

Interim Guidelines for COVID-19 Antigen Testing in Skilled Nursing Facilities

Summary of Significant Changes

09-02-2020 The reporting requirements of antigen tests were updated. Facilities must report all testing data on positive results only.

09-12-2020 CDPH released updated [AFL 20-53.3](#) and [Guidance on the Use of Antigen Tests for Diagnosis of Acute COVID-19](#)

Testing for SARS-CoV-2, the virus that causes COVID-19, is an important adjunct to infection control measures for preventing and controlling outbreaks in skilled nursing facilities (SNFs). The SARS-CoV-2 testing landscape is continually changing as additional tests receive an [emergency use authorization](#) (EUA) from the United States Food and Drug Administration (FDA). Technology to conduct molecular, antigen, and serology tests is now available and additional technologies are anticipated. The availability of evidence regarding the performance of these different tests as well as guidelines for their best use in different populations is still limited.

This document is meant to provide clinicians working in nursing homes with guidelines to help them select between available diagnostic viral tests based on different scenarios. Clinicians should remember that test accuracy is dependent on many factors including the test technology, specimen collection and handling, pretest clinical probability of disease, community prevalence of disease, and the specific characteristics of the assay.

Overview of Current SARS-CoV-2 Tests

Only molecular and antigen tests are recommended to diagnose current SARS-CoV-2 infection. These viral tests detect the SARS-CoV-2 virus directly either by detecting viral RNA (molecular) or viral surface proteins (antigen). Serologic tests cannot be used alone to diagnose an active SARS-CoV-2 infection but may be used to help support or establish a diagnosis in limited circumstances.

Molecular tests are currently the most accurate tests for diagnosing COVID-19. Viral RNA can be detected by reverse transcription polymerase chain reaction (RT-PCR) in a laboratory or by other nucleic acid amplification techniques as a point-of-care (POC) test. RT-PCR is highly sensitive and specific for detecting SARS-CoV-2 virus. Laboratory turn-around time for PCR test results should be less than 48 hours, however results can be delayed if laboratories are experiencing high volumes.

Antigen tests detect the presence of viral surface proteins that are part of the SARS-CoV-2 virus. The currently available EUA authorized SARS-CoV-2 antigen tests are approved as POC tests for settings with a Clinical Laboratory Improvement Amendments (CLIA) [waiver](#) and can provide results within 30 minutes. These SARS-CoV-2 antigen tests are less sensitive than RT-PCR tests and are authorized for use on symptomatic persons. Negative results obtained with existing antigen tests are considered

presumptive and should be confirmed using a PCR test. See FDA's list of [EUAs for Antigen Tests](#) for more information about the performance and use of specific authorized tests.

Serology (antibody) tests measure the presence of antibodies against COVID-19 and help determine prior infection with the virus. These tests should not be used for diagnosis of active disease or any clinical management.

Using Antigen Tests in SNFs

The best use of POC COVID-19 antigen testing in nursing homes is still being defined. This interim guidance weighs the known benefits of antigen tests (rapid results and ready availability) with the known drawbacks (lower sensitivity than PCR). When PCR testing is either not available or there are significant delays in turn-around time, there is a role for antigen testing.

The testing strategies outlined below are meant to be applied to the local testing conditions for each facility. Tier 1 is meant for facilities that have ready access to PCR testing with a rapid turn-around and Tier 2 is meant for facilities that have PCR testing available, but with some limitations.

Note: All SNFs are still expected to conduct PCR testing for COVID-19. The recommendations below are intended to provide guidance on how to incorporate antigen testing when timely PCR testing is not available. Visit the San Bernardino County COVID-19 Website at <https://sbcovid19.com> for testing information and resources. Facilities experiencing short-term PCR testing shortages may contact the San Bernardino County Department of Public Health (DPH) at (909) 387-3911 or by fax at (909) 387-6377.

Recommended Testing Strategies by Tier and Patient Type

PATIENT TYPE	TESTING STRATEGY	RESPONSE
TIER 1 - PCR testing is easily accessible and results are available within 48 hours		
All residents and Staff	Standard PCR testing per DPH SNF Guidelines ¹	Isolate/quarantine/cohort per guidelines .
TIER 2 - PCR testing is available/limited² and/or PCR results are delayed (>48 hours)		
Symptomatic resident	POC Ag test positive → no additional testing	Isolate (Red Cohort).
	POC Ag test negative → confirm with PCR	Quarantine (Yellow Cohort) pending PCR confirmation If PCR positive→Red Cohort If PCR negative→Green Cohort with droplet precautions until after resident is clinically improved and 24 hours after resolution of fever.
Asymptomatic resident	POC Ag test positive → confirm with PCR	Quarantine (Yellow Cohort) pending PCR confirmation If PCR positive→Red Cohort If PCR negative→Green Cohort
	POC Ag test negative → confirm with PCR	Green Cohort→ Move to Red Cohort if PCR positive.
Symptomatic staff	POC Ag test positive → no additional testing	Restrict from work. Follow return to work guidelines
	POC Ag test negative → confirm with PCR	Restrict from work pending PCR result if PCR is positive, continue work restriction and follow return to work guidelines If PCR is negative, staff may return to work when clinically improved and 24 hours after resolution of fever.
Asymptomatic staff	POC Ag test positive → confirm with PCR	Restrict from work pending PCR result If PCR is positive, continue work restriction and follow return to work guidelines If PCR is negative, staff may return to work
	POC Ag test negative → Confirm with PCR	No work restriction → restrict if PCR positive.
¹ DPH Guidelines for Preventing & Managing COVID-19 in SNFs . ² If PCR testing is insufficient to meet testing needs for all staff and residents, then prioritize residents for PCR testing.		

Reporting Results

All Facilities must have a [CLIA](#) Certificate of Waiver to use POC devices.

Facilities must report data for all testing completed on positive test results for each individual (staff and resident) tested to LAC DPH. This data must be reported within 24 hours of test completion, on a daily basis.

For reporting guidelines, please refer to <https://wp.sbcounty.gov/dph/programs/cds/reports-forms>.

All positive tests must be reported using the [Confidential Morbidity Report form](#). Complete all sections and submit by secure e-mail to CDS@dph.sbcounty.gov.

Related Resources

San Bernardino County COVID-19 Website: <https://sbccovid19.com>

Centers for Disease Control and Prevention: [Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes](#)