



COVID-19 Testing Criteria

April 9, 2020

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians should immediately implement recommended infection prevention and control practices if a patient is suspected of having COVID-19 and should consider CDC priorities for COVID-19 testing.

Specimens: CDC recommends collecting and testing an upper respiratory specimen, with a nasopharyngeal (NP) specimen as the preferred choice for swab-based SARS-CoV-2 testing. When it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected as well. When collection of a nasopharyngeal swab is not possible, the following are acceptable alternatives:

- An oropharyngeal (OP) specimen collected by a healthcare professional, or
- A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab), or
- An anterior nares specimen collected by a healthcare professional or by onsite self-collection (using a round foam swab).

Clinicians should contact their reference lab to find out what specimen types are acceptable and if testing supplies are available. Alternately, clinicians can order testing supplies from their contracted medical supplier.

Infection Control/Personal Protective Equipment: Healthcare providers should adhere to Standard Precautions and use a respirator or facemask, gown, gloves, and eye protection.

Testing availability: Testing for SARS-CoV-2 is available at many commercial laboratories and through the NJ State Public Health and Environmental Laboratory (PHLE). If a test is ordered commercially, no public health approval process is required.

Coronavirus COVID-19		PRIORITIES FOR TESTING PATIENTS WITH SUSPECTED COVID-19 INFECTION	
COVID-19 Symptoms: Fever, Cough, and Shortness of Breath			
1	PRIORITY 1 Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system <ul style="list-style-type: none"> • Hospitalized patients • Healthcare facility workers with symptoms 	1	
2	PRIORITY 2 Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged <ul style="list-style-type: none"> • Patients in long-term care facilities with symptoms • Patients 65 years of age and older with symptoms • Patients with underlying conditions with symptoms • First responders with symptoms 		
	PRIORITY 3 As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers <ul style="list-style-type: none"> • Critical infrastructure workers with symptoms • Individuals who do not meet any of the above categories with symptoms • Healthcare facility workers and first responders • Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations 	3	
NON-PRIORITY	NON-PRIORITY <ul style="list-style-type: none"> • Individuals without symptoms 		
For more information visit: coronavirus.gov			

Public Health and Environmental Laboratories (PHEL) Testing

Testing Criteria: Public health testing (PHEL) is prioritized for vulnerable populations at greatest risk for adverse outcomes, those in high-risk professions, and testing associated with public health investigations, specifically:

- Hospitalized patients with COVID-compatible illness;
- Persons with COVID-compatible illness who work, attend, or are residents of healthcare facilities (acute care, outpatient, long-term care), or other congregate settings (school or daycare facilities, homeless shelters, correctional facilities, etc.);
- Persons with COVID-compatible illness who are associated with clusters or outbreaks as identified by state/local health agencies.

Requesting Testing: For patients meeting public health testing criteria, acute care facilities requesting testing at PHEL should enter cases into CDRSS:

- Select disease subgroup 2019 NCOV;
- Enter medical facility (date of admission, if in ICU or on ventilator) and treating provider information;
- Enter signs and symptoms and complete ADDITIONAL REQUIREMENTS section;
- In the LABORATORY AND DIAGNOSTIC TEST INFORMATION section add the test “SARS CORONAVIRUS 2 RNA BY PCR” and add “NJPHL” to the lab name;
- Include the CDRSS Case ID# as the “CDS Approval Number” on the PHEL SRD-1 form (*one SRD-1 form is required for each specimen*: <https://www.nj.gov/health/forms/srd-1.pdf>).
- Email the Virology group at Virology.PHEL@doh.nj.gov with the CDRSS # and the estimated delivery time of the specimens.

Providers and facilities not having access to CDRSS should contact their local health department, who should enter the case into CDRSS and issue the SRD-1 form to the provider/facility.

PHEL Testing Results: Results should be available 24-48 hours after PHEL receives the specimen(s) and are provided via fax to the submitting laboratory and reported electronically in CDRSS. If it has been > 4 days since the specimen was received at PHEL, contact the NJ Public Health and Environmental Laboratory-Virology Program at 609-530-8516 or virology.PHEL@doh.nj.gov.

Shipping: Information regarding specimen packaging, shipping, and courier instructions is available in the NJDOH PHEL COVID-19 Technical Bulletin at <https://nj.gov/health/phel/documents/Bulletins/Supplemental%20Bulletin%2020.1.5%20SARS-CoV-2%20Testing%20at%20PHEL%20V5.pdf>. Label the **vial containing the specimen** with patient’s first and last name, date of birth, medical record number, date of collection, and specimen type. Incorrectly labeled samples may be denied testing. Specimens will be tested in the order they are received but those that are identified to be part of a cluster will be prioritized. If you have questions or need assistance with specimen selection, collection, packaging or shipping, contact the NJ Public Health and Environmental Laboratory Virology program at: Tel: (609)-530-8516 or email: Virology.PHEL@doh.nj.gov.

References:

New Jersey PHEL Technical Bulletin for COVID-19:

<https://www.nj.gov/health/phel/documents/Bulletins/Supplemental%20Bulletin%202020.1.4%20SARS-CoV-2%20Testing%20at%20PHEL.pdf>

New Jersey PHEL SRD-1 Testing Request Form: <https://www.nj.gov/health/forms/srd-1.pdf>

CDC Interim Infection Prevention and Control Recommendations: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

CDC Evaluating and Testing PUI: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

CDC Guidelines for Clinical Specimens: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

FDA: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd>