**When and whether to test a person**

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*Note – these reflections are not meant to supersede the medical judgement of the clinician and especially the specific and unique issues in a given scenario.*

There is still a **lot** that we do not know about COVID-19, but we do our best to provide good medical and public health care based on the highest quality evidence we have at the time. Unfortunately, many groups, businesses and individuals are creating their own policies that are simply not based on good science. We know that there are risks from asymptomatic spread, but we need to provide advice and care based on guidelines from the CDC, FL Dept of Health and other reliable sources. There is clearly a value in community screening to help us determine rates of spread, resource planning and allocation, etc. This is an attempt to address the specific issues from specific patients asking for testing.

**Definitions and examples**

**Isolation (or self-isolation)** – refers to those who are known to be positive with the virus. It lasts at least 10 days from the date of the test result or from the onset of symptoms. Examples:

* person develops symptoms on August 1, gets tested on August 3, and gets results August 7, they are already 7 days into the 10 days of isolation, and can return to work August 11
* person is asymptomatic and gets positive screening test done on August 1, but then they start to get symptoms on August 8th, the clock restarts for 10days of isolation starting August 8th and they should remain in isolation until August 19th

**Quarantine (or self-quarantine)** – refers to those who may have been exposed to the virus (close contact) and is at least 14 days FROM THE DATE OF LAST CLOSE CONTACT. Note – if someone in quarantine develops symptoms or gets a positive test, the clock restarts at 10 days from that date and they move into “isolation” mode. Examples:

* person A has prolonged close contact with symptomatic COVID person B (e.g., household member) whose symptoms started Aug 1. Person B is considered infectious until at least Aug 10, and that would be last close contact day for person A. Then the 14-day quarantine would start on August 10 and last till August 24. If person A never gets sick, they return Aug 25
* person is quarantined due to close contact and on day 12 AFTER last close contact, they started to have symptoms, then the 10-day isolation clock starts and they will need to avoid others for a total of 22 days

For other potential scenarios, see: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Current “official” CDC symptoms - may appear **2-14 days after exposure.**

* Fever or chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle or body aches
* Headache
* Sore throat
* Congestion or runny nose
* New loss of taste or smell
* Nausea or vomiting
* Diarrhea

**Dealing with the issue of “a co-worker/friend/family member/etc. tested positive for COVID, and so I want (or am required) to be tested”.**

Several issues with this scenario.

1. Most exposures in the workplace are not “close contact” as defined by the CDC (see below). Being in the same office or retail space does not necessarily mean there was close contact.
2. Standard contact tracing practiced by the CDC and Leon County Health Department involves an assessment of those individuals who have had close contact in the 48 hours prior to the start of symptoms or the date of testing. If the close contact was a week prior to a positive test for an asymptomatic person, it does not necessitate a test in the contact.
3. It typically takes at least 4 days and may take as long as 8-10 days for a newly infected person to have a positive test result. Getting tested too soon does not tell us whether you got an infection from that contact and may lead to a false sense of security.
   1. FYI – One study found that 4 days prior to symptoms, 100% of people had a negative test; and 1 day prior to symptoms 2/3 of people had a negative test.

**“Close contact” from the CDC:**

The CDC uses the term “**close contact”** to identify those who may be at increased risk of contracting the virus. This is specifically defined as the following activities (in relation to someone with COVID or a positive test result):

* **being** **within 6 feet for >15 continuous minutes**. (For example – 5 episodes of 3 minutes or 15 minutes of 1 minute each is NOT considered close contact)
* direct physical contact (hugging, kissing, touching)
* sharing eating utensils
* being sneezed or coughed on, or otherwise getting respiratory droplets on you
* caring for an infected person in the home

According to the CDC and the Florida Department of Health, these close contact exposures trigger a need for self-quarantine until 14 days after that last close contact and added vigilance in monitoring for symptoms. Earlier in the course of this pandemic, the issue of close contact did NOT trigger a need for testing, especially when resources for testing were very limited. Now, the CDC states “*Testing is recommended for all close contacts of persons with SARS-CoV-2 infection.  Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that contacts of individuals with SARS-CoV-2 infection be quickly identified and tested*.”

It is IMPERATIVE that we tell patients that a negative test after close contact does NOT release them from quarantine. We need to explain how it can be negative early and that 14 days of quarantine from the last contact MUST be maintained.

**Re-testing after a positive test and release from isolation.**

The CDC recently changed their guidelines for assessing whether an individual with a positive test or symptoms can return to work. Furthermore, they explicitly recommend AGAINST retesting (except for rare circumstances) for three months after a positive test. This is due to the common problem of persistent positive viral tests that detect “dead bugs” or virus that is not replication-competent. See:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

*Symptom-based strategy*. Exclude from work until:

* At least 24 hours have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
* improvement in symptoms; **and**,
* At least 10 days have passed *since symptoms first appeared, or* since the date of their positive test if they never have symptoms.

Symptoms do not need to be fully resolved; they need to be clearly improved. Some symptoms, notably loss of taste or smell, may persist for weeks/months.

NOTE - A limited number of persons with severe illness or who are immune-suppressed may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.

**PROBLEM WITH TEST BASED RETURN TO WORK STRATEGY**

We have people whose workplaces are requiring a negative test to return to work. It is recommended that we educate the workplace that this is NOT an appropriate strategy. I suggest giving the patient a brief letter to return to work (after verifying appropriate criteria above) that states: “This patient has met CDC requirements for returning to work after their infection.” May consider adding “The CDC guidelines as of July 22, 2020 state that retesting during the three months after initial symptoms or a positive test is NOT recommended.”

From Claudia Blackburn, Health Officer of Leon County Health Department, July 23, 2020.

*“A COVID-19 test is not required for a person to return to work after being infected with COVID-19.*

*A letter from the health department that clears the person to return to work should suffice.  Employers are encouraged to direct employees to call the Leon County Health Department COVID-19 Call Center and request a letter.  The number is (850) 404-6300 press 1.  Each case will be evaluated for release which is usually 10 days after onset of symptoms”*