Guidance for Appropriate Repeat COVID-19 Testing

Background:

This document is intended to guide providers on appropriate test utilization for COVID-19 PCR. Please note that all test orders available at DUHS (POC test, rapid test, pre-procedural test, inpatient test, outpatient test, and IP test) have gone through a rigorous validation process and that all results may be used as part of these repeat testing strategies.

Repeat Testing After an Initial Negative Test

Supporting document:

https://covid-19.dukehealth.org/documents/guidance-de-escalating-isolation-after-negative-covid-19-test

Patient scenario	Repeat test Indicated
Patient's presentation is fully explained by another diagnosis	No
Patient's presentation is not explained by an alternate diagnosis AND high-risk clinical features	Yes x 1

If 2 COVID tests have been performed for the evaluation of the same clinical presentation and are negative, we do not recommend additional testing for COVID unless it has been recommended by Infectious Diseases Consultation. If the clinical team still has concern for COVID despite 2 negative test results, we recommend Infectious Diseases Consultation to determine if any additional evaluation is recommended and whether it is appropriate to continue Special Airborne Contact Isolation for "Clinical COVID." If "Clinical COVID" is suspected and Special Airborne Contact Isolation is continued, notify your facility's Infection Prevention Specialist to appropriately update the infection status flag in the patient's EPIC storyboard banner.

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Repeat Testing After a Positive Test – Inpatient Setting

- Two negative tests obtained at least 10 days after onset of symptoms and > 24 hours apart are required to discontinue Special Airborne Contact Isolation using the Test-Based Criteria
- Acceptable sources: nasopharyngeal swab, BAL

Supporting document:

https://covid-19.dukehealth.org/documents/criteria-discontinuation-special-airborne-contact-isolation-confirmed-covid-19-patients

Patients who require retesting to remove Isolation	Timing of surveillance test	Repeat Test
Patient will remain hospitalized > 10 days after onset of symptoms	More than 10 days since symptom onset	• If first surveillance test is negative, repeat second test in > 24 hours • If first surveillance test is positive, repeat surveillance test in 7 days
Patient will be discharged to a skilled nursing facility, group setting, or requires outpatient dialysis		

If two consecutive tests are negative, notify your facility's Infection Prevention Specialist to clear the infection status in the patient's EPIC storyboard banner and discontinue Special Airborne Contact Isolation.

Repeat Testing After a Positive Test – Readmissions

- Patients with confirmed COVID-19 who present for readmission within 28 days of their initial positive test should follow a test-based strategy for discontinuing Special Airborne Contact Isolation
- Two negative tests obtained at least 10 days after onset of symptoms and > 24 hours apart are required to discontinue Special Airborne Contact Isolation using the Test-Based Criteria
- Acceptable sources: nasopharyngeal swab, BAL

Patients who require retesting to remove Isolation	Timing of surveillance test	Repeat Test
Patients with a history of confirmed COVID who are readmitted within 28 days of their initial positive test and have not already met Test-Based Criteria to Discontinue Special Airborne Contact Isolation	Upon readmission	• If first surveillance test is negative, repeat second test in > 24 hours • If first surveillance test is positive, repeat surveillance test in 7 days

Update: 7/10/20

Repeat Pre-operative and Pre-procedural Testing

Includes: All perioperative procedures, bronchoscopy, transesophageal echocardiography, electrical cardioversion, electrophysiology procedures requiring general anesthesia, electroconvulsive therapy, upper and lower endoscopy, fluoroscopically guided enteric tube placements, and interventional radiology procedures requiring anesthesia or in patients with a tracheostomy

Supporting documents:

https://covid-19.dukehealth.org/documents/pre-procedural-guidelines-testing-and-ppe-use

https://covid-19.dukehealth.org/documents/or-protocol-perioperative-management-urgent-surgical-procedures-suspected-or-confirmed

Patient scenario	Recommended Timing of Test	Repeat test Indicated
Outpatient	< 72 hours prior to procedure	Yes, if most recent test > 72 hours from scheduled procedure
Inpatient < 14 days, high-risk* for community exposure	< 72 hours prior to procedure	Yes, if most recent test > 72 hours from scheduled procedure
Inpatient <14 days, not high risk* for community exposure	< 72 hours prior to procedure	Yes, if most recent test is > 7 days from scheduled procedure
Inpatient > 14 days	< 72 hours prior to procedure, ONLY if no prior test performed during admission	No, if patient has had a prior negative test during the same admission and remains asymptomatic, repeat test is not required
Neonate < 3 days old, never left inpatient setting after birth	No test required	N/A

*high-risk for community designation includes: known community exposure to a suspected or confirmed case within the last 14 days, coming from a congregate living facility.

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