can return to work or the resident can be cared for using standard precautions and any applicable TBP. The facility should continue HCP serial testing per NJDOH guidance. If outbreak facility, continue resident serial testing every 3-7 days per NJDOH guidance</li> </ul>
	Antigen Presumptive Negative	Not Recommended	<ul style="list-style-type: none"> <li>Allow HCP to continue to work per NJDOH <i>Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel</i>.</li> <li>Continue to quarantine close contacts for 14 days from last exposure and provide care using all COVID-19 recommended PPE.</li> <li>Continue HCP serial testing per NJDOH guidance. If outbreak facility, continue resident serial testing every 3-7 days per NJDOH guidance</li> </ul>
Symptomatic Resident or HCP	Antigen Positive	Not Recommended	<ul style="list-style-type: none"> <li>Resident should be isolated and placed on appropriate TBP.</li> <li>HCP should be excluded from work.</li> <li>If non-outbreak facility, immediately initiate facility-wide testing of all residents per NJDOH guidance.</li> <li>Refer to NJDOH <a href="#">Outbreak Management Checklist</a> and <a href="#">COVID-19 Disease Chapter</a> for full outbreak and investigation recommendations.</li> </ul>
	Antigen Presumptive Negative	Perform NAAT (e.g., RT-PCR) within 48 hours	<ul style="list-style-type: none"> <li>Residents should be kept on TBP and HCP excluded from work until NAAT results return. Discontinuation of TBP and return to work criteria for symptomatic individuals should be based on the alternate diagnosis, if available, and existing policies and procedures.</li> <li><b>Note:</b> If confirmatory NAAT is positive, then this is a confirmed case. If the confirmatory NAAT is negative, this is not a case. Continue HCP serial testing per NJDOH guidance. If outbreak facility, continue resident serial testing every 3-7 days per NJDOH guidance.</li> <li><b>Note:</b> If an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered.</li> </ul>