Frequently Asked Questions Regarding COVID-19 Testing/Re-testing Before Procedures

Updated June 15, 2021

What's Changed: Updated screening test protocols for asymptomatic, fully vaccinated patients and added clarity on which population's testing is not needed.

Recently, the CDC relaxed the recommendations for pre-procedure testing for **asymptomatic** patients who have been fully vaccinated. The yield of this testing for identifying asymptomatic infection might be lower among vaccinated patients as indicated in a growing body of evidence that suggests fully vaccinated people are less likely to have symptomatic infection – and the amount of virus they shed is less than persons without vaccine who are infected. Refer to PPE Guidebook for details on PPE needed. The System PPE Guidebook requirements apply to all patients whether fully vaccinated or not, or if vaccination status is unknown at the time of care delivery. For questions about **symptomatic** patients, follow the guidance in Testing for SARS CoV-2.

Exceptions on Testing of Fully Vaccinated Patients [see also Guide on Testing for SARS-CoV-2]:

- **Operative procedure with anticipated inpatient admission and needing admission (observation, extended stay or inpatient) for care:** Testing within three calendar days prior to date of the surgical procedure remains a requirement for patients **but with the following exceptions:**
- **Outpatient procedures:**
    - Patients who are fully vaccinated, AND have not reported a recent high-risk exposure do **not** need routine pre-procedural testing for SARS-CoV-2 (unless their provider orders testing based on their clinical judgement), even if they are expected to have an overnight stay.
        - However, ministries may still choose to test these patients for bed management purposes if an overnight stay is required (e.g., the ministry has a large number of semi-private beds and needs the result for bed placement).
- **Inpatient admission / elective procedures:**
    - Inpatients who are fully vaccinated do not need to be routinely tested pre-procedurally unless the patient is at a higher risk for post-operative cardiac or pulmonary complications or the provider has ordered testing based on clinical judgement.
    - Inpatients who tested negative at the time of admission do not need to be routinely tested pre-procedurally unless the patient is at a higher risk for post-operative cardiac or pulmonary complications or the provider has ordered testing based on clinical judgment.
- Molecular testing is recommended, but antigen testing is allowed if molecular testing resources are constrained. See contingent-use-of-sars-cov-2-antigen-tests.pdf for additional details on primary and secondary test methods.

Interpretation and Guidance on Care & Testing of Patients Following Recovery from COVID-19

It is important to note that because of the high sensitivity of molecular testing for viral RNA, the test may remain positive well beyond the acute onset of infection. There is ongoing investigation of the correlation between detection of SARS-CoV-2 RNA and period of transmissibility (infectivity) for a person with COVID-19; evidence to date indicates transmissibility is significantly reduced after acute infection. Therefore, repeat molecular testing after either 10 days following onset of symptoms or from date of initial detection of viral RNA is **NOT** recommended due to the likelihood that such testing only detects remnant RNA and it is unlikely that the person can transmit infection to others. [Bullard J, et al. Clin Infect Dis 2020, CDC, Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19, July 17, 2020]

As long as **10 days have passed since the initial, positive test**, the patient is **afebrile for 24 hours without the use of fever-reducing medications**, and experiencing **improvement in symptoms**, the patient may be considered to be **no longer contagious**. The patient should be treated as having recovered from the COVID viral infection. Patients meeting these criteria do **NOT** need another molecular test prior to any subsequent outpatient procedure or inpatient surgery requiring overnight inpatient admission.

In patients who are immunocompromised and had COVID-19 illness or have had a severe course of COVID-19 illness, a provider may have concerns regarding the timeframe for infectivity and wish to take a **more conservative approach based on clinical judgment. Such an approach**: waiting longer (up to 21 days) after the initial positive test, assuring the patient is afebrile for 24 hours without fever-reducing medications, and is experiencing improvement in symptoms is usually considered to be sufficient for assuring that the period of infectivity has passed. Patients meeting these criteria do **NOT** need another molecular test prior to any subsequent outpatient procedure or inpatient surgery requiring an overnight inpatient admission.

- If a provider has concerns, a provider should use clinical judgment and a conservative approach before discontinuing isolation.
- Providers should contact their infection prevention and control department for questions about isolation procedures
- A patient who's recovered from acute infection with SARS-CoV-2 [meets criteria outlined above and incidentally has had a confirmed positive serology (antibody) test], does **NOT** need an additional molecular test prior to outpatient or inpatient surgery. A serology test is **NOT** needed to confirm recovered COVID status prior to a procedure.
- Recovered COVID patients can receive services in COVID Free Zones, including an Outpatient Surgery Center.
- If a patient reports a test result from a non-MercyOne facility, the provider must verify the results directly with the testing site. If the health ministry is unable to obtain direct confirmation from the testing site, the patient must be tested within 3 calendar days prior to a procedure.

Occasionally, questions will arise regarding whether patients need to be tested or re-tested in certain circumstances. In any testing situation, clinical judgment and the prevalence of COVID-19 within the community should be considered when determining testing needs. This document provides guidance for certain retesting scenarios.

Q1. A hospitalized patient is having a procedure. The patient is tested within 3 calendar days in advance of the procedure. The test result is negative. As a result of the initial procedure, the patient will need additional procedures over a few days. Should the patient be tested again?

> **A1.** Re-testing is not required long as there is no known exposure during the course of care and the patient remains asymptomatic.

Q2. A patient is having an outpatient procedure and is expected to stay overnight. The patient is tested within 3 days in advance of the procedure. The test result is negative. As a result of the initial procedure, the patient will need additional procedures over a few days. Should the patient be tested again?

> **A2.** Re-testing is not required as long as there is no known exposure during the course of care and the patient remains asymptomatic.

Q3. A patient is having an outpatient procedure and was not expected to stay overnight. The patient was not tested prior to the procedure, but now requires admission. Does the patient need to be tested?

> **A3.** No, not unless the patient begins to show symptoms of COVID-19, or clinical judgment indicates testing is required. NOTE: State/local regulations may require testing prior to admission.

Q4. The patient comes to the hospital for a series of outpatient procedures (e.g. paracentesis, surgical wound debridement), what would be the recommended frequency of testing?

> **A4.** As long as the patient is asymptomatic, fully vaccinated, has not had a high-risk exposure, or who is not at risk for post procedural cardiac or pulmonary complications, the patient would not need to be tested. The patient should be screened for COVID-19 prior to each encounter.

Q5. The patient is scheduled for a procedure with plans for an overnight stay. The patient is tested within 3 days in advance of the procedure. The test result is negative. However, the patient states that he had a high-risk exposure to COVID since the test was taken. The patient has no symptoms at this time.

> **A5. Cancel the procedure** and re-test the patient in 5-7 days.

Q6. The patient is scheduled for a procedure that does not require an overnight stay and states he has fully vaccinated for COVID-19. Does the patient need a COVID-19 test?

> **A6.** If the patient has not had a high-risk exposure and is not at risk for post procedural cardiac or pulmonary complications, the patient would not require a COVID-19 test. However, the provider may still choose to order a COVID-19 test based on clinical judgement.

Q7. The patient reports that he has taken an at-home COVID-19 test and is negative. Does the patient need an additional test for COVID-19 to confirm the results of the at-home test prior to a procedure?

A7. Yes. It may not be clear, or the patient may not be able to verify if the manufacturer of the at-home test has obtained a current FDA EUA. Further, the patient must follow the manufacturer's instructions exactly for collection of the test specimen the order specified for at-home tests to perform correctly. The FDA reminds patients and providers that all tests can experience false negative and false positive results. A repeat, confirmatory test run at the ministry will confirm the patient's at-home test prior to the scheduled procedure.

Q8. Do patients who are fully vaccinated who now require either an inpatient admission or an outpatient procedure need to be tested?

A8.. No, unless they state they have had a recent high-risk exposure to someone with SARS-CoV-2. The exception would be if the patient's provider has a clinical basis for needing to order a test.

Q9.If a patient who's unvaccinated is tested during an episode of care and found to be negative for infection returns for a new episode of care several days later, do they need to be retested?

A9. No, for an unvaccinated patient who tested negative during their first episode, if they have no symptoms and no exposure to someone with COVID-19 during the interim, there is no need to re-test if they present for another episode of care, e.g., 3-5 days later. The patient's provider would need to weigh the risks for the specific patient and determine whether the test was needed. For example, if there are a large number of family members in the patient's household and one of them was diagnosed with infection during the days in between the patient's visit they may want to order a test. Conversely if the patient reports no exposure and the patient lives alone testing is probably not needed. Another factor to consider is rate of infection in the community served. If low then much less likelihood this patient would have had an exposure between visits.

Q10. What considerations should I be aware of prior to changing our ministry's testing policy?

A10. Monitor the level of SARS-CoV-2 infection activity among the population served. If it is high, then a broader admission or pre-procedure testing strategy should be considered. Another consideration is the design of the inpatient care units. If a ministry has a substantial proportion of semi-occupancy rooms, it will be important to test patients who are not fully vaccinated or of unknown vaccination status prior to bed placement. Testing is less important if all patients placed in semi-occupancy rooms are fully vaccinated.

Q.11. What underlying conditions or types of operative procedures place patients at increased risk of post-op complications if they are also infected with SARS-CoV-2?

A11. Underlying conditions that effect the patient's cardiopulmonary system (e.g. COPD, asthma, CHF, coronary artery disease, hypertension, etc.) place them at risk of complications. Others include diabetes and if there is an emergency need for surgical care. Procedures that involve cardiopulmonary systems like open heart surgery, vascular surgery, and neurosurgery also increase risk of complications.

Definitions

Fully Vaccinated: A person is considered fully vaccinated if it has been 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

High-Risk Exposure: Prolonged contact (within 6 feet for a cumulative total of 15 minutes or more) with a person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness), or a person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation). This is irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE).

References:

Bullard J, Dust K, Funk D, et al. Predicting infectious SARS-CoV-2 from diagnostic samples. Clin Infect Dis 2020; pre-press.

Symptom-based strategy to discontinue isolation for persons with COVID-19. Retrieved 7/17/20 from https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html

van Kampen J, van de Vijver D, Fraaij P, et al. (2020). Shedding of infectious virus in hospitalized patients with coronavirus disease-2019 (COVID-19): duration and key determinants. 10.1101/2020.06.08.20125310. Shedding of infectious virus in hospitalized patients with coronavirus disease-2019 (COVID-19): duration and key determinants.

FDA. Coronavirus (COVID-19) Update: FDA Authorizes Antigen Test as First Over-the-Counter Fully At-Home Diagnostic Test for COVID-19. Available at: Coronavirus (COVID-19) Update: FDA Authorizes Antigen Test as First Over-the-Counter Fully At-Home Diagnostic Test for COVID-19 | FDA

CDC. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. Available at: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC

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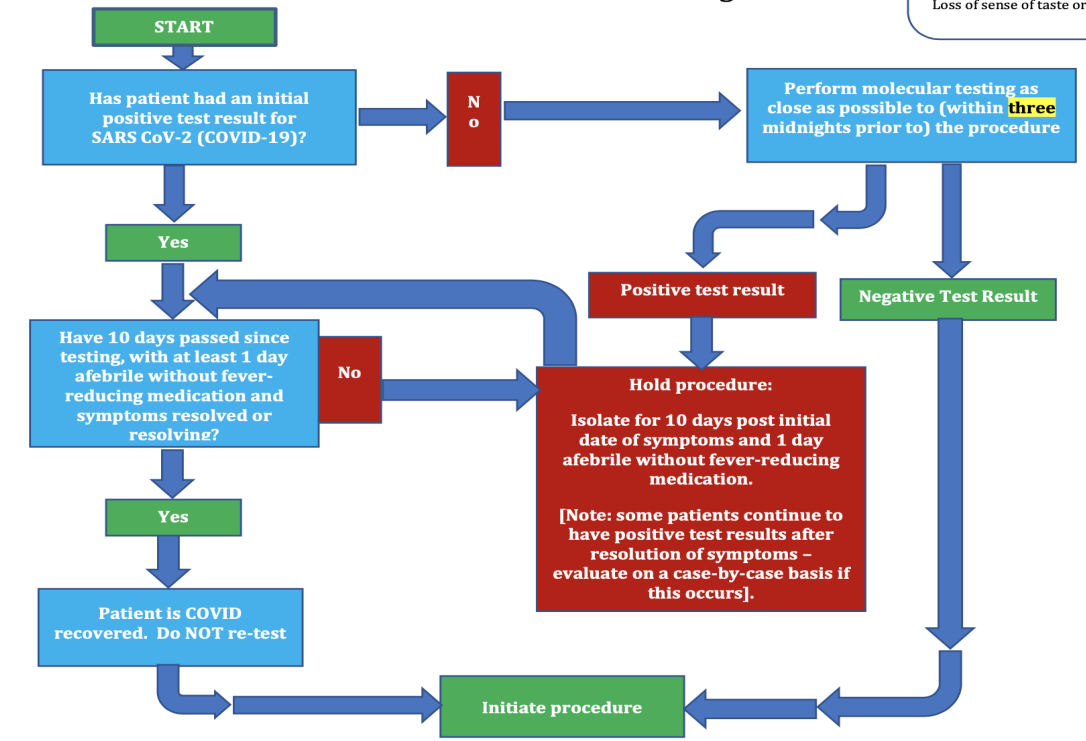
Clinical Questions about COVID-19: Questions and Answers https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html 6/04/2020

Screening for Symptoms:
Take the Patient's Temperature

Fever ≥ 100	Chills
Difficulty breathing	Fatigue/confusion
Coughing	Myalgia
Diarrhea	Headache
Loss of sense of taste or smell	

Provider Guidance: Pre-Procedure Testing for COVID-19



In any testing situation, clinical judgement, recognition of potential persistent molecular positivity, and the prevalence of COVID-19 within the community should be considered when determining testing