

HALTON REGION PUBLIC HEALTH • Office of the Medical Officer of Health

TEL: 905-825-6000 • TOLL FREE: 1-866-442-5866 • FAX: 905-825-1444

TO: Halton Physicians, Nurse Practitioners, Emergency Departments

FROM: Dr. Hamidah Meghani, Medical Officer of Health

DATE: April 14, 2020

RE: **COVID-19 TESTING UPDATE**

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### Testing Update

- The Ontario government has identified the following priority groups for COVID-19 testing:
  - Hospital in-patients;
  - Residents of long term care and retirement homes;
  - Healthcare workers and first responders including paramedics, police and firefighters;
  - Care givers and care providers in long term care homes;
  - Remote, isolated, rural and Indigenous communities; and
  - Other congregate living centres, including homeless shelters, prisons and group homes
- Additional guidance from the Ministry is expected shortly on the following additional groups and will be shared once received:
  - Specific vulnerable populations, including patients undergoing chemotherapy or hemodialysis, patients requiring transplants, as well as pregnant persons, newborns and cross-border workers; and
  - Other essential workers, as defined by provincial orders
- Testing of asymptomatic persons is generally not recommended; EXCEPT in the setting of Long Term Care Home or Retirement Home outbreaks.
- Not everyone requires testing. Most people with mild symptoms will recover with no complications. **Testing for COVID-19 requires clinical judgement.** Clinicians should use their discretion to make decisions on which individuals to refer for assessment and testing.

### Referring Patients for Assessment & Testing

- Halton residents can be referred for COVID-19 assessment in the following ways:
  - Residents of Oakville, Milton or Halton Hills can book an appointment at a Halton Healthcare Assessment Centre by calling 905-203-7963;
  - Residents of Burlington can call 905-632-3737 ext. 6550 to book an appointment at the Joseph Brant Hospital COVID Assessment Clinic.
- Please inform patients who are being referred to local assessment centres that the assessing physician will also conduct a clinical assessment and test as appropriate.

## Case Clearance Update

- Most individuals who have tested positive do not require retesting for viral clearance prior to being discharged from isolation. EXCEPTIONS include: healthcare workers and hospital in-patients.
- In Halton, at this time all symptomatic healthcare workers are tested for COVID-19. Therefore a test-based approach is being used to clear healthcare workers for return to work.
- **Please see attached Guidance on Testing and Clearance for details.**

## Long Term Care & Retirement Home Update

- All symptomatic residents should be tested for COVID-19.
- Asymptomatic patients transferred from a hospital to a long-term care home or retirement home should be tested prior to transfer.
  - These residents do NOT need to wait for test results in order to be transferred. ALL residents should be self-isolated for 14 days upon transfer.

## COVID-19 Outbreaks in Long Term Care & Retirement Homes

- A single case of COVID-19 constitutes an outbreak.
- In consultation with Halton Region Public Health, a risk assessment will be conducted and Public Health will determine the groups that need to be tested.
- Groups which **may** be tested include:
  - All residents living in adjacent rooms;
  - All staff working on the unit/care hub;
  - All essential visitors that attended at the unit/care hub; and
  - Any other contacts deemed appropriate for testing based on a risk assessment by local public health.

## Results

- Public Health Ontario Laboratories (PHOL) has stopped sending negative COVID results to local public health units. Public Health will only receive positive COVID results and will follow up with these patients.
- Health Care Workers employed by local hospitals should follow-up with their Occupational Health and Safety team for both negative and positive lab results and to determine when they can return to work.
- Patients can view their test results on the Provincial COVID-19 OLIS website here: <https://covid-19.ontario.ca/>. Currently, only tests completed at PHOL are available on OLIS. As such, patients may find their results displayed as “unavailable” if samples were sent to private laboratories such as Dynacare, Lifelabs or other academic testing centres. Such patients will be asked to follow up with their family physician for test results as you may receive them directly from private labs.

Please report all suspected/confirmed cases of [Diseases of Public Health Significance](#) to Public Health immediately by calling 311, 905-825-6000 or toll free at 1-866-442-5866.

PLEASE POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES

IF YOU CAN'T ACCESS HYPERLINKS, PLEASE SIGN UP FOR ELECTRONIC UPDATES BY EMAILING [DOCTORS@HALTON.CA](mailto:DOCTORS@HALTON.CA)

Ministry of Health

## COVID-19 Quick Reference Public Health Guidance on Testing and Clearance

This information can be used to help guide decision making on testing and clearance of individuals suspected or confirmed to have COVID-19. This information is current as of April 10 2020 and may be updated as the situation on COVID-19 continues to evolve.

### Who should be tested for COVID-19?

Please refer to the [COVID-19 Provincial Testing Guidance Update](#).

### Diagnosing COVID-19

In a symptomatic patient in whom COVID-19 is suspected, only a single (1) NP swab is required for [laboratory testing](#). Laboratory confirmation of COVID-19 infection is performed using a validated assay, consisting of a positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target.

- A single positive result is sufficient to confirm the presence of COVID-19.
- In a case with *no known exposures*, a single negative result in a suspected case is sufficient to exclude COVID-19, at that point in time. If symptoms change or worsen, consider the need for retesting.
- In a symptomatic case *currently within their 14-day self-isolation as a result of a known exposure*, a single negative result is sufficient to exclude COVID-19 at that point in time. However, the individual should remain in self-isolation for the rest of their 14-day period, and if symptoms change or worsen, consider the need for repeating testing.

[Testing](#) of asymptomatic individuals (i.e., have never had symptoms) is not generally recommended at this time, and beyond the priority list within the [COVID-19 Provincial Testing Guidance Update](#), prioritization should first be given to symptomatic over asymptomatic individuals.

- If an individual who has never had symptoms is tested and is negative, a single negative is sufficient to exclude COVID-19 at that time. However, if symptoms develop in the future then additional testing should be considered.
- If an individual who has never had symptoms tests positive, this should be managed as a confirmed case of COVID-19.

### Management of individuals who have not been tested

- If individual is asymptomatic and has no exposure risk
  - Provide reassurance and information for [Ontario COVID-19 website](#)

- If individual is asymptomatic, but has exposure risk
  - Provide information on [self-monitoring](#) and [self-isolation](#) for **14 days from exposure risk**

## Criteria for when to discharge someone from isolation and consider 'resolved'

For each scenario, isolation after symptom onset should be for the duration specified provided that the individual is afebrile, and symptoms are improving. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Once a case is discharged from isolation, their case status should be updated to 'resolved'. If an individual has tested positive but has never had symptoms, isolation recommendations should be based on date of test. After an individual completes their isolation period, they should continue to practice [physical distancing measures](#).

- For individuals in self-isolation **at home**:
  - Isolate for 14 days following symptom onset. Most individuals who have tested positive do not require retesting for viral clearance prior to being discharged from isolation (exceptions to this are listed below and include hospitalized patients and health care workers)
  - This applies to individuals whether they were confirmed by testing, and individuals who were not tested but have symptoms compatible with COVID-19 and are isolating at home for 14 days from symptom onset.
- For **hospitalized** patients:
  - Isolate in hospital until 2 consecutive negative tests (single NP swab), obtained at least 24 hours apart.
  - If discharged home within 14 days of symptom onset, follow advice for individuals at home where viral clearance swabs are not required.
  - If discharged to a long-term care home/retirement home, maintain isolation (droplet and contact precautions) until 2 consecutive negative tests, obtained at least 24 hours apart. If testing for clearance is not feasible, maintain isolation until at least 14 days from symptom onset.
- For **health care workers** returning to work:
  - Test-based approach: HCWs who have tested positive for COVID-19 should remain off work until they receive 2 consecutive negative specimens (single NP swab) at least 24 hours apart
  - Non test-based approach: HCWs may return to work 14 days after symptom onset (or as directed by their employer/Occupational Health and Safety)

For health care workers that are agreed to be critical to operations by all parties, earlier return to work may be permitted under work self-isolation. This means maintaining isolation outside of work until 14 days after symptom onset (or until 2 negative swabs) but continuing to work while wearing appropriate PPE at work, and not working in multiple locations. The following table provides various scenarios for managing return to work for HCWs critical to operations under work self-isolation:

Symptoms	Test Result	Recommendations for HCW Return to Work under Work Self-Isolation
Yes	Positive	May return to work as soon as 24 hours after symptom resolution; AND Continue with appropriate PPE at work until 2 consecutive negative tests or until 14 days after symptom onset and asymptomatic
Yes	Negative	May return to work 24 hours after symptom resolution. If the HCW was self-isolating due to an exposure at the time of testing, return to work should be under work self-isolation until 14 days from last exposure.
Yes	Not tested (i.e., test not available, as all symptomatic HCWs are recommended to be tested)	May return to work at 14 days after symptom onset; OR May return to work 24 hours after symptom resolution with appropriate PPE and under work self-isolation until 14 days from symptom onset
Never symptomatic at time of test	Positive	May return to work at 14 days after positive specimen collection date; OR May return to work if remain asymptomatic 72 hours from test and continue with appropriate PPE at work until 2 consecutive negative tests or until 14 days after symptom onset and asymptomatic <b>Note:</b> although testing on asymptomatic individuals is not recommended, in the event testing occurs this row can be used to guide decision making around the HCW returning to work