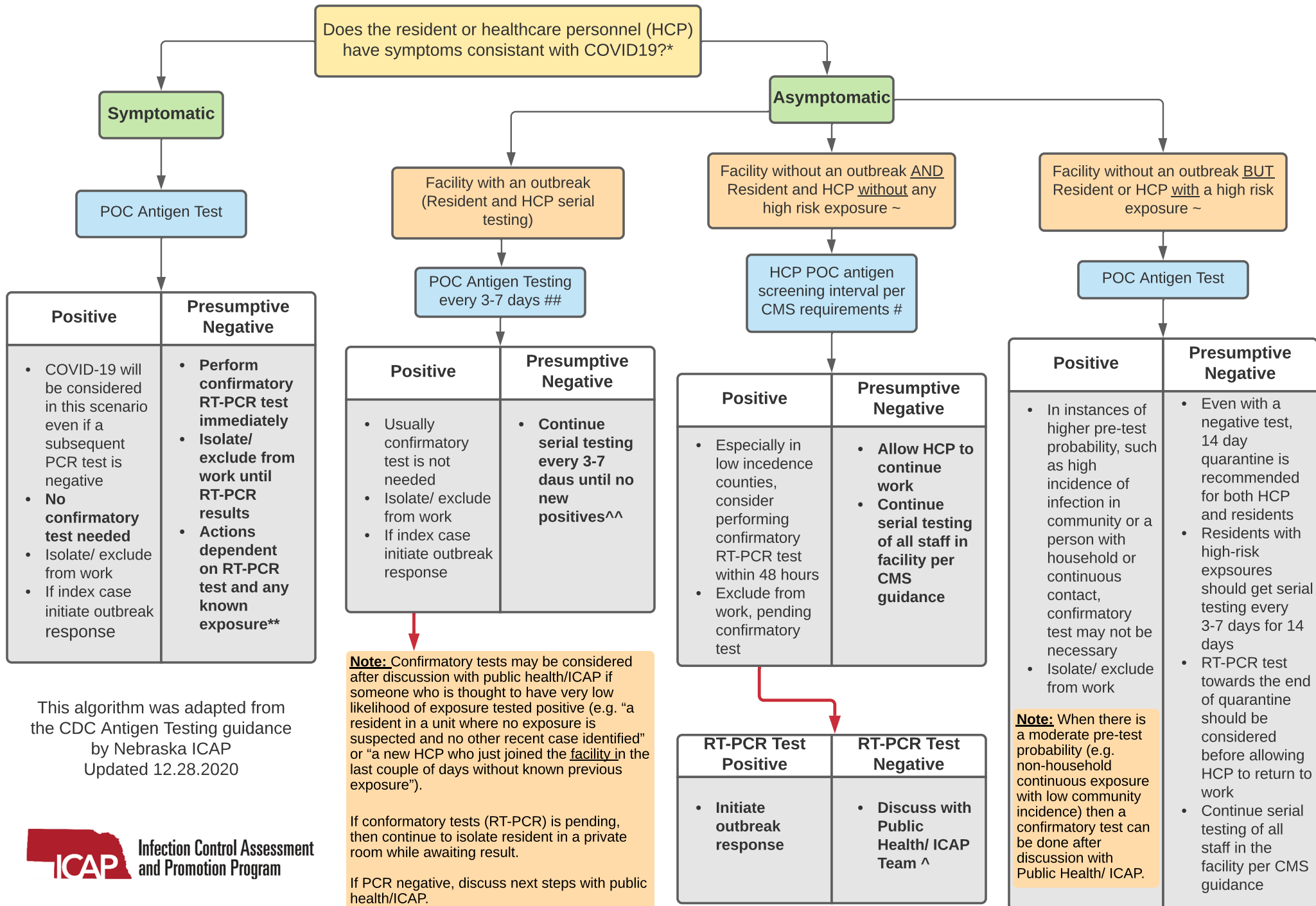


CONSIDERATIONS FOR INTERPRETING ANTIGEN RESULTS IN LTCF



This algorithm was adapted from the CDC Antigen Testing guidance by Nebraska ICAP Updated 12.28.2020

Note: Confirmatory tests may be considered after discussion with public health/ICAP if someone who is thought to have very low likelihood of exposure tested positive (e.g. "a resident in a unit where no exposure is suspected and no other recent case identified" or "a new HCP who just joined the facility in the last couple of days without known previous exposure").

If confirmatory tests (RT-PCR) is pending, then continue to isolate resident in a private room while awaiting result.

If PCR negative, discuss next steps with public health/ICAP.

Note: When there is a moderate pre-test probability (e.g. non-household continuous exposure with low community incidence) then a confirmatory test can be done after discussion with Public Health/ ICAP.

CONSIDERATIONS FOR INTERPRETING ANTIGEN RESULTS IN LTCF

This algorithm is based on an [existing CDC algorithm](#) and should be used as a guide, but clinical decisions may deviate from this guide if indicated. Contextual factors including community incidence, characteristics of different antigen testing platforms, as well as availability and turnaround times of RT-PCR, further inform interpretation of antigen test results.

- **RT-PCR:** reverse-transcriptase polymerase chain reaction
- **POC:** point-of-care
- **HCP:** healthcare personnel
- **Index case:** a newly identified case of SARS-CoV-2 infection in a resident or HCP in a nursing home facility with no known infections of SARS-CoV-2 infection in the previous 14-day period.
- **COVID-19 outbreak response in a nursing home** is triggered when one nursing home-onset SARS-CoV-2 infection in a resident or one HCP SARS-CoV-2 infection.

* Asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 3 months and live or work in a nursing home performing facility-wide testing do not need to be retested. If an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered prior to retesting for SARS-CoV-2.

** Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized to determine if retesting by RT-PCR is warranted. Individuals with known exposure should continue 14-day quarantine, even if confirmatory test negative. Residents with known high-risk exposures should continue to get serial testing every 3-7 days for 14 days if confirmatory test(s) resulted negative. In case of HCP, repeat RT-PCR test may also be considered towards the end of 14-day quarantine before allowing back to work if earlier confirmatory test(s) resulted negative.

#[CMS recommendations](#) for testing asymptomatic HCP in facilities without a case

##[CDC guidance on testing residents of nursing homes](#) [CDC guidance on testing HCP](#)

^ In discussion with the local health department, community incidence and time between antigen test and RT-PCR test can be utilized to interpret discordant results and determine when HCP can return to work.

^^ If an antigen test is presumptive negative in a facility with an outbreak, residents should be placed in transmission-based precautions or HCP should be allowed to continue working while monitoring for symptoms.

~Higher risk exposures are outlined by the [CDC](#). Examples of higher risk exposures include (but are not limited to) the following:

- Staff (who was not wearing facemask/respirator) had prolonged (15 minutes or more) close contact (within 6 feet) with an individual diagnosed with COVID-19.
- Staff (who was not wearing facemask/respirator and eye protection) had prolonged (15 minutes or more) close contact (within 6 feet) with an individual diagnosed with COVID-19 (who was also not wearing a cloth face covering or facemask).
- Staff exposed to an individual diagnosed with COVID-19 during an aerosol-generating procedure without wearing gowns, gloves, N-95 masks and eye protection.
- Resident exposed to an individual diagnosed with COVID-19 by being in close proximity (within 6 feet) for 15 minutes or more when either one of them were not wearing cloth face covering or facemask.