**INDICATIONS FOR COVID-19 DIAGNOSTIC TESTING FOR PATIENTS IN ALL CLINICAL SETTINGS**

**8/3/20**

This document supersedes prior documents regarding diagnostic criteria. Current criteria for testing vary by location of care and are subject to change. Ongoing limitations in testing capacity require prioritization based on symptoms and need for hospital admission or procedures.

Preliminary data suggest high sensitivity of the COVID-19 PCR from a nasopharyngeal swab. In most cases, a single negative test will be sufficient to rule out COVID-19. In cases of high clinical suspicion and an initial negative test, a second COVID-19 PCR should be performed. Please see the [COVID-19 de-escalation document](#) for guidance on discontinuing Special Pathogens Precautions.

Testing guidance can be found below for the following patient populations:

A. **INPATIENT AND EMERGENCY DEPARTMENT** (updated 9/3/20)
B. **OCCUPATIONAL HEALTH SERVICES** (updated 9/21/20)
C. **AMBULATORY CARE PATIENTS** (updated 8/28/20)
D. **OR AND PROCEDURAL AREAS**
E. **ASYMPTOMATIC SPECIAL POPULATIONS** (updated 6/22/20)
F. **PATIENTS WITH CLINICAL RECOVERY OF COVID-19** (added 9/3/20)
A. INDICATIONS FOR COVID-19 TESTING FOR INPATIENT & EMERGENCY DEPARTMENT (updated 9/3/20)
Patients who qualify for testing through this algorithm will have a single **nasopharyngeal swab** obtained and sent for COVID-19 PCR. Flu/RSV PCR or RPAN can also be sent per provider discretion.

Patients must meet the following criteria to qualify for COVID-19 testing:
- Any one of the following:
  - Planned hospital admission
  - Fever (T >100.4°F or 38°C) or chills
  - New cough
  - New shortness of breath or hypoxia
- Or any two of the following:
  - New muscle aches
  - New headache
  - New URI symptoms (rhinorrhea, nasal congestion, sore throat)
  - New loss of sense of smell or taste
  - New nausea, vomiting or diarrhea
  - New rash
  - **Close Contact Exposure** to someone with COVID-19

B. INDICATIONS FOR COVID-19 TESTING THROUGH OCCUPATIONAL HEALTH SERVICES (updated 9/21/20)
Patients who qualify for testing through this algorithm will have a single **nasopharyngeal swab** obtained and sent for COVID-19 PCR. Flu/RSV PCR or RPAN can also be sent per provider discretion.

Patients must meet the following criteria and be a University of Michigan employee to qualify for COVID-19 testing:
- Any one of the following:
  - Fever (T >100.4°F or 38°C) or chills
  - New cough
  - New shortness of breath or hypoxia
  - High-risk occupational or other **Close Contact Exposure** to someone with COVID-19
- Or any two of the following:
  - New muscle aches
  - New headache
  - New URI symptoms (rhinorrhea, nasal congestion, sore throat)
  - New loss of sense of smell or taste
  - New nausea, vomiting or diarrhea
  - New rash
C. INDICATIONS FOR COVID-19 TESTING FOR SYMPTOMATIC AMBULATORY CARE PATIENTS (updated 8/28/20)

Patients who qualify for testing through this algorithm will have a single nasopharyngeal swab* obtained and sent for COVID-19 PCR. Flu/RSV PCR or RPAN can also be sent per provider discretion.

Patients must meet the following criteria to qualify for COVID-19 testing:

Any one of the following:
- Fever (T >100.4°F or 38°C) or chills
- New cough
- New shortness of breath or hypoxia

Or any two of the following:
- New muscle aches
- New headache
- New URI symptoms (rhinorrhea, nasal congestion, sore throat)
- New loss of sense of smell or taste
- New nausea, vomiting or diarrhea
- New rash
- Close Contact Exposure** to someone with COVID-19

D. INDICATIONS FOR COVID-19 TESTING IN OR AND PROCEDURAL AREAS

(see http://www.med.umich.edu/i/ice/resources/coronavirus/ppe_pt_care.pdf):

1. Patients undergoing general anesthesia
2. Patients undergoing high/moderate-risk aerosol-generating procedures (AGPs)
3. Patients who will recover from their procedure in a PACU or other similar setting in an area that performs AGPs

E. INDICATIONS FOR COVID-19 SCREENING OF ASYMPTOMATIC SPECIAL POPULATIONS (updated 6/22/20)

1. Adult and pediatric patients with planned hematopoietic stem cell transplantation conditioning therapy within the following 48 hours
2. Adult and pediatric patients with planned imminent solid organ transplantation
3. Neonates born to COVID-19 positive mothers (see newborn testing guidelines)
4. Michigan Medicine employees following a high-risk occupational exposure or exposure to a household member or other close contact with confirmed COVID-19.

F. INDICATIONS FOR RETESTING PATIENTS FOLLOWING CLINICAL RECOVERY FROM COVID-19

1. COVID-19 testing is not indicated 21 days to 3 months since date of hospital discharge or date of positive test if no admission unless patient develops new symptoms concerning for infection
2. Resume standard COVID-19 testing protocols for all patients >3 months since date of hospital discharge or date of positive test if no admission

*While collection using an NP swab is preferred, obtaining an oropharyngeal (OP) swab is acceptable if an NP collection is contraindicated. Examples include patients with facial trauma, nasal septal or palate defects, or severe coagulopathy.

**Close Contact Exposure in a non-healthcare setting: Greater than 15 minutes of close face to face contact with someone diagnosed with COVID-19 within 2 days prior to and 10 days after the COVID-19 positive person’s diagnosis (positive test).