

General Guidance on Testing for COVID-19

Ascension Wisconsin is following guidance from the Wisconsin Department of Health Services on testing for COVID-19. *Source: Wisconsin Department of Health Services COVID-19 Health Alert #8*

Testing of Asymptomatic People

There is growing evidence that persons with COVID-19 become infectious days prior to developing symptoms, and many develop only mild symptoms or no symptoms at all. In congregate living settings and workplaces where physical distancing is difficult to maintain, symptom-based screening alone is unlikely to detect all cases and testing a broader group of asymptomatic individuals may be necessary to control transmission. Laboratory capacity for COVID-19 capacity in Wisconsin is currently sufficient to recommend testing asymptomatic persons in a wider range of settings where detection of unrecognized cases serves an important public health purpose. On May 3, the CDC revised its [guidance related to testing priorities](#) for nucleic acid or antigen testing as follows:

High Priority

- Hospitalized patients with symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms

Priority

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.
- Persons **without symptoms** who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

In Wisconsin, DHS recommends COVID-19 testing for asymptomatic individuals in the following situations:

1. public health investigations, such an outbreak involving multiple cases in a workplace.
2. For individuals in congregate living situations such as nursing homes or assisted living facilities
3. In health care settings, when needed to inform infection control interventions, such as before aerosol-generating procedures. As part of
4. In community settings, when testing of close contacts of confirmed cases would inform local public health interventions, such as contact tracing investigations, or decisions about location of quarantine* or isolation.

*In all the above situations, negative test results should not result in discontinuation of quarantine for people who have been close contacts to known cases, and who may still be in the incubation period. In

Please note that guidance from CDC and DHS is updated regularly based on the changing environment related to COVID-19 and the availability of testing. Sources: [CDC](#) and [Wisconsin Dept. of Health Services](#)



other words, COVID-19 testing can be useful for detecting unrecognized cases (“ruling in”), but not excluding infection in people who were exposed (“ruling out”).

Based on this, Ascension Wisconsin is currently **NOT** performing testing on:

- Employees/employers who request a negative COVID-19 test result as proof of clearance to return to work

We **ARE** performing testing on:

- Symptomatic patients (including mild symptoms) in alignment with Wisconsin DHS and CDC guidelines
- Asymptomatic patients who have scheduled procedures as part of the screening process
- Asymptomatic patients in congregate living situations such as nursing homes or assisted living facilities

Note: Testing criteria subject to change based on modifications to DHS and CDC guidelines

Employers are encouraged to work with local public health officials to create a plan supporting CDC recommendations to regularly monitor employees for symptoms, disinfect work areas, provide masking to employees and modify operations to reduce contact between employees.

The Wisconsin Department of Health Services, Division of Public Health (DPH), currently recommends that persons **who have been identified as a close contact of a confirmed or suspected COVID-19** case be quarantined at home for a period of 14 days from the date of last contact with an ill individual.

When can a recovering COVID-19 patient return to work?

According to the CDC, employers should ensure that employees who have symptoms of respiratory illness stay home and do not come to work until:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath);
AND
- At least 10 days have passed *since symptoms first appeared*

Note: While CDC also describes a test-based strategy for persons with COVID-19, this strategy is contingent on the availability of testing supplies and laboratory capacity. Limited supplies of test kits in Wisconsin do not support this strategy at this time.

Below is a list of business resources from the CDC and the Wisconsin Department of Health Services:

- Wisconsin Department of Health Services
 - **COVID-19: Businesses, Employers and Workers:**
<https://www.dhs.wisconsin.gov/covid-19/employers.htm>
- Centers for Disease Control and Prevention
 - **Resources for Businesses and Employers:**
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>
 - **How to Protect Yourself / What to Do if You are Sick:**

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<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- [10 Things You Can Do to Manage Your COVID-19 Symptoms at Home:](https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf)
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>

Interpretation COVID-19 Antibody (Serology) Testing:

On May 1, 2020, the Wisconsin Department of Health Services (DHS) published [COVID-19: Health Alert #7: Antibody Testing for SARS-CoV-2 in Wisconsin: Recommendations and Reporting Requirements](#). The communication states:

While SARS-CoV-2 antibody tests can provide evidence of past COVID-19 infection, DHS recommends **against** using these tests for diagnosis of active infection. Diagnosis of acute infection should be based on molecular detection methods such as PCR.

It is not currently known whether or to what degree the presence of SARS-CoV-2 antibodies confers protection from future infection. As such, it is inappropriate to use the results of antibody testing for the basis of any decisions related to returning to work or infection control practices within healthcare or other workplace settings.

DHS goes on to clarify, “There is understandable interest in the topic of SARS-CoV-2 [COVID-19] antibodies as a possible marker of immunity and protection from future infection. Unfortunately, at this point in time, **we do not know whether or not the presence of detectable antibodies equates to immunity, and even if it does, what level of antibody is needed or how long the immunity lasts.**”

Highlights to Note Regarding Results:

- **Negative results** do not rule out COVID-19 infection, particularly in those who have been in recent contact with the virus.
- **Positive results** may be due to past or present infection with non-COVID-19 (other coronavirus strains).

COVID-19 Testing requires a clinician order. A clinician order can be obtained through an office visit (virtual or in person). During the office visit, the clinician will review whether testing is appropriate and determine the most appropriate test given the situation. A clinician order cannot be provided through a phone call only.

If there are any questions or concerns, please contact your primary care clinician to discuss in greater detail. Thank you.

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