

# Guidance for Prioritization of COVID-19 Testing

AUGUST 17, 2020



Photo by Michael Matkin

Metro Denver Partnership for Health



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## Recommendations from the Metro Denver Partnership for Health

**Testing is a critical component of monitoring and containing COVID-19. Accurate testing with timely notification of results enables individuals to act quickly to protect themselves, their families, and their communities.**

Testing also informs public health agencies about the extent of COVID-19 spread in the community. In addition to health care providers who use testing for diagnosis of individuals, COVID-19 testing can be used by employers, schools, and health systems to support both reopening and ongoing monitoring efforts.

Colorado set a goal of conducting 10,000 tests per day and has been ramping up its testing capacity to meet this goal since the pandemic began in March. Despite this progress, the turnaround time for issuing test results from some laboratories used to test Colorado residents has become so prolonged as to make testing of limited value. Delays are due to a variety of complicated factors, including supply chain shortages as well as increased demand resulting from significant increases in COVID-19 in many other states. Although Colorado is developing approaches to decrease turnaround time, many current and possible issues beyond the state's control mean this issue is likely to remain a concern for the foreseeable future.

Given this situation, the Metro Denver Partnership for Health (MDPH) is providing guidance for prioritizing the limited testing infrastructure so that it can be used to the greatest benefit. Of note, this document is concerned only with PCR testing of respiratory-tract specimens (for example, nasal, oral, sputum). Antigen testing is still being evaluated, and there is insufficient data at present to make

recommendations about the role of rapid antigen tests in the situations detailed in this document. These recommendations do not apply to antibody testing.

MDPH is led by the six local public health agencies serving the seven-county Denver metro area: Boulder County Public Health, Broomfield Department of Public Health and Environment, Denver Department of Public Health & Environment, Denver Public Health, Jefferson County Public Health, and Tri-County Health Department serving Adams, Arapahoe, and Douglas counties. We work collaboratively on shared public health priorities to improve health among the nearly three million Coloradans – 60 percent of the state's population – who live in the metro Denver region.

This guidance is based on a framework that identifies tiers based on risk of transmission and risk of developing severe disease among specific groups of priority populations. Prompt diagnosis (turnaround time of 48 hours or less) promotes care of the individual and control of the pandemic in the community, particularly for persons tested in Tiers 1 and 2. This guidance also provides an approach for recommending routine testing among other groups when testing supplies and capacity are adequate to support it (Tier 3). We plan to update this guidance on an as-needed basis as additional data become available.

These are science-based recommendations for our regional partners and policymakers to consider,

based on MDPH's collective experiences working to prevent the spread of COVID-19 in the metro area. Of particular importance, routine testing is not a replacement for the fundamentals of infection control – physical distancing, routine use of masks/face coverings, rigorous hand hygiene, shifting activities to outdoors when possible and providing adequate indoor ventilation, daily symptom checking and remaining home when ill, and vaccination for other infections that cause respiratory illnesses.



## TIER ONE

## All Should Be Tested

Group	Considerations
All persons with symptoms suggestive of COVID-19 infection	Consider testing among those with a <a href="#">wide range of symptoms to maximize case detection</a> .
All persons admitted to an acute care hospital	Failure to diagnose COVID-19 on admission may lead to high risks of nosocomial transmission.
Asymptomatic staff and residents of long-term care facilities	Routine testing recommended at a frequency to be determined in collaboration with public health authorities.
Asymptomatic individuals at the site of a suspected or confirmed institutional outbreak of COVID-19	Testing should be offered to all persons in the outbreak setting, regardless of symptoms.



## TIER TWO

## Testing Strongly Recommended

Group	Considerations
Asymptomatic individuals in correctional facilities	Routine testing, regardless of presence of symptoms, at entry and at the time of transfer.
Asymptomatic staff in high-risk medical care settings	High risk settings include home health care and hemodialysis units. Routine testing recommended at a frequency to be determined in collaboration with public health authorities.
Asymptomatic persons experiencing homelessness who are in congregate settings; staff in these settings	Routine testing recommended at a frequency to be determined in collaboration with public health authorities and in collaboration with providers of services to persons experiencing homelessness.
Asymptomatic persons undergoing high-risk (aerosol-generating) medical or dental procedures	
Clients of residential treatment centers for substance use and other behavioral health disorders	Test clients prior to or upon admission. Testing should be considered among staff.
Asymptomatic <u>household</u> contacts of persons recently diagnosed with COVID-19 infection	Testing can be considered at the time of initial evaluation or seven days after presumed exposure.



TIER THREE

## Test if Supplies and Lab Capacity Adequate and Turnaround Time is Acceptable

Group	Considerations
Asymptomatic staff of K-12 schools, early childhood education and child care centers	Routine testing recommended at a frequency to be determined in collaboration with public health authorities. Testing may be helpful in school settings in order to identify COVID-19 cases rapidly and minimize disruptions.
Asymptomatic <u>non-household</u> close contacts of persons recently diagnosed with COVID-19 infection	Testing can be considered at the time of initial evaluation or seven days after presumed exposure.
Asymptomatic staff in occupations with frequent interactions with the public including emergency services, retail, food services/manufacturing, and public transportation	Routine testing, if supplies and capacity are adequate, to be implemented in collaboration with public health authorities.
Asymptomatic persons at entry to programs (e.g., college) or events	Special testing consideration may be needed for students living in dormitories.
Asymptomatic persons who need testing to travel or for other purposes	



## Testing Generally Not Recommended

Group	Considerations
Persons who have had a prior positive PCR test for COVID-19	COVID-19 PCR tests can remain positive long after a person is no longer infectious, therefore routine repeat testing of someone who was previously positive is not recommended. PCR test may be required prior to transfer to high-risk settings (e.g., long-term care settings).





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