AUGUST 14, 2020   # HEALTH ADVISORY

COVID-19 Diagnostic Testing Guidance

The NDDoH recommends that clinicians use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Health care providers should not turn patients away for COVID-19 testing who have symptoms. **COVID-19 testing is critical in order to identify cases and prevent further spread through case investigation and contact tracing. Health care providers are asked to have a high suspicion for COVID-19 and test accordingly.**

Clinicians should consider testing any patient with **one (1)** of the following signs/symptoms with new or worsening onset:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Patients **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

Asymptomatic close contacts should be tested after an exposure to COVID-19. Testing should occur ideally 7 to 10 days after last exposure. A negative PCR test result does not mean that the person won't go on to develop COVID-19 in the 14 days after exposure. If exposed, these individuals should continue to quarantine for 14 days, even with a negative test result.

Healthcare providers may choose to test all pregnant women upon delivery for COVID-19. If positive, health care providers should follow CDC guidance for management of newborns.

Providers may also submit specimens to the NDDoH Division of Microbiology for preoperative testing. Turn-around time for testing is generally 48 – 72 hours from specimen receipt. As a reminder, PCR results are for a single point in time, so even if negative, at the time of surgery, if not the same day as specimen collection, the patient may be positive for COVID-19. Providers should continue to implement appropriate infection control measures in surgical settings to prevent COVID-19 transmission.

COVID-19 collection kits are available for order from the [NDDoH Division of Microbiology](#). An updated [Test Request Form](#) is available.

For questions related to COVID-19, health care providers can call the NDDoH Division of Disease Control at COVID-19 hotline at 888-391-3430 Sunday through Saturday, 24/7.

Isolation of Cases

The CDC no longer recommends a testing strategy to remove cases from isolation. Patients may be advised that isolation can be discontinued after

- At least 10 days since symptoms first appeared **and**
- At least 24 hours with no fever without fever-reducing medication **and**
- Symptoms have improved

If asymptomatic, then 10 days from the collection date of the test should be used for removal from isolation.

Patients with severe illness or who are severely [immunocompromised](#) may be recommended to stay in isolation for longer than 10 days after symptoms first appeared (possibly up to 20 days).

Quarantine of Close Contacts

The NDDoH is following [CDC's definition](#) of who is considered a close contact to a COVID positive case. Close contacts are recommended to quarantine for 14 days from the last time exposed to a case while the case is infectious. This means household contacts may have to quarantine during the case's isolation period (10 days) plus the quarantine period (14 days). Symptomatic close contacts should be tested. All asymptomatic close contacts are recommended to be tested about 7 – 10 days after being exposed. Even if the close contact tests negative, the 14-day quarantine period should continue, because it may take up to 14 days to develop symptoms or test positive for COVID-19.

COVID-19 is a Mandatory Reportable Condition

North Dakota Administrative Rules 33-06-01 requires the reporting of novel severe acute respiratory illness, which includes COVID-19. North Dakota health care providers are required to report all individuals who tested positive or negative for COVID-19 to the NDDoH. This includes FDA EUA serology results.