

Quick Reference Guide

Testing and Clearance – Acute, Long Term, and Home Care

This information is current as of October 28, 2020 and may be updated as the situation on COVID-19 continues to evolve. Most recent updates will be reflect in BLUE.

Who should be tested for COVID-19?

Any person with signs and symptoms of possible COVID-19 infection. These include:

- ONE of: fever > 38°C* or subjective fever/chills • cough • sore throat / hoarse voice • shortness of breath / breathing difficulties • loss of taste or smell • vomiting or diarrhea for more than 24 hours • clinical features of multisystem inflammatory syndrome (MIS-C) or features of Kawasaki Disease
**For PCH residents, fever = temperature 37.8°C or greater; some resources suggest that repeated oral temperatures >37.2°C or rectal temperatures >37.5°C or an increase in temperature of >1.1°C over baseline represent fever in older adults.*
- TWO OR MORE of: runny nose • muscle aches • fatigue • conjunctivitis • headache • skin rash of unknown cause • nausea or loss of appetite • poor feeding (if an infant)

Diagnosing COVID-19

In a **symptomatic individual** in whom COVID-19 is suspected, a single (1) NP swab is required for laboratory testing.

- A single positive result is sufficient to confirm presence of COVID-19
- In an individual with no known exposure, a single negative result is sufficient to exclude COVID-19, *at that point in time*. Depending on the clinical scenario (i.e. persistent, new or worsening symptoms), repeat testing can be considered
 - If suspicious COVID and testing was done early in the course of symptoms (< 24 hours), retesting may be required
- In a symptomatic individual currently within the 14-day self-isolation as a result of a known exposure, a single negative result is sufficient to exclude COVID-19 *at that point in time only*. However, the individual should remain in self-isolation for the remainder of their 14-day period and until symptoms cease. If symptoms change or worsen, repeat testing.

In an **asymptomatic individual**

- A positive test in an asymptomatic individual may represent two possible scenarios:
 - I. **current** infection that is asymptomatic or pre-symptomatic (i.e., the individual develops symptoms afterwards), OR
 - II. **prior** infection (with or without symptoms) as testing can remain positive for several weeks after infection.
- A single positive result is sufficient to confirm current or prior infection with COVID-19
- Repeat testing after a positive result is NOT required
- **All asymptomatic individuals** who have a **first-time positive test** must be managed as if they have **current** COVID-19 infection in terms of immediate self-isolation until cleared (see below) and contact follow-up as required
- An **asymptomatic individual** who has been advised by local public health to get tested

due to exposure to a case or as part of an outbreak investigation should be tested within 14 days from their last exposure, ideally between days 5-7.

- A single negative result is sufficient to exclude COVID-19 *at that point in time only*. However, the individual must continue to follow public health advice provided to them based on their exposure risk for the rest of their 14 days from last unprotected exposure to the case, regardless of the negative result as they may still be incubating.
- Re-testing after an initial negative test within the quarantine period is not recommended if the individual remains asymptomatic.
- Re-testing should be conducted if the asymptomatic individual who initially tested negative develops symptoms.

An individual who has recently had laboratory-confirmed COVID-19 infection AND was cleared, should generally not be re-tested due to persistent shedding. If there are concerns regarding re-infection, consult IP&C/designate.

Management of individuals who have not been tested

- If individual is **asymptomatic** and has no known exposure risk, provide reassurance and direct them to the [Government of Manitoba's COVID-19 page](#) for further general COVID-19 information
- If individual is **asymptomatic**, but has an exposure risk, provide information on self-monitoring and self-isolation for **14 days from date of last known exposure**
 - [Self-isolation](#)
 - [What do I do while waiting for my test results?](#)
 - [What to do if you are positive for COVID-19 and in self-isolation?](#)
 - [Isolation for Symptomatic Individuals Recovering at Home](#)
 - Additional languages available [here](#)
 - [Self-isolation \(Quarantine\) for Asymptomatic Returning Travellers and Contacts of Cases](#)
 - Additional languages available [here](#)
 - [How to care for a person with COVID-19 at home](#)
 - Additional languages available [here](#)

Criteria for Discontinuing Isolation in individuals with suspected or confirmed COVID-19 that is considered 'resolved'

- For each scenario, isolation after symptom onset should be for the duration specified **provided the individual is afebrile, and symptoms are improving**. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection
- If an individual has tested positive but has never had symptoms, isolation recommendations **are based on date of specimen collection**. After an individual completes the isolation period, they should continue to practice physical distancing measures and other appropriate measures (e.g., hand hygiene) as recommended for everyone at this time
- If an asymptomatic individual has tested positive AND has a prior history of symptoms compatible with COVID-19, clearance should still be based on specimen collection date. At the discretion of Infection Prevention and Control/designate, the period of communicability and clearance may be based on symptom onset date depending on timing of symptoms (e.g., recent symptoms) and likelihood symptoms were due to COVID-19 (e.g., known exposure to a confirmed COVID-19 case prior to symptom onset)

Approaches to Clearing Cases

Approach
<p><i>Symptomatic, COVID-19 confirmed:</i> wait 10 days from symptom onset and 72 hours while asymptomatic must have passed, whichever is longer. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. For severely ill and severely immunocompromised patients, consult IP&C prior to clearing.</p>
<p><i>Asymptomatic, COVID-19 confirmed:</i> 10 days from when swab was taken if persistently asymptomatic.</p>
<p><i>Symptomatic, with positive exposure history, testing not done:</i> wait 14* days post exposure AND 10 days post symptom onset AND 72 hours asymptomatic, whichever is longer. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Cases may be cleared earlier if an alternate diagnosis is confirmed.</p>
<p><i>Symptomatic, without positive exposure history, testing not done:</i> wait 10* days from symptom onset and 72 hours while asymptomatic, whichever is longer. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Cases may be cleared earlier if an alternate diagnosis is confirmed.</p>
<p><i>Asymptomatic, with positive exposure history, testing not done:</i> 14 days from exposure if persistently asymptomatic.</p>
<p>* Please note difference in length of isolation relates to exposure to known case and associated COVID incubation period.</p>