

# SARS-CoV-2 (COVID-19) Testing Guidance & FAQs for Clinicians

## General Recommendations for Patient Testing:

- Test patients with acute onset lower respiratory tract infection symptoms (e.g. cough, shortness of breath).
- Presence of isolated upper respiratory symptoms (sore throat, congestion, runny nose) alone should not lead to testing, even if patient has contact with a confirmed COVID-19 case.
- **Do not test** asymptomatic patients.
- Assess for other respiratory virus infections (such as influenza).
- The Tennessee Department of Health recommends testing patients even if other viral tests are positive.

## Recommendations- Adult Inpatients Who Develop Symptoms After Admission:

1. Only consider COVID-19 in inpatients with a new onset cough or dyspnea.
  - Most patients will develop fever during the course of their illness, but fever may not be present at the onset of cough/dyspnea.
2. Check a CBC with differential.
  - Many patients with COVID-19 have leukopenia (~1/3) or lymphopenia (~2/3).
3. Obtain a Chest X-ray.
  - Most patients (~2/3) will have findings consistent with a viral pneumonia, including patchy infiltrates.
4. Assess the available data.
  - If a patient has other clinical reasons for their new cough or dyspnea, in the absence of concerning findings on CBC with diff or Chest X-ray, proceed with current standard of care.
  - If a patient does not have other clinical reasons for their new cough or dyspnea or has concerning findings on CBC with diff or Chest X-ray, place patient on precautions (Droplet + Contact + Eye Protection) and proceed with testing for SARS-CoV-2 PCR.
5. Do not test asymptomatic patients, even if they report exposure to a COVID-19 patient.
  - Testing of only symptomatic patients is standard of care and helps to preserve available testing materials/PPE and improves overall test turnaround time.

## Recommendations- Pediatric Inpatients Who Develop Symptoms After Admission:

1. Only consider COVID-19 in patients with new onset fever and cough or dyspnea or new exposure to COVID-positive case.
  - Check a Chest X-ray and other laboratory studies as clinically indicated.
2. Assess the available data.
  - Likelihood of hospital acquired COVID-19 infection less than community acquired, therefore consider other reasons for fever/cough **especially** in children in hospital > 5 days per ID recommendations.
  - If a patient does not have other clinical reasons for their new onset cough or dyspnea OR has concerning findings on CBC or Chest X-ray, place patient on precautions (Droplet + Contact + Eye Protection) and proceed with SARS-CoV-2-PCR.
3. Do not test asymptomatic patients, even if they report exposure to a COVID-19 patient.
  - Testing of only symptomatic patients is current standard of care and helps to preserve available testing kits/PPE and may improve overall test turnaround time.

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## How is the test ordered?

Testing does not require approval by Infection Prevention. Please note, all providers can order the test; however, not all locations may be approved to collect the specimen. Approved locations include Ambulatory Assessment Sites, Inpatient Units, and Emergency Departments. The name of the test in eStar is "SARS-CoV-2 PCR."

## How do I obtain a testing kit?

Testing kits should be requested through the lab. If you are a site off main VUMC campus, go through your normal lab supply obtaining process. If you are a frequent testing site on main VUMC campus contact the lab (615) 875-5227 (option 1 Clinical Pathology) to have supply delivery coordinated to your location. If you are a site that infrequently tests, a representative from the area can pick up a kit from the Lab (TVC 4607).

## What types of specimens do I need to collect?

Based on new recommendations from the Centers for Disease Control and Prevention (CDC) only a Nasopharyngeal (NP) Specimen is required for the SARS-CoV-2 PCR Lab Specimen. Oropharyngeal specimens (OP) are no longer required. Collect a nasopharyngeal (NP) swab with one FLOQSwab. Then place the swab into the container of viral transport media. **These are the same swab/media utilized for Respiratory Pathogen Panels.** In eStar, select the specimen type "NP".

## How should a swab for COVID-19 testing be collected?

For *nasopharyngeal swabs*, insert a swab into the nostril parallel to the palate. For a best practice video visit <https://www.youtube.com/watch?v=DVJNWefmHJE>. Leave the swab in place for a few seconds to absorb secretions. Those collecting the swab should wear the recommended PPE for COVID-19 suspects (gown, gloves, surgical mask and eye protection).

## How should the specimen be transported to lab?

Seal the closed specimen-container within a 95kPa biohazard transport bag. If such as bag is unavailable, double-bag the specimen within traditional specimen transport bags. Place the bagged specimen within a hard styrofoam container and refrigerated cold pack or in a bag of ice (do not freeze).

For patients on-site at VUMC, hand deliver the specimen to the Clinical Microbiology Laboratory in 4524 TVC.

For off-site clinic patients, specimens should be delivered directly to 4524 TVC by courier. The clinics should store the specimen in a refrigerator until the courier arrives.

## How is SARS-CoV-2 testing performed at VUMC?

This qualitative test is based upon PCR amplification and detection of viral nucleic acid. The reagents and methods of the SARS-CoV-2 test at VUMC specifically emulate the assay developed by the CDC for US public health laboratories.

## Can we send tests for other respiratory viruses, like the respiratory pathogen panel?

Yes, the same swab collected for COVID-19 testing can be used for the Respiratory Pathogen Panel (RPP) testing (you do not need to send separate swabs).