

Visited on 06/10/2020



Coronavirus Disease 2019 (COVID-19)

Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Recent Changes

Revisions were made on May 3, 2020 to reflect the following:

- Updated recommendations for testing, specimen collection, and reporting patients and reporting positive test results
- Specification of testing priorities

[Summary of other changes](#)

No vaccine for COVID-19 is currently available; however, [vaccine trials are in progress](#). The National Institutes of Health recently published guidelines on prophylaxis use, testing, and management of COVID-19 patients. For more information, please visit: National Institutes of Health: [Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#).

The CDC clinical criteria for considering testing for COVID-19 have been developed based on what is known about COVID-19 and are subject to change as additional information becomes available.



Contact your local or state health department

Healthcare providers should **immediately** notify their [local](#) or [state](#) health department in the event of the identification of a PUI for COVID-19. When working with your local or state health department check their available hours.

PRIORITIES FOR COVID-19 TESTING

(Nucleic Acid or Antigen)


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

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- 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.

Clinicians considering diagnostic testing of people with possible COVID-19 should continue to work with their local and state health departments to coordinate testing through [public health laboratories](#) , or work with commercial or clinical laboratories using diagnostic tests authorized for emergency use by the U.S. Food and Drug Administration.

Clinicians should use their judgment to determine if a patient has signs and [symptoms](#) compatible with COVID-19 and whether the patient should be tested. Asymptomatic infection with SARS-CoV-2, the virus that causes COVID-19, has been reported. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with [other symptoms as well](#). Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness.

Other considerations that may guide testing are epidemiologic factors such as known exposure to an individual who has tested positive for SARS-CoV-2, and the occurrence of local community transmission or transmission within a specific setting/facility (e.g., nursing homes) of COVID-19. Clinicians are strongly encouraged to test for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2. Another population in which to prioritize testing of minimally symptomatic and even asymptomatic persons are long-term care facility residents, especially in facilities where one or more other residents have been diagnosed with symptomatic or asymptomatic COVID-19.

SARS-CoV-2 can cause asymptomatic, pre-symptomatic, and minimally symptomatic infections, leading to viral shedding that may result in transmission to others who are particularly vulnerable to severe disease and death. Even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel, due to their extensive and close contact² with vulnerable patients in healthcare settings. Additional information is available in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

Recommendations for Viral Testing, Specimen Collection, and Reporting

Updated May 3, 2020

Clinicians should immediately implement [recommended infection prevention and control practices, including use of recommended personal protective equipment \(PPE\)](#), if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility if a patient is classified as a Patient Under Investigation (PUI) for COVID-19.

For diagnostic testing for COVID-19 see the [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens](#) from PUIs for COVID-19 and [Biosafety FAQs](#) for handling and processing specimens from possible cases and PUIs.

Clinicians should report positive test results to their local or [state health department](#) only.

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Recommendations for Antibody Testing

Updated May 25, 2020

CDC does not recommend using antibody testing to diagnose acute infection. It is recommended to use a viral (nucleic acid or antigen) test to diagnose acute infection.

Read CDC's [interim guidelines for using antibody tests](#) in clinical and public health settings.

Additional Resources:

- [Nasal \(Anterior Nasal\) Specimen Collection for SARS-CoV-2 Diagnostic Testing](#)  [1 page]
- [Guidance – Proposed Use of Point-of-Care \(POC\) Testing Platforms for SARS-CoV-2 \(COVID-19\)](#)  [2 pages]
- [State health department after-hours contact list](#) 
- [Directory of Local Health Departments](#) 
- [World Health Organization \(WHO\) Coronavirus](#) 
- [WHO guidance on clinical management of severe acute respiratory infection when COVID-19 is suspected](#) 
- [NIH Coronavirus Disease 2019 \(COVID-19\) and Treatment Guidelines](#) 
- [CMS Guidelines](#) 
- [FAQs on Diagnostic Testing from the FDA](#) 

Footnotes

¹Fever may be subjective or confirmed

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Additional information is available in CDC's [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Summary of other changes

Revisions were made on April 27, 2020 to reflect the following:

- Updated priorities for testing patients with suspected COVID-19 infection

Revisions were made on March 24, 2020 to reflect the following:

- Updated priorities for testing patients with suspected COVID-19 infection

Revisions were made on March 9, 2020, to reflect the following:

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- Reorganized the Criteria to Guide Evaluation and Laboratory Testing for COVID-19 section

Revisions were made on March 4, 2020, to reflect the following:

- Criteria for evaluation of persons for testing for COVID-19 were expanded to include a wider group of symptomatic patients.

Page last reviewed: May 5, 2020

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)