

November 13, 2020

CORRECTION: COVID-19 Rapid Antigen Testing – Interim Guidance for Nursing Homes

Actions Requested

Correction note: Antigen testing has decreased sensitivity and specificity relative to PCR. A positive antigen test in a symptomatic individual with a high pretest probability of disease can be considered a true positive, however we recommend confirmatory PCR for asymptomatic individuals with a positive antigen tests, as false positives are known to occur.

- **Review the Centers for Disease Control and Prevention’s (CDC) [Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel](#).**
- **Review Washington Department of Health’s (DOH) algorithm for [interpreting Antigen Test Results in Nursing Homes](#).** (Attached)
- **Exclude from work** Health Care Workers (HCW) with a positive SARS-CoV-2 antigen test while the confirmatory PCR test is pending.
- **CORRECTION: Consider positive SARS-CoV-2 antigen tests true positives for all symptomatic individuals. Isolate and perform confirmatory PCR on antigen positive asymptomatic individuals at facilities with an outbreak.**
- Negative antigen tests of symptomatic individuals in facilities with or without an outbreak should be followed with immediate confirmatory PCR.
- **Continue to report all positive COVID-19 test results immediately to Kitsap Public Health Communicable Disease staff at 360-728-2235.** If you report via KPHD secure fax, 360-813-1168, provide the lab result and type of test performed, patient name, date of birth, and phone number, and indicate if the patient has been notified of their positive result.
Report the following:
 - RT-PCR positive results
 - Point of care PCR positive and negative results
 - Repeat positive results for an individual but please be aware that repeat testing is not generally recommended by Washington State Department of Health.
 - Antigen positive results, Kitsap Public Health Communicable Disease staff will investigate all antigen positive results to determine if a case can be classified as probable based on clinical evidence and/or epi-linkage.

Questions? Please contact our Communicable Disease staff at 360-728-2235.

Background

The types and availability of different tests for detecting the presence of SARS-CoV-2 infections are frequently changing, as is the guidance surrounding the results from each kind. It is important that providers and staff are familiar with these types of tests, especially which type they are currently providing to their patients. It is important that this information is communicated to the Public Health District clearly for the purposes of determining whether an individual who has been tested with an antigen test should be considered a probable COVID-19 case.

Kitsap Public Health District: Health Advisory, November 9, 2020

Background (continued...)

SARS-CoV-2 antigen tests are designed to rapidly detect viral surface proteins. Their main virtues are their quick results and low cost. Their limitations are their lower sensitivity relative to the “gold standard” of RT-PCR. Both tests have high specificity but can produce false positive results in populations with low prevalence of COVID-19 and lacking exposure risk factors.

CDC guidelines for use of rapid antigen tests can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html> .

Rapid antigen tests have an Emergency Use Authorization (EUA) for use by licensed health care practitioners for evaluation of patients who have symptoms of a COVID-like illness AND are within the first 7 days of their illness. Rapid antigen tests are most likely to detect COVID-19 infection when viral loads are high. They are considerably less sensitive than RT-PCR testing during presymptomatic or asymptomatic stages of the illness.

Attachments

- DOH Interim Supplemental Guidance for Nursing Home COVID-19 Antigen Testing (10/23/2020)

Resources

- CDC COVID-19 page: <https://www.cdc.gov/coronavirus/2019-nCoV/>
- DOH COVID-19 page: <https://www.doh.wa.gov/Emergencies/Coronavirus>
- KPHD COVID-19 page: <https://kitsappublichealth.org/CommunityHealth/CoronaVirus.php>

Interim Supplemental Guidance for Nursing Home COVID-19 Antigen Testing

Centers for Medicare and Medicaid Services (CMS) requires routine SARS-CoV-2 testing of nursing home staff according to [CMS memo 20-38](#). Nursing homes should also follow the [Centers for Disease Control and Prevention's \(CDC\) Interim SARS-CoV-2 Testing Guideline for Nursing Home Residents and Healthcare Personnel](#). Many nursing homes have point of care (POC) SARS-CoV-2 antigen test devices to perform this required testing. This document provides guidance for public health actions based on SARS-CoV-2 POC antigen positive results in nursing homes:

- Testing of symptomatic residents and healthcare workers (HCW),
- Testing of asymptomatic residents and HCW in facilities as part of a COVID-19 outbreak response, and
- Testing of asymptomatic HCW in facilities without a COVID-19 outbreak as required by CMS recommendations.

This guidance does not include surveillance or reporting activities for antigen positive results and diverges from CDC's Consideration for Interpreting Test Results in Nursing Homes.

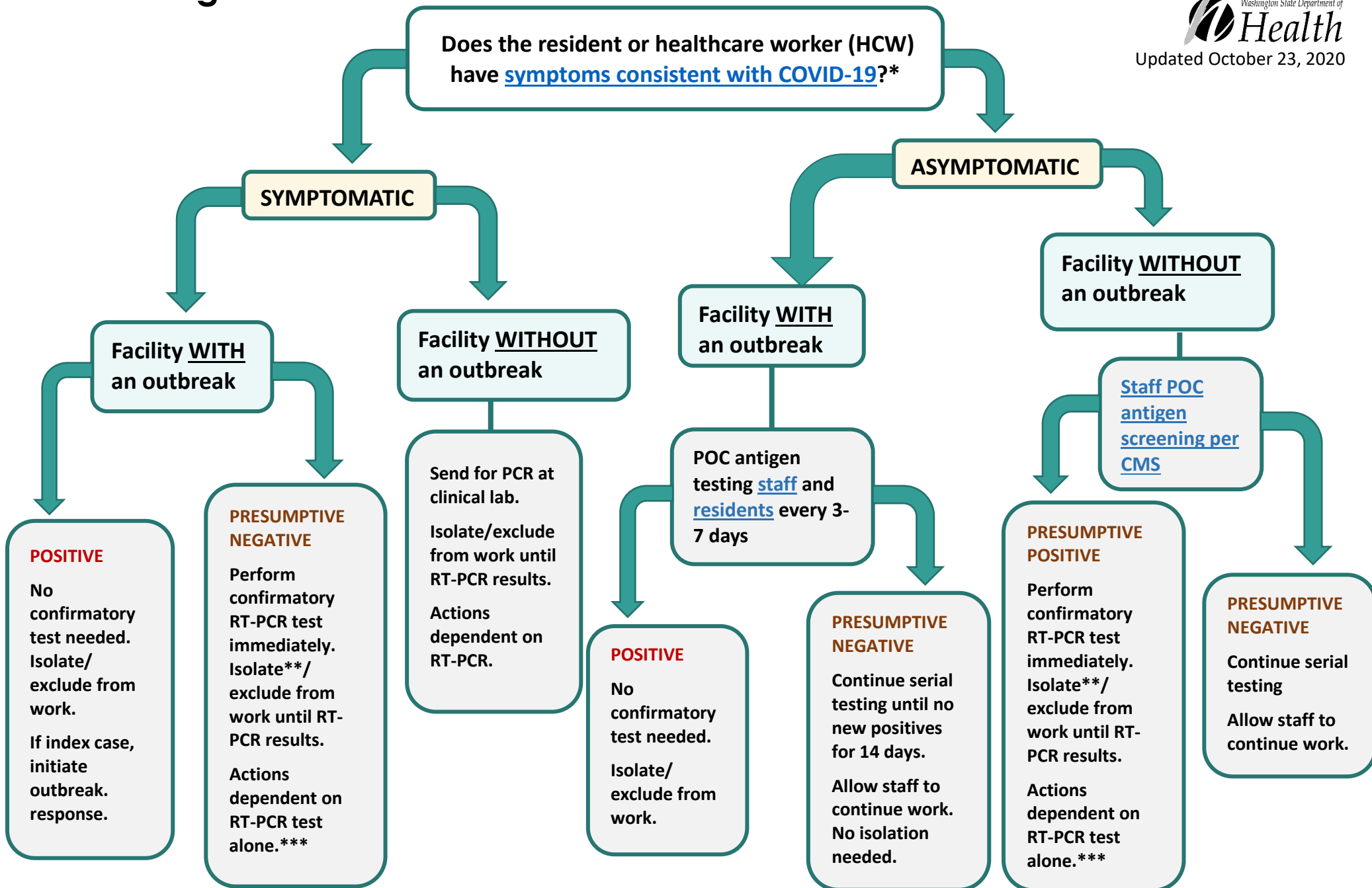
Guidance for SARS-CoV-2 antigen positive staff and residents

Nursing homes should follow the algorithm in [Appendix A](#). Following a positive antigen test, if confirmatory SARS-CoV-2 PCR test is indicated, it should be performed immediately by a clinical laboratory with expected results within 48 hours of the SARS-CoV-2 POC antigen result.

Nursing home HCWs with a positive SARS-CoV-2 antigen test should be excluded from work while the confirmatory PCR test is pending. If indicated by a positive confirmatory PCR result, and this is the first positive test in the previous 28 days, an outbreak response including facility-wide testing should be initiated. If the confirmatory PCR test is negative, the antigen test result should be considered a "false positive" and no new outbreak declared.

While waiting for confirmatory PCR results, any residents who received direct patient care from a SARS-CoV-2 antigen positive HCW should be evaluated according to [CDC recommendations](#) and managed accordingly. Nursing homes should follow [CDC's Criteria for Return to Work for Healthcare Personnel](#) with [SARS-CoV-2 and Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) to manage HCW work exclusions and potential staff shortages. HCWs who have had close contact with the antigen positive HCW should be identified and managed according to [CDC recommendations](#). Nursing homes should consult with their local health jurisdiction to coordinate outbreak response.

Appendix A: Considerations for interpreting Antigen Test Results in Nursing Homes



*Asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 3 months and live or work in a nursing home performing facility-wide testing do not need to be retested. If an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered prior to retesting for SARS-CoV-2.

** Residents waiting for confirmatory testing should not be cohorted with other COVID-19 residents, but should be cared for using [aerosol contact precautions](#).

*** Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized to determine if retesting by RT-PCR is warranted.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.