11/15/20
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 11/15/20)  
B. **OCCUPATIONAL HEALTH SERVICES** (updated 11/15/20)  
C. **AMBULATORY CARE PATIENTS** (updated 11/15/20)  
D. **OR AND PROCEDURAL AREAS**  
E. **ASYMPTOMATIC SPECIAL POPULATIONS** (updated 11/15/20)  
F. **PATIENTS WITH CLINICAL RECOVERY OF COVID-19** (added 9/3/20)
A. INDICATIONS FOR COVID-19 TESTING FOR INPATIENT & EMERGENCY DEPARTMENT (updated 11/15/20)

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 Michigan Medicine guidance.

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
- Public health department recommended testing due to an exposure to 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
- Close Contact Exposure** to someone with COVID-19

B. INDICATIONS FOR COVID-19 TESTING THROUGH OCCUPATIONAL HEALTH SERVICES (updated 11/15/2020)

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 Michigan Medicine guidance.

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 (test at day 5 following exposure if no symptoms)
- Public health department recommended testing due to an exposure to 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
- High-risk occupational or other Close Contact Exposure** to someone with COVID-19 (test at any time following exposure if any symptoms)
C. INDICATIONS FOR COVID-19 TESTING FOR SYMPTOMATIC AMBULATORY CARE PATIENTS (updated 11/15/20)

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 Michigan Medicine guidance.

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
- Public health department recommended testing due to an exposure to 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
- 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 11/15/20)

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
5. All patients who are advised to get tested by a public health department due to an exposure to 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 cumulative close face to face contact over 24 hours with someone diagnosed with COVID-19 within 2 days prior to and 10 days after the COVID-19 positive person’s diagnosis (positive test).*