**Title:** Updated criteria for laboratory testing at the Utah Public Health Laboratory (UPHL) for COVID-19

**Summary/Background:**
The Utah Department of Health (UDOH) is constantly monitoring laboratory testing availability. During testing resource limitations, UDOH will limit testing at the UPHL to patients who meet the below criteria. Testing resource limitations will be noted on the UDOH COVID-19 website (coronavirus.utah.gov). UDOH will prioritize testing those who rely upon the public health system for COVID-19 testing (e.g., uninsured, jails/prisons, homeless, etc.).

Depending on availability, providers have the option to order testing from clinical laboratories, both in Utah and nationwide, as an alternative to using UPHL. Individual healthcare systems might have their own testing protocols.

To request testing from UPHL, please visit: [UDOH COVID-19 Test Request Tool](#), which is also available at [coronavirus.utah.gov](https://coronavirus.utah.gov). UDOH is relying on clinicians to be good stewards of our limited testing resources by following the below guidance. When testing resources are limited, testing will be prioritized to **group 1** in the table below. The criteria presented are in priority rank order:

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<tr>
<th>Clinical Features</th>
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<th>Epidemiologic Risk</th>
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| 1. Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) | AND | One of the following risk groups:  
- Hospitalized patients (to inform infection control)  
- Healthcare personnel and first responders providing direct patient care  
- Any person who lives or works in a congregate setting such as a nursing home, correctional facility, or shelter  
- Individuals who may have other illnesses that would be treated differently if they were infected with COVID-19 and therefore physician judgement is especially important for this population |
| 2. Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) | AND | Any person who has had close contact* with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset and the results of testing will change the patient’s clinical or public health management |
| 3. Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) | AND | Meets one of the following high-risk criteria:  
- Comorbid conditions including diabetes, COPD, congestive heart failure  
- Age > 50 years  
- Immunocompromised |
4. Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) **AND** No source of exposure has been identified

*Household contacts should not be tested unless admitted to a healthcare facility. All household contacts should self-isolate in their homes for 14 days following symptom onset of the last symptomatic member of the household. People with clinically diagnosed or laboratory confirmed COVID-19 who have recovered, can be released from isolation 7 days after symptom onset **AND** at least 3 days after symptom resolution, according to CDC guidance. All asymptomatic household contacts should self-quarantine in their homes for 14 days following symptom onset of the last symptomatic member of the household.*

When testing capacity of COVID-19 is limited, please do not submit testing requests for people outside of the first priority group (number 1 in table above). If you submit a test request for someone who does not meet the criteria outlined in group 1 above, the sample will not be tested. The Test Request Tool will indicate if testing is limited to priority group 1.

**Please note the following:**

- If you have a patient that meets the above criteria:
  - Collect NP swab into a single vial of Viral Transport Media and submit according to the attached guidance.
  - OP swabs are no longer recommended.
  - Visit the UDOH COVID-19 Test Request Tool, fill out the online survey and get testing approval.
  - Complete a UPHL request form to submit with the specimen. The form is attached or can be downloaded as a fillable PDF at uphl.utah.gov.

This guidance is intended to clarify who may be tested based on clinical or epidemiologic criteria at the Utah Public Health Laboratory. It is NOT meant to be a directive as to whom must be tested.

At this time, healthcare providers caring for patients with fever and severe lower respiratory illness without any epidemiologic risk for COVID-19 should use contact and droplet precautions with eye protection (unless another diagnosis requires a higher level of precaution, e.g., tuberculosis).

**Recommendations**

- All patients in the healthcare setting who are being assessed for COVID-19 should be isolated in a private room with limited traffic and a closed door. The patient should wear a surgical mask when someone else enters the room.
- Patients who are being tested for COVID-19, but do not require hospitalization, should adhere to home isolation until testing is completed.
- Healthcare personnel caring for patients with fever and severe lower respiratory illness WITHOUT any epidemiologic risk for COVID-19 should:
  - use standard, contact, and droplet precautions with eye protection;
  - proceed to work-up for common causes of respiratory illness (e.g., FilmArray);
  - if no alternative explanatory diagnosis, consider an infectious disease consultation.
- NP swabs can be collected concurrently as other samples being collected for infectious disease rule out (e.g., influenza and respiratory FilmArray or similar broad panel).
- If a patient is being considered for COVID-19, use standard, contact, and droplet precautions with eye protection when providing care. Respirators should be reserved for aerosol-generating procedures.
- Healthcare personnel that cared for a suspect or a confirmed COVID-19 case should have their exposure risk assessed and be excluded from work based on the CDC’s work restriction recommendations.

For more information
● UDOH COVID-19 Information: coronavirus.utah.gov
● CDC information for healthcare professionals: cdc.gov/coronavirus/2019-ncov/hcp/index.html

Contact: For questions, please call 1-888-EPI-UTAH (374-8824).