Ontario

Ministry of Health

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

This information can be used to help guide decision making on testing and clearance of contacts of cases or individuals suspected or confirmed to have COVID-19. This information is current as of June 25 2020 and may be updated as the situation on COVID-19 continues to evolve.

Who should be tested for COVID-19?

Please refer to the COVID-19 Provincial Testing Guidance Update.

Diagnosing COVID-19

In a **symptomatic patient** in whom COVID-19 is suspected, only a single (1) NP swab is required for laboratory testing. 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.

- A single positive result is sufficient to confirm the presence of COVID-19.
- In a patient with *no known exposures*, a single negative result is sufficient to exclude COVID-19, at that point in time. Depending on the clinical scenario (i.e. persistent, new or worsening symptoms), repeat testing can be considered.
- In a symptomatic patient *currently within their 14-day self-isolation as a result of a known exposure*, a single negative result is sufficient to exclude COVID-19 at that point in time. However, the individual should remain in self-isolation for the remainder of their 14-day period, and if symptoms change or worsen, repeat testing.

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.

- A positive test in an asymptomatic individual may represent two possible scenarios:
    - i) **current** infection that is asymptomatic or pre-symptomatic (i.e., the individual develops symptoms afterwards), OR
    - ii) **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.
- **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.

Version 8.0
June 25, 2020

- 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.
    - 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 not recommended if the individual remains asymptomatic.
    - Re-testing should be conducted if the asymptomatic individual who initially tested negative develops symptoms.

An individual that has **previously had laboratory-confirmed COVID-19 AND was cleared**, should generally **not be re-tested** due to persistent shedding.

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.

Management of individuals who have not been tested

- If individual is asymptomatic and has no known exposure risk
    - Provide reassurance and direct them to the Ontario COVID-19 website for further information
- If individual is asymptomatic, but has an exposure risk (for example: an individual who has refused testing)
    - Provide information on self-monitoring and self-isolation for **14 days from date of last known exposure**

Criteria for when to discharge someone with probable or confirmed COVID-19 from isolation and consider 'resolved'

- For each scenario, isolation after symptom onset should be for the duration specified **provided that the individual is 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.
- Once a case is discharged from isolation, their case status should be updated in iPHIS to 'resolved'.
- If an individual has tested positive but has never had symptoms, isolation recommendations should be **based on date of specimen collection**. After an individual completes their isolation period, they should continue to practice physical distancing measures as recommended for everyone at this time.
- 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).

Approaches to Clearing Cases

Approach	When to Use	Instructions
Non-Test Based Waiting 14 days from symptom onset (or 14 days from when swab was taken if persistently asymptomatic)	All cases may be cleared by a non-test based approach	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 for at least 72 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.
Test Based Two consecutive negative specimens collected at least 24 hours apart.	Not routinely recommended, but may be used at the discretion of a hospital to discontinue precautions for admitted patients	Continue isolation until **2 consecutive negative specimens collected at least 24 hours apart**. o Testing for clearance testing may begin after the individual has become afebrile and symptoms are improving for at least 24 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. o 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). o 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.

Recommendations for Health Care Workers Return to Work

- Health care workers (HCWs) should follow **isolation and clearance with a non-test based approach** unless they have required hospitalization during the course of their illness, in which case a test based approach is preferred. Some HCWs may be directed to have test based clearance by their employer/Occupational Health and Safety.
- Symptomatic HCWs awaiting testing results must be off work
- Asymptomatic HCWs awaiting testing results may continue to work using the appropriate precautions recommended by the facility, which will depend on the reason for testing

In **exceptional circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work of a COVID-19 positive HCW may be considered under work self-isolation recognizing the staff may still be infectious.

Work self-isolation means maintaining self-isolation measures outside of work for 14 days from symptom onset (or 14 days from positive specimen collection date if consistently asymptomatic) to avoid transmitting to household members or other community contacts. While at work, the HCW should adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and performing meticulous hand hygiene. These measures at work are required to continue until non-test based clearance (or test based clearance if required by employer/Occupational Health and Safety). The HCW should ideally be cohorted to provide care for COVID-19 positive patients/residents if possible. The HCW on work self-isolation should not work in multiple locations.

Symptoms	Test Result	Instructions
Yes	Positive	• Work self-isolation could start after a minimum of 72 hours after illness resolving, defined as resolution of fever and improvement in respiratory and other symptoms
Yes	Negative	• May return to work 24 hours after symptom resolution • If the HCW was self-isolating due to an exposure at the time of testing, return to work should be under work self-isolation until 14 days from last exposure .
Never symptomatic at time of test	Positive	• If there has been a recent potential exposure (e.g., tested as part of an outbreak investigation or other close contact to a case), work self-isolation (i.e., return to work) could start after a minimum of 72 hours from the positive specimen collection date to ensure symptoms have not developed in that time, as the positive result may represent early identification of virus in the pre-symptomatic period • If there has been no known recent potential exposures (e.g., tested as part of surveillance and no other cases detected in the facility or on the unit/floor, depending on the facility size), there is no minimum time off from the positive specimen collection date as it is unclear when in the course of illness the positive result represents (i.e., consistently asymptomatic HCWs can continue working in work self-isolation until 14 days from specimen collection date).

Work Self-Isolation in Non-Health Care Settings

- Work self-isolation is **not** to be applied for any symptomatic workers.
- Use of work self-isolation should be used only for workers who are deemed critical to operations. It should not replace other work accommodations (i.e. working from home) if those options are feasible.
- Use of work self-isolation should only be applied when there is adequate ability to maintain physical distancing, apply source control measures, and is at the discretion of the PHU.
- In situations where PHUs permit work self-isolation, an employer has a responsibility to ensure that other workers are not at risk from the worker who is work self-isolating.
- There should also be public health considerations on whether return to work under work self-isolation increases the risk of transmission in the community, such as the ability to self-isolate when traveling to and from work locations (e.g., risks from carpooling or use of public transportation versus ability to use a private vehicle). Self-isolation must be maintained outside of the workplace (i.e., in the home and community).
- Other considerations of the nature of work and whether work self-isolation can be applied:
    - Work that is primarily outdoors, performed independently, and where physical distancing can be consistently maintained (e.g., park ranger, traffic police)
    - Workers with previous training on the use of PPE for other purposes
    - Workplaces with Occupational Health or other similar resources that can support training and monitoring usage of PPE overall and monitoring for those on work self-isolation
    - Workplaces that are indoors, but with minimal interactions with others and where physical distancing can be maintained (e.g., night security guard)

- The PHU's investigation should also assess potential non-workplace factors that may be contributing to transmission/ongoing cases (e.g., employees carpooling to work, multiple employees living in the same household/similar close contact/in a congregate living setting, and household contacts with higher risk of exposure (e.g., healthcare worker)).
- The PHU may make recommendations on the implementation of additional measures as appropriate to reduce the risk of transmission associated with activities outside of the workplace (e.g., limiting carpooling).

Version 8.0
June 25, 2020

- Cohorting of workers who are returning to work on work self-isolation should group together those who are returning after a positive result and now asymptomatic >72 hours.
- Workers are not required to provide proof of a negative test result to their employers in order to return to work.

Work Self-Isolation in Non-Health Care Settings

Symptoms	Initial Test Result	Second Test Result	Instructions
Yes	Positive	-	Work self-isolation could start after a minimum of 72 hours after illness resolving, defined as resolution of fever and improvement in respiratory and other symptoms.
Yes	Negative	-	Work self-isolation could start after a minimum of 24 hours after illness resolving. If the worker was self-isolating due to an exposure at the time of testing, return to work should be under work self-isolation until 14 days from last exposure, and workers must only work self-isolate individually (i.e. may not be cohorted with any other workers).
No	Positive	Positive	Work self-isolation could start immediately until 14 days from initial specimen collection date. There is no minimum time off from the positive specimen collection date as it is unclear when in the course of illness, the positive result represents.
No	Positive	Negative	Workers may resume normal work activities (i.e. not requiring work self-isolation) immediately after receiving their negative test result. Workers are managed as prior infection that is no longer infectious with ongoing detection of viral RNA near the limit of detection.
No	Negative	Negative	If there has been no potential exposure, workers may resume normal work activities. If there has been a recent potential exposure, workers may begin work self-isolation until 14 days from last exposure. Workers must only work self-isolate individually (i.e. may not be cohorted with any other workers).