

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 contacts of cases or individuals suspected or confirmed to have COVID-19. This information is current as of April 17, 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. Depending on the clinical scenario (i.e. persistent, new or worsening symptoms), repeat testing can be considered.
- 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.

Recommendations for Health Care Workers Return to Work

Symptoms	Test Result	Recommendations
Yes	Positive	<p>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</p> <p>Non test-based approach: HCWs may return to work 14 days after symptom onset (or as directed by their employer/Occupational Health and Safety)</p>
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.
Never symptomatic at time of test	Positive	<p>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</p> <p>Non test-based approach: HCWs may return to work 14 days after positive specimen collection date (or as directed by their employer/Occupational Health and Safety)</p>

- “work self-isolation” means maintaining self-isolation measures outside of work for 14 days from symptom onset (or 14 days from positive specimen collection date if asymptomatic) to avoid transmitting to household members or other community contacts. While at work, the HCW should adhere to universal masking recommendations, maintain physical distancing (>2m) except for providing direct care, and performing meticulous hand hygiene. These measures at work are required to continue until test-based or non-test based clearance. Staff on work self-isolation should not work in multiple locations.
- In exceptional circumstances where additional staff are critically required, an earlier return to work of a COVID-19 positive HCW may be considered under work self-isolation recognizing the staff may still be infectious. In the case of a positive symptomatic HCW, there should be a minimum of 72 hours after illness resolving, defined as resolution of fever and improvement in respiratory and other symptoms. In the case of a positive asymptomatic HCW, there should be a minimum of 72 hours from positive specimen collection date to ensure symptoms have not developed in that time.