



Chelan-Douglas Health District
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Okanogan County Public Health
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NCW Regional Testing Guidance for COVID-19

Adopted from CDC/WA DOH Guidelines¹

Updated June 19, 2020

A regional approach to testing will allow a proportionate allocation and distribution of supplies, unbiased use of testing supplies based upon unified guidelines, a decrease in testing inequity access, will reduce investigator bias, and provide a comparable standard when assessing disease activity.

The unified approach pre-supposes adequate testing supplies (swabs, transport, lab capacity, PPE, staff). Testing is in ranked order of priority (from symptomatic to prevalence survey) if testing supplies are limited.

1. Symptom-based testing:

- a. Cough OR Shortness of Breath /Difficulty Breathing (any of the two), OR
- b. Any two of the following:
 - i. Fever
 - ii. Chills
 - iii. Myalgia
 - iv. Headache
 - v. Sore throat
 - vi. New loss of taste or smell
 - vii. New unexplained nausea/diarrhea (*based on syndromic surveillance in NCW region)
- c. Any symptoms AND a recent (14 days) increased risk of exposure to SARS-nCoV-2 (including mass gatherings, protests, demonstrations, house parties, travel, etc.)
- d. Clinician's judgment

Prioritize the following symptomatic patients for COVID-19 testing if testing capacity inadequate:

1. Hospitalized patients with severe lower respiratory illness
2. Workers in healthcare facilities, congregate living settings, critical infrastructure and public safety/first responders
3. Residents in long-term care facilities or other congregate living settings, including prisons and shelters
4. Persons identified through public health cluster and selected contact investigations
5. Persons at higher risk of severe outcome
6. Persons who are pregnant and in labor or scheduled for delivery

2. Asymptomatic individuals testing:

- a. All (close) contacts of a positive case (if a close contact tests negative, these individuals still need to remain in quarantine for 14 days after their last date of exposure; where possible, advise to request testing from PCP)
- b. Congregate settings – test all persons after the first positive (test by risk-based cohorts or in groups in very large facilities where testing of all subjects would be prohibitive or impractical)
- c. All hospital admissions (especially for hospital cohorting purposes)
- d. People undergoing procedures that increase the risk of aerosolized particle spread (bronchoscopy, sputum induction, intubation, etc.)
- e. People undergoing invasive surgical procedures, including outpatient (within 48H of procedure)

¹ <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Interim-2019NovelCoronavirusQuicksheetProviders.pdf>

- f. Critical infrastructure workers (prioritize by clinical impact of case finding, or infrastructure impact if a case missed)
 - g. Attendees of a recent (14 days) large gathering (including protests/demonstrations): test at 5-7 days after exposure; if negative may retest at 12-14 days after exposure
3. Prevalence surveys to validate disease activity apparent through incidence testing.



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