Frequently Asked Questions
Return to Symptomatic COVID-19 Testing
(Latest updates will appear in blue)

What is changing?

Asymptomatic individuals (regardless of vaccination status and/or reported COVID-19 infection in the past six months) no longer require routine testing before admission to hospital or personal care home.

This includes patients being admitted for labour and delivery as well as those being admitted due to surgery.

Are there exceptions?

Clinical circumstances will guide the need of asymptomatic testing in certain circumstances but can only be undertaken with approval of Regional Infection Prevention and Control staff, in discussion with the on-call Microbiologist.

Does this apply to patients in labour/delivery?

Yes. The exception is when an infant is admitted to a neonatal intensive care unit (NICU) in an open pod. In this circumstance, the mother should be tested even if she is asymptomatic.

Does this apply to patients admitted to an Intensive Care Unit (ICU)?

No. For surveillance purposes, all patients admitted to an ICU will continue to be tested for COVID-19, regardless of whether they are symptomatic or asymptomatic.

This form of surveillance testing continues to inform decision-making and updated guidance.

Does this apply to management of Green Zone Aerosol Generating Medical Procedures?

No. Green Zone patients/residents/clients should continue to be managed as outlined in current AGMP guidance. Refer to: Provincial Guidance for Aerosol Generating Medical Procedures aerosol-generating-medical-procedures-AGMPs.pdf (sharedhealthmb.ca)

I am transferring a patient to another facility (hospital, personal care home (PCH), low acuity unit). Do they need to be tested before transfer?

No. If the individual is asymptomatic, they do not need to be tested before transfer.

What does this mean for symptomatic patients/residents?

There is no change to the approach to symptomatic patients at this time. Follow current guidance.
What do we mean by symptomatic? Does one symptom in category B (e.g. just a runny nose) mean they are to be considered symptomatic?


Why is this change being made now?

Testing requirements have evolved over the course of the COVID-19 pandemic, in response to clinical guidance and regularly monitored indicators of transmission.

This change reflects both the significant rate of known transmission of the virus throughout Manitoba in recent months as well as an observed decrease in infection among asymptomatic individuals admitted to health-care facilities.

A minority of COVID-19 cases may be truly asymptomatic, however it is a small proportion particularly during this period of declined prevalence. Additionally, prolonged and clinically-insignificant intermittent viral RNA shedding may occur in individuals who were infected months prior. Asymptomatic testing of these individuals could yield positive test results despite the individual being non-infectious. Based on these results, the individual may experience delays to their care or be inappropriately cohorted, potentially exposing them to infectious COVID-19-positive individuals.

Testing of asymptomatic patients during a period of observed reduced transmission has the potential to create harm related to delays in access to necessary services and negative impacts to patient flow.

With high rates of vaccine update, available COVID-19 treatment options and high rates of infection/transmission throughout the community in recent months, the benefit of routine screening has diminished significantly, becoming of low value in the asymptomatic population.

Should we transition to using rapid antigen tests (RATs) or Abbott ID Now (Nucleic Acid Amplification Tests [NAAT] based) tests for routine screening?

No. Asymptomatic testing in any modality should stop, except where clear exceptions exist. Evidence is showing that RATs can remain positive up to 11-12 days post symptom onset in individuals with the Omicron variant. Similar results are seen in individuals who remain asymptomatic.

While data suggests a significant drop in infectivity beyond day six, individuals with some immunity (a previous positive test result) can continue to have a positive RAT beyond their infectious period. Similarly, the Abbott ID NOW is NAAT-based, giving it prolonged detection beyond the infectious period.

Testing for COVID-19 should transition to a symptom-based approach, in addition to circumstances where directed by clinical assessment.
Is this the end of monitoring COVID-19 activity?

No, we continue to monitor COVID-19 activity through testing of symptomatic individuals or close contacts related to an outbreak. Infection Prevention and Control may also approve of unit testing in some non-outbreak situations.

For surveillance purposes, all patients admitted to an intensive care unit (ICU) continue to be tested at admission.

Ongoing monitoring of available evidence will continue, with updated guidance developed as required by evidence and data.