Ministry of Health

COVID-19 Quick Reference Public Health Guidance on Testing and Clearance

This information can be used to help guide decision making on testing and clearance of contacts of cases or individuals suspected or confirmed to have COVID-19. This information is current as of September 14, 2021 and may be updated as the situation on COVID-19 continues to evolve. See the Ministry of Health's COVID-19 Fully Immunized/Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance for management of fully immunized and previously positive COVID-19 cases or contacts and definitions.

All other individuals should follow the standard Management of Cases and Contacts Management in Ontario guidance.

Who should be tested for COVID-19?

Please refer to the COVID-19 Provincial Testing Guidance Update.

All antigen Point-Of-Care Testing "POCT" results are screening results only and positive antigen POCT results must be confirmed by diagnostic PCR testing at a licensed laboratory. See COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing (gov.on.ca).

All molecular POCT final positive results must be reported to the local public health unit according to the *Health Protection and Promotion Act* (HPPA) and are actionable for initiating clinical and public health management (see Appendix 9: Management of Individuals with Point of Care Results).

Home-based testing kits for self-testing (either purchased or provided through pilot programs) are now available and considered screening tests. Positive results must be confirmed by an approved diagnostic PCR test. Confirmatory testing of negative results in individuals who are symptomatic or who have had a high-risk exposure is also recommended.

Diagnosing COVID-19

Please refer to the current Ontario Case Definition for information on confirmed, probable and reinfection cases. While the case definition for confirmed reinfection is primarily based on laboratory findings, the clinical and epidemiological context of each episode of potential infection should also be considered, including symptoms, likelihood of exposure, time between episodes, and assessment of whether PCR assay results may be impacted by low viral load (high Ct value) specimens.

Please refer to Public Health Ontario Test Information Sheets on:

- COVID-19 – PCR
- COVID-19 – Serology
- COVID-19 – Variant of Concern (VoC) Surveillance

For details on the assessment of laboratory results in the context of the clinical and epidemiological context of an individual, please refer to the Management of Cases and Contacts of COVID-19 in Ontario and the COVID-19 Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.

Asymptomatic COVID-19 testing for Individuals who are not Fully Immunized or Previously Positive

- An asymptomatic individual **who has been advised by local public health to get tested** due to exposure to a case or as part of an outbreak investigation should be tested on or after day 7 following their last exposure. If the contact has an initial negative specimen collected on day 0 to day 6 after their last exposure, they should repeat test on or after day 7.
- High risk contacts who are not fully immunized or previously positive must isolate for 10 days from their last exposure to a positive case regardless of negative test results. They can be released from self-isolation after day 10 if they remain asymptomatic. Should capacity allow, PHUs should follow up to ensure testing was done (i.e. verification if available or verbal confirmation). PHUs have the discretion to enhance their contact management process at the direction of their Medical Officer of Health/capacity.
- Re-testing should be conducted if the asymptomatic individual who initially tested negative develops symptoms consistent with COVID-19.

Re-testing after Clearance and Testing Fully Immunized Individuals

- Re-testing after clearance and testing fully immunized individuals should be based on clinical indications for testing (e.g., in the context of new symptoms compatible with COVID-19), or as directed in the context of new high-risk exposures or outbreak investigations.
- Individuals who are symptomatic and were previously positive or fully immunized should be tested. For more details, refer to COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance
- Fully immunized or previously positive asymptomatic individuals may not be required to self-isolate following a high risk exposure but they should follow testing recommendations as per the COVID-19 Provincial Testing Guidance.
- Repeat testing is recommended as soon as possible for fully immunized or previously positive asymptomatic individuals who test positive. Refer to COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance.
- An asymptomatic individual that **previously had laboratory-confirmed COVID-19 AND was cleared**, may resume asymptomatic surveillance testing after 90 days from their COVID-19 infection (based on the date of their positive result). If there is uncertainty about the validity of the COVID-19 infection (e.g., asymptomatic infection with high cycle threshold value result), resume asymptomatic surveillance testing immediately.
    - Fully immunized individuals may be excluded from asymptomatic surveillance testing.

Criteria for when to discharge someone with probable or confirmed COVID-19 from isolation

- For each scenario, isolation after symptom onset should be for the duration specified **provided that the individual is afebrile (without the use of fever-reducing medications), and symptoms are improving for at least 24 hours**. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. If an individual has tested positive but has never had symptoms, isolation recommendations should be **based on date of specimen collection**.
- If an asymptomatic individual has tested positive AND has a prior history of symptoms compatible with COVID-19, clearance should still be based on specimen collection date. At the discretion of the local public health unit, the period of communicability and clearance may be based on symptom onset date depending on timing of symptoms (e.g., recent symptoms) and likelihood that symptoms were due to COVID-19 (e.g., known exposure to a confirmed COVID-19 case prior to symptom onset).
- After an individual completes their isolation period, they should continue to practice physical distancing measures and use of masking for source control.

Approaches to Clearing Cases (including cases with variants of concern)

Approach	When to Use	Instructions
Non-Test Based Waiting **10 days** from symptom onset (or 10 days from specimen collection date if persistently asymptomatic)	Mild to moderate illness AND no severe immune compromise	Can discontinue isolation after **10 days from symptom onset** (or 10 days from positive test collection date if never had symptoms), provided that the individual is afebrile (without the use of fever-reducing medications) and symptoms are improving for at least 24 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Mild to moderate illness includes the majority of cases of COVID-19, and includes all those who do not meet the definition of severe illness or severe immune compromise (below).
Non-Test Based Waiting **20 days** from symptom onset (or 20 days from specimen collection date if asymptomatic and severe immune compromise)	Severe illness (requiring ICU level of care) **OR** severe immune compromise	Can discontinue isolation **20 days from symptom onset** (or 20 days from positive test collection date if asymptomatic and severe immune compromise), provided that the individual is afebrile (without the use of fever-reducing medications) and symptoms are improving for at least 24 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. Studies informing this approach did not have a consistent definition of severe illness or severe immune compromise. For the purposes of a clearance assessment: • **Severe illness** is defined as requiring ICU level of care for COVID-19 illness (e.g., respiratory dysfunction, hypoxia, shock and/or multi-system organ dysfunction). • Examples of **severe immune compromise** include cancer chemotherapy, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, taking prednisone >20 mg/day (or equivalent) for more than 14 days and taking other immune suppressive medications. • Factors such as advanced age, diabetes, and end-stage renal disease are generally not considered severe immune compromise impacting non-test based clearance.

Approach	When to Use	Instructions
Test Based One negative specimen tested by laboratory-based NAAT assay after a positive result	Asymptomatic Fully Immunized individuals who have tested positive	Can discontinue isolation immediately if a single negative result is obtained and the fully immunized individual has remained asymptomatic. The individual should remain in isolation pending the second test result following an initial positive result.
Test Based Two consecutive negative specimens tested by a laboratory based NAAT assay, collected at least 24 hours apart	Not routinely recommended, but may be used at the discretion of a hospital to discontinue precautions for admitted patients	Continue isolation until **2 consecutive negative specimens tested by a NAAT and collected at least 24 hours apart**. • Testing for clearance may begin after the individual has become afebrile and symptoms are improving for at least 24 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. • If swab remains positive, test again in approximately 3-4 days. If swab is negative, re-test in 1-2 days (and at least 24 hours apart). • Tick the box labelled 'Other' and clearly write 'For clearance of disease' on the PHO Laboratory COVID-19 Test Requisition, or clearly write this on the requisition if submitting to another laboratory. • Serological testing cannot be used for test based clearance. • Test based clearance should not be used in an attempt to reduce the length of isolation.

Recommendations for Health Care Workers Return to Work

- Asymptomatic fully immunized health care workers (HCWs) who meet test-based clearance above are still encouraged to report to their employer/workplace Occupational Health and Safety department and follow any work restriction requirements. See the COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance for more information.
- HCWs who are not fully immunized should follow **isolation and clearance with a non-test based approach;** if they have required hospitalization during the course of their illness, a test based approach may be used at the discretion of the hospital while they are admitted (see above). Some HCWs may be directed to have test based clearance by their employer/Occupational Health and Safety. Symptomatic HCWs awaiting testing results must be off work.
- Asymptomatic HCWs awaiting testing results may continue to work using the appropriate precautions recommended by the facility, which will depend on the reason for testing (i.e., asymptomatic HCW is not on self-isolation following a high-risk exposure).
- Asymptomatic HCWs who are not fully immunized and are exposed to a symptomatic household member should isolate until the symptomatic individual has received a negative COVID-19 test result or an alternative diagnosis from their healthcare provider. If testing is not conducted then the HCW should self-isolate for 10 days from last exposure.

In **exceptional circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work under work self-isolation may be considered for an asymptomatic HCW who was self-isolating due to a high-risk exposure.

In **exceptionally rare circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work of an asymptomatic COVID-19 positive HCW that has not been cleared may be considered under work self-isolation recognizing the HCW may still be infectious (see table below). Any COVID-19 positive worker who is, in an exceptionally rare circumstance, being allowed to return to work earlier than would otherwise be the case must not pose a risk to other workers or patients.

Work self-isolation means maintaining self-isolation measures outside of work for 10 days from their last exposure (for contacts with high-risk exposures); or 10 days from symptom onset (or 10 days from positive specimen collection date if consistently asymptomatic) for cases. While at work, the HCW must adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and perform meticulous hand hygiene. These measures at work are required to continue until non-test based clearance (or test based clearance if required by employer/Occupational Health and Safety). The COVID-19 positive HCW should ideally be cohorted to provide care for COVID-19 positive patients/residents if possible. The HCW on work self-isolation should not work in multiple locations.

Work Self-Isolation Guidelines

Symptoms at/around time of testing	Test Result	Instructions
Yes	Positive	• Work self-isolation could start after a minimum of 72 hours after illness resolving, defined as resolution of fever (without the use of fever-reducing medications) and improvement in respiratory and other symptoms
Yes	Negative	• May return to work 24 hours after symptom resolution, i.e. resolution of fever (without the use of fever-reducing medications) and improvement in respiratory and other symptoms. If they are experiencing gastrointestinal (GI) symptoms (nausea/vomiting, diarrhea, stomach pain), symptoms need to be resolving for at least 48 hours. • If the HCW was self-isolating due to an exposure at the time of testing, return to work should be under work self-isolation until 10 days from last exposure.
Never symptomatic at time of test	Positive	• If there has been a recent potential exposure (e.g., tested as part of an outbreak investigation or other close contact to a case), work self-isolation (i.e., return to work) could start after a minimum of 72 hours from the positive specimen collection date to ensure symptoms have not developed in that time, as the positive result may represent early identification of virus in the pre-symptomatic period • If there is a low pre-test probability (e.g., there has been no known recent potential exposures such as tested as part of surveillance and no other cases detected in the facility or on the unit/floor, depending on the facility size OR the individual is fully immunized or was previously positive), see Management of Cases and Contacts of COVID-19 in Ontario and the COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance for repeat testing guidance. If follow-up testing is negative, the HCW is cleared from work self-isolation and can return to work as per usual.

Recommendations for Return to Work in Non-Health Care Settings

- Return to work for workers who are confirmed or probable cases and work in non-health care settings requires clearance as outlined earlier in this document and in the Public Health Management of Cases and Contacts of COVID-19 in Ontario guidance.
- Workers who are confirmed cases are not required to provide proof of a negative test result (by NAAT) or a positive serological test result to their employers in order to return to work. It is expected that workers who have tested positive abide by public health direction and advice on when they would be considered clear to return to work.
- Return to work for workers who are self-isolating due to a high-risk exposure can occur after the end of their self-isolation period.
- Asymptomatic workers who are not fully immunized or previously positive and are exposed to a symptomatic household member should isolate until the symptomatic individual has received a negative COVID-19 test result or an alternative diagnosis from their healthcare provider. If testing is not conducted then the worker should self-isolate for 10 days from last exposure.

Work Self-Isolation in Non-Health Care Settings

- Work self-isolation should NOT be considered for confirmed or probable COVID-19 cases in non-healthcare settings (including asymptomatic positive workers within their isolation period), for large workplace outbreaks, for large numbers of exposed workers in a given workplace, or for any worker linked to an outbreak where workers also live in a congregate living setting.
- There may be **exceptional circumstances** where the Public Health Unit may consider work self-isolation for workers who are in self-isolation from a high-risk exposure, excluding the scenarios outlined above. This should be done in consultation with the Ministry Emergency Operations Centre and Public Health Ontario.
- Work self-isolation is generally **not** recommended for any workers in non-healthcare settings due to the potential for contacts with high risk exposures to be infectious, and barriers to ensuring appropriate and consistent infection prevention and control measures to prevent transmission.
    - Considerations for exceptional circumstances could include:
        - health and safety, and ethics and equity, including whether the worker(s) serve a “critical” function, and promoting the well-being of and minimizing harm to the self-isolating worker, other workers and the community
        - minimizing risk related to transportation to and from work (e.g., no carpooling / ride-sharing or public transit use); the availability of alternatives to work-self isolation (e.g., work from home, alternate staff)
        - availability of in-house supports for training and monitoring of correct PPE use at the workplace

    - whether required IPAC measures can be implemented including whether there are barriers to measures such as: symptom screening, physical distancing, appropriate PPE use and masking for source control
- To be in compliance with the Occupational Health and Safety Act, the employer must take into consideration the safety of all workers and take all steps reasonable in the circumstances to protect their workers.