

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

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.

Supporting document:

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

Repeat Testing After a Positive Test – Inpatient Setting

- Repeat testing is **no longer required** for discontinuing Special Airborne Contact isolation throughout Duke Health
- Repeat testing may still be required for patients being discharged to skilled nursing, a group setting, or who require outpatient dialysis depending on the facility's local infection prevention policies. Check with the patient's case manager to determine requirements. A positive result from an "administrative test" does not impact isolation requirements at Duke Health as it reflects shedding of non-infectious virus after the symptom-based clearance criteria have been met.

- Repeat testing is appropriate for patients with a prior positive test starting 90 days after the initial positive test in the following scenarios:
 - Patient presents with signs/symptoms of COVID-19
 - Patient requires a procedure or surgery
 - Patient requires admission
- Acceptable sources: nasopharyngeal swab, BAL

Patients who require retesting to remove Isolation	Timing of surveillance test	Repeat Test
Patient will be discharged to a skilled nursing facility, group setting, or requires outpatient dialysis and the receiving facility requires repeat COVID testing prior to acceptance	10 or more days since symptom onset	<ul style="list-style-type: none"> • If first surveillance test is negative, repeat second test in > 24 hours • If first surveillance test is positive, repeat surveillance test in 7 days

Supporting document:

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

Repeat Testing After a Positive Test – New Admissions/Readmissions

- Patients with confirmed COVID-19 who present for a new admission or readmission within 20 days of their initial positive test may be cleared from Special Airborne Contact precautions once they meet the symptom-based strategy.
- Patients with a history of COVID-19 within the last 90 days SHOULD NOT undergo admission testing

Supporting document:

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

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.

Major updates in pre-operative and pre-procedural testing due to changes in local epidemiology:

1. “High-risk” designation removed for inpatients given changes in local epidemiology with increased community prevalence such that congregate living no longer considered higher risk than community living.
2. The $>$ or \leq 14-day designation removed for inpatients
3. Repeat tests now recommended if $>$ 3 days has passed since prior test for all patients

Patients **with** a history of confirmed COVID **should not** undergo repeat testing for pre-operative or pre-procedural planning until **90 days** has passed from their original COVID diagnosis.

Patients **without** a history of confirmed COVID, or for whom 90 days has elapsed since their COVID diagnosis, may require retesting based on the table below.

For patients without a history of COVID or for whom 90 days has passed since the initial positive test:

Patient scenario	Recommended Timing of Test	Repeat test Indicated
Outpatient	< 3 days prior to procedure	Yes, if most recent test > 3 days from scheduled procedure
Inpatient	< 3 days hours prior to procedure	Yes, if most recent test > 3 days from scheduled procedure
Neonate \leq 3 days old, never left inpatient setting after birth	No test required	N/A
Neonate > 3 days old	< 3 days prior to procedure	Yes, if most recent test is > 3 days from scheduled procedure

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>