

Updated COVID-19 Quick Reference Public Health Guidance on Testing and Clearance

Update for York Region health care professionals as of June 1, 2020

On May 28, 2020, Ontario's Ministry of Health released an updated COVID-19 Quick Reference Public Health Guidance on Testing and Clearance. The updated guidance is available here: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf. The table below outlines the changes and differences between the current version of this document (Version 7.0) compared to Version 6.0 from May 14, 2020.

Topic	Updates to New Version 7.0	Past Version 6.0
<p>Added Asymptomatic Content to Diagnosing COVID-19 Section</p>	<ul style="list-style-type: none"> • In an asymptomatic patient, laboratory confirmation of COVID-19 infection is performed using a validated assay, consisting of a positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target. <ul style="list-style-type: none"> ○ A positive test in an asymptomatic individual may represent two possible scenarios: <ul style="list-style-type: none"> ▪ current infection that is asymptomatic or pre-symptomatic (i.e., the individual develops symptoms afterwards), OR ▪ prior infection (with or without symptoms) as testing can remain positive for several weeks after infection. ○ A single positive result is sufficient to confirm current or prior infection with SARS-CoV-2 <ul style="list-style-type: none"> ▪ Repeat testing after a positive result is NOT required • All asymptomatic individuals who have a first-time positive test must be managed as if they have current COVID-19 infection in terms of immediate self-isolation until cleared (see below) and contact follow-up by public health. • An asymptomatic individual who has been advised by local public health to get tested due to exposure to a case or as part of an outbreak investigation should be tested within 14 days from their last exposure. <ul style="list-style-type: none"> ○ A single negative result is sufficient to exclude COVID-19 at that point in time. However, the individual must continue to follow public health advice provided to them based on their exposure risk for the rest of their 14 days from last unprotected exposure to the case, regardless of the negative result as they may still be incubating. ○ Re-testing after an initial negative test within the quarantine period is 	<ul style="list-style-type: none"> • Testing of asymptomatic individuals (i.e. have never had symptoms) is not generally recommended at this time, and beyond the priority list within the COVID-19 Provincial Testing Guidance Update, prioritization should first be given to symptomatic over asymptomatic individuals. <ul style="list-style-type: none"> ○ If an individual who has never had symptoms is tested and is negative, a single negative is sufficient to exclude COVID-19 at that time. However, if symptoms develop in the future then additional testing should be considered. ○ If an individual who has never had symptoms tests positive, this should be managed as a confirmed case of COVID-19.



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	<p>not recommended if the individual remains asymptomatic.</p> <ul style="list-style-type: none"> ○ Re-testing should be conducted if the asymptomatic individual who initially tested negative develops symptoms. 	
No Retesting For Resolved Previously Confirmed Cases	<ul style="list-style-type: none"> • An individual that has previously had laboratory-confirmed COVID-19 AND was cleared should generally not be re-tested due to persistent shedding. 	<ul style="list-style-type: none"> • No previous mention of whether or not to retest previously confirmed resolved cases.
Do Not Use Serological Test Results	<ul style="list-style-type: none"> • Serological tests are still in development and are currently not approved for the diagnosis of SARS-CoV-2 infection, and are not reportable to local public health. Any results of serological tests should not be used to inform public health management of individuals. 	<ul style="list-style-type: none"> • No previous mention of serological testing.
Management of Asymptomatic Individuals with Exposure Risk	<ul style="list-style-type: none"> • If individual is asymptomatic, but has an exposure risk (for example: an individual who has refused testing) <ul style="list-style-type: none"> ○ Provide information on self-monitoring and self-isolation for 14 days from date of last known exposure. 	<ul style="list-style-type: none"> • If individual is asymptomatic and has an exposure risk <ul style="list-style-type: none"> ○ Provide information on self-monitoring and self-isolation for 14 days from exposure risk.
Clearance Criteria and Period of Communicability for Asymptomatic Positive Individuals	<ul style="list-style-type: none"> • If an asymptomatic individual has tested positive AND has a prior history of symptoms compatible with COVID-19, clearance should still be based on specimen collection date. At the discretion of the local public health unit, the period of communicability and clearance may be based on symptom onset date depending on timing of symptoms (e.g., recent symptoms) and likelihood that symptoms were due to COVID-19 (e.g., known exposure to a confirmed COVID-19 case prior to symptom onset). 	<ul style="list-style-type: none"> • No mention of asymptomatic positive clearance criteria or period of communicability.
Clearance Criteria Note Removed About Severe Illness	<p>*Content about severe illness definition no longer applies to the updated clearance approaches.</p>	<ul style="list-style-type: none"> • Previously stated: The guidance below is based on the observation that some people with more severe illness may have prolonged detection of viral RNA which may indicate the potential for longer viral shedding; for ease of use, “severe illness” has been defined as having required hospitalization for their COVID-19 illness.
When To Use Non-Test Based Approach	<ul style="list-style-type: none"> • All cases may be cleared by a non-test based approach. 	<ul style="list-style-type: none"> • Appropriate for most individuals who have recovered from mild to moderate illness (i.e. never hospitalized) including: <ul style="list-style-type: none"> ○ Health care workers (unless otherwise directed by their employer/occ. health and safety) ○ Individuals who live in congregate settings (e.g., long term care homes, shelters)
Instructions for a Non-Test Based Approach	<ul style="list-style-type: none"> • Can discontinue isolation at 14 days after symptom onset (or 14 days from positive test collection date if never had symptoms), provided that the individual is afebrile and symptoms are improving <u>for at least 72 hours</u>. Absence of cough is not 	<ul style="list-style-type: none"> • Can discontinue isolation at 14 days after symptom onset (or 14 days from positive test collection date if never had symptoms), provided that the individual is afebrile and symptoms are improving. Absence of cough is not required for

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	required for those known to have chronic cough or who are experiencing reactive airways post-infection.	those known to have chronic cough or who are experiencing reactive airways post-infection.
When To Use Test Based Approach	<ul style="list-style-type: none"> • Not routinely recommended, but may be used at the discretion of a hospital to discontinue precautions for admitted patients 	<ul style="list-style-type: none"> • To remove individuals from isolation who had severe illness (specifically, were hospitalized for their COVID-19 illness) and <ul style="list-style-type: none"> ○ Who remain in hospital after symptom improvement; OR ○ Who are being discharged from hospital to continue isolating in a congregate living setting (e.g., long term care homes, shelters)
Instructions for a Test Based Approach	<ul style="list-style-type: none"> • Continue isolation until 2 consecutive negative specimens collected at least 24 hours apart. <ul style="list-style-type: none"> ○ Testing for clearance testing may begin after the individual has become afebrile and symptoms are improving <u>for at least 24 hours</u>. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. ○ If swab remains positive, test again in approximately 3-4 days. If swab is negative, re-test in 1-2 days (and at least 24 hours apart). ○ Tick the box labelled 'For clearance of disease' on the PHO Laboratory COVID-19 Test Requisition, or clearly write this on the requisition if submitting to another laboratory. 	<ul style="list-style-type: none"> • Continue isolation until 2 consecutive negative specimens collected at least 24 hours apart. <ul style="list-style-type: none"> ○ Testing for clearance testing may begin after the individual has become afebrile and symptoms are improving. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. ○ If swab remains positive, test again in approximately 3-4 days. If swab is negative, re-test in 1-2 days (and at least 24 hours apart). ○ Tick the box labelled 'For clearance of disease' on the PHO Laboratory COVID-19 Test Requisition, or clearly write this on the requisition if submitting to another laboratory.
Test Based Clearance Feasibility Note Removed	*Note about test based clearance feasibility has been removed.	<ul style="list-style-type: none"> • If test based clearance is not feasible in any scenario, the non-test based clearance approach may be used. Individuals who were hospitalized and are begin discharged home, can be cleared from isolation using a non-test based approach.

For more information

York Region Public Health will continue to provide health care professionals with the latest information on Ministry guidance as the COVID-19 pandemic progresses. If you have any questions about COVID-19, call our dedicated health professional COVID-19 line at **1-877-464-9675 ext. 77280** (8:30 a.m. to 8 p.m., seven days a week, after hours call 905-953-6478). Continue to visit york.ca/healthprofessionals, york.ca/covid19 and Ontario.ca/covid19 for up to date information on COVID-19.