



# Indiana State Department of Health

## Indiana Health Alert Network Notification – July 28, 2020

### COVID-19 Update: Duration of Transmission-Based Precautions and Contact Tracing for Antigen Testing

#### Centers for Disease Control and Prevention (CDC) updates transmission-based precautions guidance

Accumulating evidence supports ending isolation and precautions for persons with COVID-19 **using a symptom-based strategy**. This update incorporates recent evidence to inform the duration of isolation and precautions recommended to prevent transmission of SARS-CoV-2 to others while limiting unnecessary prolonged isolation and unnecessary use of laboratory testing resources.

#### Duration of Isolation and Precautions for Adults with COVID-19

##### Recommendations

1. Duration of isolation and precautions
  - For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset* and resolution of fever for at least **24** hours, without the use of fever-reducing medications, and with improvement of other symptoms.
    - A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
  - For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA*.
2. Role of PCR testing to discontinue isolation or precautions
  - For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.
  - For all others, **a test-based strategy is no longer recommended** except to discontinue isolation or precautions earlier than would occur under the strategy in Part 1, above.
3. Role of PCR testing after discontinuation of isolation or precautions
  - For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.
  - For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.

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- For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.
4. Role of serologic testing
- Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

**Other CDC resources:**

- A summary of current evidence and rationale for these changes is described in a [decision memo](#).
- [Clinical Care Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#), including general clinical information, guidance for home care and guidance by patient type,
- [Ten Clinical Tips on COVID-19 for Healthcare Providers Involved in Patient Care](#)

**Antigen Testing and Reporting for Contact Tracing**

The Food and Drug Administration (FDA) has authorized two antigen tests for the rapid detection of COVID-19: the Quidel Corporation’s [Sofia 2 SARS Antigen FIA](#) (authorized 05-09-20) and Becton, Dickinson and Company’s [BD Veritor System for Rapid Detection of SARS-CoV-2](#) (authorized 07-02-20). Both tests can be performed in a CLIA-waived setting.

Antigen testing should not be confused with serology or molecular testing. Here is the difference:

- **Serology** tests detect the body’s immune response through the production of antibodies.
- **Molecular** tests (also commonly referred to as PCR) detect the virus’s genetic material.
- **Antigen** tests detect viral proteins.

Antigen testing is less sensitive than molecular testing. In patient populations with a high pre-test probability (i.e. testing for patients that are the most likely to be positive for COVID-19), antigen tests can be useful. Because of the decreased sensitivity of antigen testing (compared with molecular testing), it is strongly recommended that any negative antigen result from a symptomatic patient be confirmed with molecular testing (see table).

<b>Antigen Testing Result:</b>	<b>Patient Status:</b>	<b>Conclusion</b>	<b>Action Required:</b>
Positive	Any	Patient is <i>positive</i> for COVID-19	Contact tracing is initiated.
Negative	Symptomatic	Need to rule out a false-negative result.	Patient should have a confirmatory molecular test performed.

**Laboratories are required to report both negative and positive antigen results for Hoosiers.** See State Health Commissioner’s [Order](#), June 1, 2020, for complete details. Since a positive antigen result is evidence of viral infection, Individuals with positive antigen results will be investigated through the Indiana Centralized Contact Tracing Program (ICCTP). Cases will be interviewed and identified contacts notified of potential exposure and monitored throughout their quarantine period.

There have been reports of false positives with antigen testing. Labs should take steps to ensure quality results. Guidance for reporting COVID-19 testing are available [here](#).