Frequently Asked Questions: COVID-19 Testing and Clinical Management

Continue to check the [guidelines for health professionals](#) page for the most up-to-date testing recommendations. **The decision to test a patient for COVID-19 is at the clinical discretion of the provider.**

Remember, the overall effectiveness of testing to identify COVID-19 is based on testing the right people (those with the presence of risk factors), at the right time (during symptomatic period) and at the right place (hospital, clinic, WES, LTCF).

<u>COVID-19 testing</u>: below are answers to commonly asked questions regarding testing, interpretation of results and management of patients based on their result.

1. I want to order a COVID test but I think it's low risk. Does the patient have to self-isolate?

   o Any patient tested for COVID-19 is required to self-isolate.

2. My patient has a new cough, sputum production and a fever. I have diagnosed him with an exacerbation of COPD. This is his typical presentation. Do I have to test him for COVID-19?

   o In the context of no evidence of community spread in YT
     - Those presenting with cough, fever and/or chills, or difficulty breathing with no know exposure may be tested for COVID-19 at the discretion of the clinician.
     - It is reasonable to test a patient if they do not have another more likely diagnosis or if their symptoms are not improving with the routine treatment. For this example, as the patient has another more likely diagnosis (COPD exacerbation), with a history of similar diagnoses in the past, there is a low suspicion for COVID-19, thus testing is not necessary, but can be done at the discretion of the provider.

   o In the context of evidence of community spread in YT
     - The patient should be tested for COVID-19.

3. I thought my patient had COVID-19, but the swab has come back negative. However, their symptoms are still present and are worsening. What should I consider now?

   o If an NP swab is negative and your patient continues to have symptoms and/or is worsening, consider the following:
     - If with symptoms of a lower respiratory tract infection, repeat COVID-19 testing doing both an NP swab and sputum testing for COVID-19.
     - If no lower respiratory tract symptoms, consider repeating COVID-19 testing (NP swab).
     - If retesting, self-isolation must be continued.
     - Re-evaluate the patient for other potential diagnoses.
     - If the patient requires additional assessment that cannot be performed safely in the clinic, refer to ER.

4. My patient thinks they had COVID-19 last month and they want a serology test to see if they have been infected. Can we do this?

   o As of May 18, 2020, Health Canada has not authorized any serological assay and PHAC-NML has not determined that any given kit is ready for large-scale deployment, though evaluations are ongoing.
   o Testing is occurring through research protocols.
   o The tests will likely be used for serological investigations that study how many people have become infected and whether the antibodies protect from reinfection.
   o There are certain scenarios where serology may be useful, such as in patients who may be suffering from sequelae of the infection (COVID toes). Give the limited understanding and knowledge regarding new serological testing, results should be interpreted with caution and should not be used to direct clinical care.

5. How do I collect a good NP swab?

   o Please visit the following link for information: http://www.hss.gov.yk.ca/pdf/npswab.pdf
   o Remember to rotate the swab several times

6. I tested my client today, how long will it take before I have a result?

   o Currently, our tests are analyzed at BCCDC. Generally, the turn around time is 2-3 days. This is dependant on the shipping from Yukon to BC. The average turn around time from the samples arriving at BCCDC is 24 hours.

7. I am testing my patient for COVID-19. What recommendations should I give related to OTC medications?

   o OTC medications, such as anti-pyretics like Tylenol and Ibuprofen, are useful for relief of bothersome symptoms but they may also mask these symptoms. It is important to ask your patient about their use of OTC medications and to encourage the patient to document their use of these medications throughout their illness.
   o If their COVID-19 test is negative but your patient has been using OTC medications, consider having them stop the medications for 48 hours and monitor for symptoms. If their symptoms continue or worsen, consider re-testing and possible alternative diagnoses.

8. I am seeing a patient who has developed cough and fever as of this morning and has recently returned from out-of-territory. I am suspicious for COVID-19. Since my patient developed symptoms today, do I test today or wait 24-48 hours?

   o COVID-19 is a newly discovered virus, we are continually learning more about its infectivity, viral load concentration patterns and our testing. While there is no well-defined period for highest sensitivity in regards to testing accuracy, we know that the viral loads tend to be higher at the onset of symptoms. It is recommended to test the patient now and self-isolate. If the test were to come back negative, the patient should be

re-evaluated by the clinician. If symptoms persist or worsen and COVID-19 remains the most likely diagnosis, re-test the patient.

9. I tested a patient for COVID-19 in my clinic. Do I need to send documentation to YCDC?

   o We strongly encourage every provider to send documentation to YCDC. This helps to facilitate close follow up of your patient and their results. Without proper documentation, this follow up is significantly delayed.

COVID-19 and isolation: the following are questions and answers relating to the isolation of patients, including those how have been recently tested or repatriated.

1. I tested a patient for COVID-19 because they just came back from Quebec/international travel. The patient has other family members at home, including an infant. With the negative test, we know that the rest of the house is safe right?

   o As the patient has recently returned from out-of-territory travel, they are at risk for COVID-19.
   o A negative test in someone who is not symptomatic but returning from travel does not definitively exclude COVID-19. The incubation period for COVID-19 is up to 14 days. The patient is to continue self-isolation due to travel for a total of 14 days from the entry date to YT. They must also monitor for symptoms as they are still at risk for developing COVID-19 and are, therefore, a risk to his household members.
   o A negative test in someone who is symptomatic does not remove them from the self-isolation due to travel. The patient is to continue self-isolation. The clinician can consider retesting the individual if the symptoms are persist and/or are worsening.
   o Bottom line – testing a patient in the 14-day period does not remove or shorten the 14-day self-isolation period.

2. My patient was medevac'd to and from VGH where they were admitted for 7 days. They developed a cough 3 days after returning to YT, their COVID-19 test is negative, and their signs and symptoms have resolved. Can they come off isolation now?

   o Because the patient was out-of-territory, they are required to self-isolate for 14 days upon their arrival to the Yukon. A negative test does not exclude them from or shorten this self-isolation period. They are still at risk for developing COVID-19, even with a negative test. They are to continue monitoring for the development of new symptoms throughout the remainder of their self-isolation period.

3. My patient has a fever and cough and I am suspicious they may have COVID-19. They have already been testing twice in the past two months. Do they need to self-isolate again?

   o Yes. If you are concerned for COVID-19 and you are testing your patient, they are required to self-isolate irrespective of previous testing.

Testing and management of healthcare workers with respiratory symptoms: below is a table depicting current recommended approach for safe return to work. Symptoms of COVID-19 are as defined by the most current testing recommendations.

Symptoms and/or exposure	COVID-19 test	Return to work
Mild respiratory symptoms that do not meet current testing recommendations	No test recommended	May return to work after symptom free for 48 hours or as per workplace policy
Asymptomatic with recent travel from outside of Yukon	No test recommended unless symptoms develop	If asymptomatic throughout self-isolation period, may return to work after 14 days completed
Asymptomatic with close contact with a COVID-19 positive patient/household member without adequate PPE	No test recommended unless symptoms develop	Self-isolate and follow management instructions as per YCDC
Symptomatic with recent return from travel outside of Yukon or close contact with a COVID-19 positive patient/household member without adequate PPE	Test recommended	**Negative test:** May return to work after completing the 14 days self-isolation and resolution of symptoms (with exception of a post-viral cough) for at least 48 hours
		Positive test: Self-isolate and follow management instructions as per YCDC
Symptomatic with close contact with a COVID-19 positive patient/household member without adequate PPE	Test recommended	**Negative test:** Follow management instructions as per YCDC. If symptoms persist or worsen, consider re-testing
		Positive test: Self-isolate and follow management instructions as per YCDC
Symptomatic and meets current testing recommendations	Test recommended	**Negative test**: May return to work once symptoms have been resolved for 48 hours. If symptoms persist or worsen, contact YCDC
		Positive test: Self-isolate and follow management instructions as per YCDC