



The Utah Department of Health (UDOH) recommends all healthcare providers and COVID-19 sample collection sites **test individuals presenting with any of the following symptoms:**

- **Fever**
- **Cough**
- **Shortness of Breath**
- **Myalgia (muscle aches and pains)**
- **Decreased sense of smell or taste**
- **Sore throat**

Based on the availability of additional testing capacity or additional clinical information, the State of Utah and health systems may target additional groups within specific high risk populations or with additional identifying factors.

The primary preferred collection mechanism is a nasopharyngeal (NP) swab. Nasal or mid-terminate swabs are secondarily preferred. An oropharyngeal swab is not a preferred collection mechanism.

**If a situation develops where there is limited capacity to conduct COVID-19 testing**, UDOH recommends prioritizing testing according to the below rank-ordered epidemiologic risk factors. Testing of asymptomatic persons would not be a priority. When testing resources are limited, testing should be prioritized to **Priority 1** in the table below.

If testing resources are limited, testing should be provided to patients with fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) AND:

<b>Epidemiologic Risk Factors</b>
<b>PRIORITY 1:</b> <ul style="list-style-type: none"><li>• Hospitalized patients (to inform infection control)</li><li>• Healthcare personnel and first responders providing direct patient care</li><li>• Any person who lives or works in a congregate setting such as a nursing home, correctional facility, or shelter</li><li>• Individuals who may have other illnesses that would be treated differently if they were infected with COVID-19 and therefore physician judgement is especially important for this population</li></ul>
<b>PRIORITY 2:</b> <p>Any person who has had close contact with a laboratory- confirmed COVID-19 patient within 14 days of symptom onset<sup>1</sup> <b>AND</b> the patient meets one of the CDC’s defined high-risk criteria<sup>2</sup></p>
<b>PRIORITY 3:</b> <p>Any person who has had close contact with a laboratory- confirmed COVID-19 patient within 14 days of symptom onset<sup>1</sup> <b>OR</b> the patient meets one of the CDC’s defined high-risk criteria<sup>2</sup></p>
<b>PRIORITY 4:</b> <p>No source of exposure has been identified</p>

<sup>1</sup> If a situation develops where testing resources are limited, household contacts with fever or signs/symptoms of lower respiratory infection (cough or shortness of breath) do not need to be tested unless admitted to a healthcare facility. All household contacts should self-isolate in their homes for 14 days following symptom onset of the last symptomatic member of the household. People with clinically diagnosed or laboratory confirmed COVID-19, but who have recovered, can be released from isolation 7 days after symptom onset AND at least 3 days after resolution of fever and improvement in respiratory symptoms, according to [CDC guidance](#). All asymptomatic household contacts should self-quarantine in their homes for 14 days following symptom onset of the last symptomatic member of the household.

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

## Recommendations

- All patients in the healthcare setting who are being assessed for COVID-19 should be isolated in a private room with limited traffic and a closed door. The patient should wear a surgical mask when someone else enters the room.
- At this time, healthcare providers caring for patients with fever and severe lower respiratory illness without any epidemiologic risk for COVID-19 should use contact and droplet precautions with eye protection (unless another diagnosis requires a higher level of precaution, e.g., tuberculosis).
- Patients who are being tested for COVID-19, but do not require hospitalization, should adhere to home isolation until testing is completed.
- Healthcare personnel caring for patients with fever and severe lower respiratory illness WITHOUT any epidemiologic risk for COVID-19 should:
  - use standard, contact, and droplet precautions with eye protection;
  - proceed to work-up for common causes of respiratory illness (e.g., FilmArray);
  - if no alternative explanatory diagnosis, consider an infectious disease consultation.
- NP swabs can be collected concurrently as other samples being collected for infectious disease rule out (e.g., influenza and respiratory FilmArray or similar broad panel).
- If a patient is being considered for COVID-19, use standard, contact, and droplet precautions with eye protection when providing care. Respirators should be reserved for aerosol-generating procedures.

Healthcare personnel who cared for a suspect or a confirmed COVID-19 case should have their exposure risk assessed and be excluded from work based on the CDC's work restriction recommendations.

## If you have a patient that meets the above criteria and you are sending the specimen to the Utah Public Health Laboratory:

- Collect NP swab into a single vial of Viral Transport Media and submit according to the [Clinical Laboratory Guidance](#).
- OP swabs are no longer recommended.
- Alternative swabs and transport media approved when NP swabs are limited. Please check with the submitting laboratory to determine if these alternatives are acceptable.
- Visit the [UDOH COVID-19 Test Request Tool](#), fill out the online survey and get testing approval.
- Complete a [UPHL request form](#) to submit with the specimen.
- The guidance, tool, and form mentioned above, along with additional information can be found at [uphl.utah.gov](http://uphl.utah.gov).

## For more information:

- UDOH COVID-19 Information: [coronavirus.utah.gov](http://coronavirus.utah.gov)
- CDC information for healthcare professionals: [cdc.gov/coronavirus/2019-ncov/hcp/index.html](https://cdc.gov/coronavirus/2019-ncov/hcp/index.html)
- CDC guidance for home isolation: [cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html](https://cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)
- CDC guidance for healthcare personnel exposure assessment and work restriction recommendations: [cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](https://cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

**Contact:** For questions, please call 1-888-EPI-UTAH (374-8824).