Evolution of Manitoba’s COVID-19 Testing Guidance

Testing for COVID-19 has been an important component of health-system screening and admission processes throughout the pandemic, aiming to minimize the risk of transmission within care settings and health-care facilities.

Provincial guidelines have at various points in the pandemic, identified the need for routine testing for patients and residents upon admission, including those admitted through emergency, to labour and delivery, and to personal care homes (PCHs). Guidance has also required pre-operative testing for all individuals scheduled for surgery, regardless of the presence of symptoms, during periods of high COVID-19 activity in the community.

These testing requirements have evolved over the course of the pandemic, in response to changes in the community transmission of COVID-19, availability of testing and treatment, and the proportion of Manitoba’s population deemed “recovered” from infection with the COVID-19 virus in the past six months.

With widespread transmission of the COVID-19 virus in Manitoba, particularly during recent waves, there is evidence of individuals previously infected with the COVID-19 virus continuing to return a positive test result for months after they have been deemed “recovered” and are no longer infectious. This local experience shows that “recovered” or no longer infectious individuals can continue to have non-infectious fragments of viral genetic material in their upper airway for months following infection resolution, and therefore continue to test positive but are not infectious.

In response to Manitoba’s high COVID-19 vaccination rate, the increased proportion of Manitobans who have been infected with the virus in the past few months, and increased reliance on testing via rapid point-of-care test kits (the results of which are not recorded in a patient/resident’s eChart) rather than polymerase chain reaction (PCR) tests (the results of which are recorded in a patient/resident’s eChart), Manitoba’s COVID-19 testing guidance has been updated as follows.

These guidelines will take effect June 13, 2022.

Admission Testing (Acute and Long-Term care; Labour and Delivery)

Proof of Prior COVID-19 Infection:
A PCR test is not required for admission of asymptomatic individuals (including to labour and delivery, pre-operative, and/or admission to a personal care home):

- Self-administered point-of-care test. Point-of-care tests are highly reliable if positive,
although they have limited reliability if negative in someone who is asymptomatic. Results of these tests are not recorded in Manitoba eChart, however patient disclosure during collection of patient history can be accepted as verification of prior infection.

- Patients with a **previously documented positive PCR test**. Persons being admitted to a health-care facility with a positive test (current or prior) are to be managed according to current Infection Prevention and Control policies for those diagnosed with infection with COVID-19. Refer to: [https://sharedhealthmb.ca/covid19/providers/ipc-resources/](https://sharedhealthmb.ca/covid19/providers/ipc-resources/).

**Asymptomatic**

Asymptomatic individuals – regardless of vaccination status and/or reported COVID-19 infection in the past 180 days – do not require routine testing for COVID-19 prior to admission to hospital or personal care homes. This includes patients being admitted to labour and delivery. **Please Note**: Clinical circumstances will guide the need of asymptomatic testing in certain circumstances, may be required but can only be undertaken with approval of Regional Infection Prevention and Control staff, in discussion with the on-call Microbiologist.

Refer to the table for details: [https://sharedhealthmb.ca/files/covid-19-testing-table.pdf](https://sharedhealthmb.ca/files/covid-19-testing-table.pdf)

**Symptomatic**

Symptomatic individuals with clinical findings consistent with COVID-19 should be tested (PCR or point of care test) for COVID-19 as per current practice. There is no change in approach to symptomatic patients.

**NOTE**: Report of prior infection can include proof of a positive test result (record in eChart) or an individual’s reliable history of a self-administered test within the past 180 days.

**Immunocompromised**

Persons who are immunocompromised (active cancer chemotherapy, and/or immunosuppression for any other condition, such as rheumatological, dermatological, respiratory, or gastrointestinal inflammatory conditions), do not routinely require a PCR test prior to admission (including to hospital, to personal care homes, to labour and delivery). If there is a clinical reason to expect asymptomatic recurrent infection a PCR test can be requested.

**Highly Immunocompromised Patients**

Persons who are being admitted to the Health Sciences Centre Winnipeg’s Bone Marrow Transplant-Leukaemia Unit (GD6) will continue to be tested (laboratory-based PCR) upon admission regardless of whether or not they are symptomatic.

**Organ Transplant Program Participants**

Donors and recipients participating in organ transplant programs will continue to be tested (laboratory-based PCR) in accordance with the transplant program requirements. Specimens submitted to Shared Health laboratories must be marked ‘pre-transplant assessment’.

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*June 15, 2022  COVID-19 Testing Guidance – Return to Symptomatic Testing*
Surveillance
As part of surveillance, in selected areas (example: ICU); asymptomatic testing should continue (laboratory-based PCR) upon admission.

Labour and Delivery
When an infant is admitted to an NICU in an open pod, the mother should be tested even if she is asymptomatic.

Admission Testing (Pre-Operative)

Pre-operative (and/or Admission for Surgery)
Prior infection within past 180 days: If the individual discloses that within the past 180 days they have had prior infection or positive test (self-administered or documented PCR), further testing is not a routine requirement. Refer to details below:

Asymptomatic
Asymptomatic individuals – regardless of vaccination status and/or reported COVID-19 infection in the past 180 days) **do not** require routine testing for COVID-19 prior to admission to hospital for surgery.

Symptomatic – Urgent Surgery
Symptomatic individuals (with clinical findings consistent with COVID-19) **should be tested.** Procedure should be performed under “Orange” zone precautions based on result. If urgency of the procedure does not permit for testing to occur, perform under “Orange” zone precautions.

If result is negative, perform under “Orange” zone precautions.
If result is positive, perform under “Red” zone precautions.
If urgency of the procedure does not permit for testing to occur, perform under “Orange” zone precautions.

Symptomatic – Elective Surgery
Symptomatic individuals (with clinical findings consistent with COVID-19) who require elective surgery **should be tested** (using PCR or Abbott ID now) and have their surgery deferred (see Timing of elective surgery below).

Symptomatic - Positive – Elective Surgery Timing
Symptomatic patients with a positive COVID-19 test should have their elective surgery deferred for a minimum of 10 days following symptom onset. The patient should also be afebrile (no fever, without anti-pyretic medication) for 72 hours prior to the procedure.

If the above conditions are satisfied, additional testing is not required, and in general is unnecessary. Rescheduling of a delayed surgery will depend on the preoperative assessment of the patient – some patients will be seen again in the Pre-Anesthetic Clinic to ensure they are fit for surgery.
Symptomatic - No Test Result – Elective Surgery Timing
Symptomatic patients whose elective surgery was deferred and for whom a COVID-19 test result is NOT available, should have their surgery deferred for a minimum of 10 days following symptom onset. The patient should also be afebrile (no fever, without anti-pyretic medication) for 72 hours prior to the procedure.

If the above conditions are satisfied, additional testing is not required, and in general is unnecessary. Rescheduling of a delayed surgery will depend on the preoperative assessment of the patient – some patients will be seen again in the Pre-Anesthetic Clinic to ensure they are fit for surgery.

Aerosol Generating Medical Procedures (AGMPs):
Asymptomatic testing should not be performed for persons undergoing intermittent or continuous AGMPs, regardless of patient accommodation. Appropriate personal protective equipment (PPE) must be used by health-care workers.

Inability to Perform Nasopharyngeal Swab:
In situations where a patient cannot undergo a nasopharyngeal specimen, a throat swab can be collected and submitted to Cadham Provincial Laboratory for PCR testing.

If the patient requires urgent surgery/procedure, it should proceed with “Orange” zone precautions.

Specimen Processing:
All specimens must be submitted with a Cadham Provincial Laboratory (CPL) requisition.

Refer to the table (https://sharedhealthmb.ca/files/covid-19-testing-table.pdf) for how specimens will be handled.

Specimens where the requisitions indicate that the patient is symptomatic will be processed at a Shared Health Laboratory. All other specimens will be processed at CPL.

Infection Prevention and Control Protocols:
In all circumstances, follow the current Infection Prevention and Control protocols/guidance for the patient/resident “Zone”. Refer to: https://sharedhealthmb.ca/covid19/providers/ipc-resources/

For more information, refer to:
PPE resources - Shared Health (sharedhealthmb.ca)
IP&C resources - Shared Health (sharedhealthmb.ca)