

Guidance for Appropriate Repeat COVID-19 Testing

Background: This document is intended to guide providers on appropriate test utilization for COVID-19 testing at DUHS.

Repeat Testing After an Initial Negative Test

Patient scenario	Repeat test Indicated
Patient's presentation is fully explained by another diagnosis	No
Patient's presentation is not explained by an alternate diagnosis AND high-risk clinical features	Yes x 1

- If 2 COVID tests have been performed for the evaluation of the same clinical presentation and are negative, we do not recommend additional testing for COVID unless it has been recommended by Infectious Diseases Consultation.
- If the clinical team still has concern for COVID despite 2 negative test results, we recommend Infectious Diseases Consultation to determine if any additional evaluation is recommended and whether it is appropriate to continue Special Airborne Contact Isolation for "Clinical COVID."
- If "Clinical COVID" is suspected and Special Airborne Contact Isolation is continued, notify [your facility's Infection Prevention Specialist](#) to appropriately flag the patient's chart.

Supporting document:

- **Guidance for De-escalating Isolation after a Negative Test for COVID-19**
<https://covid-19.dukehealth.org/documents/guidance-de-escalating-isolation-after-negative-covid-19-test>

Repeat Testing After a Positive Test

- Repeat testing is **not required** for discontinuing Special Airborne Contact isolation throughout Duke Health.
- Repeat testing may still be required for patients being discharged to skilled nursing, a group setting, or who require outpatient dialysis depending on the facility's local infection prevention policies. Check with the patient's case manager to determine requirements. A positive result from an "administrative test" does not impact isolation requirements at Duke Health, as it reflects shedding of non-infectious virus after the symptom-based clearance criteria have been met.
- Repeat testing is appropriate for patients with a prior positive test in the following scenarios:
 - Patient presents with signs/symptoms of COVID-19

- Patient requires hospital admission, and it has been > 90 days since prior COVID-19 illness
- Providers should interpret the results of repeat positive tests per the guidance below

DUHS Infection Prevention Guidance for Patients with Repeat Positive COVID-19 Testing or Discrepant COVID-19 Test Results

History of Prior COVID+ Test ¹	Symptoms OR High-risk Exposure? ²	Positive COVID Test Result	Infection Prevention and Clinical Team Actions
No	Yes or No	POC or PCR	<ul style="list-style-type: none"> ● Place on Special Airborne Contact (SAC) isolation and follow discontinuation guidance ● Do not repeat COVID test³
Yes, within 90 days	No	POC or PCR	<ul style="list-style-type: none"> ● Discontinue COVID status, mark as COVID recovered (notify/page on-call IP to change Infection Status), and discontinue SAC isolation if 10- or 20-day discontinuation criteria met
Yes, within 90 days	Yes ²	POC or PCR	<ul style="list-style-type: none"> ● Place on SAC isolation and follow discontinuation guidance (10- or 20-day discontinuation criteria met)
Yes, > 90 days	No	POC or PCR	<ul style="list-style-type: none"> ● Place on SAC isolation ● Perform laboratory-based PCR test x 2, 24 hours apart ● If repeat COVID PCR negative x 2, 24 hours apart, then discontinue SAC isolation. Do not continue to test during current admission (e.g., preprocedural) ● If repeat COVID PCR positive, continue SAC isolation⁴
Yes, > 90 days	Yes ²	POC or PCR	<ul style="list-style-type: none"> ● Place on SAC isolation and follow discontinuation guidance (10- or 20-day discontinuation criteria met) ● Do not repeat COVID test

Notes:

1. Prior tests include RT-PCR, rapid molecular point-of-care test, or antigen test. See this [FAQ document](#) for additional information on test types.
2. In patients with prior testing positive for COVID, 'symptoms' is defined as clinical presentation that is highly concerning for COVID reinfection and not explained by another medical condition. 'High-risk exposure' is defined as household contact of individual with COVID or prolonged (15 minutes) face-to-face indoor contact with COVID-positive individual during that individual's infectious period.
3. For patients who are asymptomatic, without known or likely exposure, and for whom continuation of isolation presents substantial barriers for ongoing care (e.g., behavioral health), may repeat laboratory-based PCR test two times, 24 hours apart, and discontinue isolation if repeat tests are negative two times.
4. For patients who are asymptomatic, without known or likely exposure, and for whom continuation of isolation presents substantial barriers for ongoing care, but who have 2 or more repeat tests positive, discuss with Hospital Epidemiology for review of cycle threshold data and patient-specific information.

Pre-operative/Pre-procedural Testing

- COVID testing is no longer required to be performed prior to high-risk procedures or surgeries.
- Patients undergoing surgical procedures requiring hospitalization with at least a one-night stay in the hospital or ambulatory center (23-hour observations, IP, OPS & SDA) AND who have not tested positive for COVID within the last 90 days require COVID testing within 3 days of the planned procedure and admission.
 - Note: Duke Regional Hospital ambulatory surgery patients that require the use of an inpatient bed for any period of time require a pre-procedural test.

Supporting documents:

- **Discontinuing Pre-operative and Pre-procedural COVID-19 Testing at DUHS**
<https://covid-19.dukehealth.org/documents/discontinuing-pre-operative-and-pre-procedural-covid-19-testing>
- **Protocol for Perioperative Management of Surgical Procedures During the COVID-19 Pandemic**
https://covid-19.dukehealth.org/sites/covid-19.dukehealth.org/files/Operating%20Room%20SOP%20for%20COVID%20v06_11_21_Final.pdf