Question or request:

1. Review current testing strategy and recommend changes for facilities with and without COVID-19 cases
2. Recommend testing for transitions of care
3. Recommend testing strategies for Assisted Living Facilities

Recommendation/s in bullet form:

1. Testing in facilities with known or suspected cases of COVID-19 in either staff (HCP) or residents should follow the CDC guidelines, which recommend:
   a. Test 100% of residents and HCP in the facility in response to the case.
   b. Continue repeat testing of all previously negative residents weekly until the testing identifies no new cases of COVID-19 among residents or HCP over at least 14 days since the most recent positive result.

   Testing in facilities with no known cases should focus on testing HCP, as they are the most likely to bring cases to the facilities.
   a. All facilities should have an initial test of 100% of HCP and residents
   b. Subsequent to that, repeat testing frequency and the percentage of HCP and residents tested for surveillance should be adjusted, based on the community prevalence of COVID-19. See attached spreadsheet for all details.

2. Testing for transitions of care should include:
   a. Patients coming from residence or a stay another healthcare facility with no history of COVID should have received a COVID test which resulted negative within 3 days prior to transition to the facility.
   b. Patients with a previous diagnosis of COVID should test negative in 2 separate tests at least 24 hours apart prior to transition.
   c. Patients regularly in and out of other care settings should be assumed to be “high risk” and receive surveillance testing weekly, as part of the facility surveillance testing.
   d. Patients after one-time care in another setting, such as a single medical visit to a clinic should not require additional surveillance on their return, provided their care was delivered in compliance with guidelines for appropriate masking and other safety protocols in that location.

3. Testing for residents should involve the least invasive process possible. Review data on nasal swab predictive value, use if possible. Transition to saliva testing as rapidly as possible.

4. Assisted Living facilities should test at the same frequency as nursing homes, unless and until it becomes clear that they have a lower incidence of infection than nursing home.

Assessment:

1-2. While CDC recommendations on testing in facilities with known or suspected cases are quite clear, there are very limited recommendations (or evidence) on the most effective and efficient means of surveillance. It is clear that community prevalence increases the likelihood of facility infections and that HCP are the source or most infections in facilities. Initial surveillance testing is recommended, as is repeated testing of staff, with moderation based on community prevalence. There are no recommendations on repeated surveillance of residents. Residents most likely to be exposed (aside from exposure via HCP) would be those leaving the facility regularly for interventions such infusions, dialysis, chemotherapy, etc. Those residents should always be included in the otherwise random testing for surveillance recommended in the attached spreadsheet.

3. The repeated use of nasopharyngeal swabs in residents is very concerning. Many of these people have cognitive decline and dementia, so they will not understand why this uncomfortable procedure is being done to them. In addition, use of blood-thinning medications is quite common in the nursing home population, so many will have...
significant side effects from the swabs. Use of nasal swabs is preferable, if the sensitivity can be proven to be equivalent. Use of saliva testing, when it is available, would be best.

4. At this point, the prevalence of COVID-19 infections in considerably lower in ALF’s than nursing homes, however, it is not clear if this is due to a lack of testing, rather than any characteristics making infections less likely. While there are fewer staff in the facilities and the care usually entails much less direct assistance, that may vary from facility to facility. And the access to PPE and training to avoid infection will be lower. Given that, use initial surveillance data to determine if the approach to repeat testing should be different.

**Red flags and concerns:**
Evidence is still lacking on the most effective and efficient strategy for surveillance testing of facilities.

Evidence on the positive predictive value of nasal swabs versus nasal pharyngeal swabs is still limited.

It will be critical to update recommendations in response to the outcomes of initial prevalence testing and subsequent repeat surveillance testing. It will also be critical to update the expected level of tests in facilities, based on changes in community prevalence.

**Contributors:**
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**Resources/Reference:**
  
- CMS Nursing Home Recommendations for Reopening for State and Local Officials
  
- MAT – Lab/Testing Subgroup Recommendations
- Infectious Diseases Society of America Guidelines on the Diagnosis of COVID-19, Published by IDSA, 5/6/2020
  
  [https://www.idsociety.org/COVID19guidelines/dx](https://www.idsociety.org/COVID19guidelines/dx)