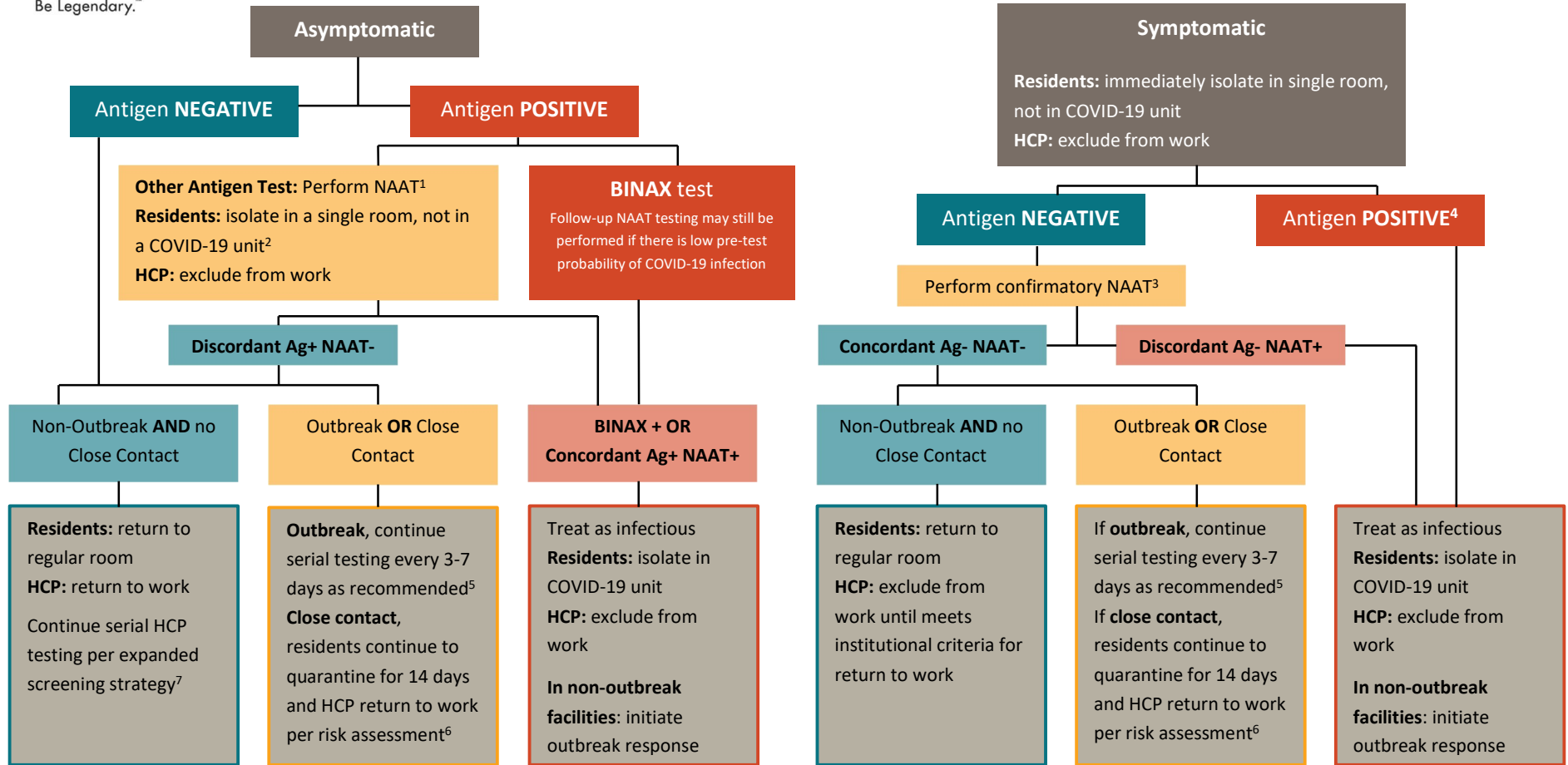


ANTIGEN TEST INTERPRETATION IN LONG-TERM CARE FACILITIES



NAAT: nucleic acid amplification test, including reverse-transcriptase polymerase chain reaction (RT-PCR). **Ag:** antigen. This algorithm should be used as a guide, but clinical decisions may deviate from this guide if indicated. Contextual factors, including community incidence, characteristics of different antigen testing platforms, and availability and turnaround times of NAAT, further inform interpretation of antigen test results. Confirmatory tests may be considered at any time if concerns about false negative or positive results arise. If confirmatory tests are performed, facilities should perform the test within 2 days of the initial test and optimize sensitivity by choosing a platform (e.g., NAAT) and specimen source (e.g., nasopharyngeal swab) with high sensitivity. Facilities may consider discussing discordant results with health department to determine the most appropriate action. Facilities should routinely review antigen test operation to ensure optimization and minimize cross-contamination.

- Asymptomatic people who test antigen positive may not need confirmatory testing if they have high pre-test probability (e.g., person resided with another infected individual in a facility with a large outbreak, such as prevalence >20%).
 - If single room is not available, keep the resident in the same room with transmission-based precautions. Do not transfer to a room with a new roommate.
 - Some antigen platforms have [higher sensitivity](#) when testing individuals soon after symptom onset. Use clinical discretion to determine if confirmatory NAAT is warranted when such platforms are used or if individual has low likelihood of SARS-CoV-2 infection (e.g., non-respiratory systemic symptoms post-vaccination of residents and HCP with no known exposures in a non-outbreak facility).
 - For symptomatic people who test antigen positive, confirmatory testing may be considered if there are other unexpected positive results from testing that day. Consideration for testing could be indicated if the person has a low likelihood of SARS-CoV-2 infection (e.g., no known exposures in non-outbreak facility in low-incidence community) and there is provider consult with effort (influenza, RSV testing, etc.) to explain symptoms.
 - People who reside or work in a facility with an outbreak and test negative should continue serial testing per CDC and CMS recommendations. In general, this entails testing every 3-7 days until no new cases are identified for 14 days. These residents may still need to be on transmission-based precautions per recommendations for [responding to an outbreak](#) or [known exposure](#). Asymptomatic HCP without a known close contact should continue working.
 - Residents with a known exposure should follow quarantine [recommendations](#), be cared for in transmission-based precautions (not on COVID-19 unit) and may not require further testing. If HCP has a known exposure, facility should follow HCP risk assessment guidance. [Options to reduce quarantine](#) duration for individuals with known close contact are generally not a preferred option for HCP and LTCF residents, but if pursued, see guidance on use of antigen testing for this purpose and when a negative antigen test result indicates not infected with SARS-CoV-2.
 - Frequency of serial HCP testing per [CMS regulations](#) or [expanded testing guidance](#).
- ALL POSITIVE Antigen and NAAT results must be reported to the NDDoH.**