

Updated COVID-19 Testing Guidelines

Guidelines for COVID-19 testing in BC are periodically reviewed and updated based on COVID-19 epidemiology, seasonality, public health measures in place, testing capacity, and our evolving understanding of test performance in clinical settings. As a result, BC guidelines may differ from other national or provincial guidelines.

At this time in BC, there are low levels of community transmission of COVID-19. As BC society continues to re-open, and there are changes in the level of interactions between people in the population, early detection and management of COVID-19 cases and their contacts is a critical public health strategy for maintaining low levels of transmission in BC. There is also capacity to expand testing beyond current levels.

Accordingly, at this time providers are recommended to have a low threshold for testing symptomatic individuals for COVID-19 infection.

Guidance for COVID-19 Testing by Nucleic Acid Tests (NATs)

1. Test all individuals with new symptoms compatible with COVID-19, however mild.

The symptoms most commonly found with COVID-19 infection include:

- Fever
- Sore throat
- Loss of appetite
- Chills
- Loss of sense of smell or taste
- Nausea and vomiting
- Cough*
- Headache
- Muscle aches
- Shortness of breath
- Fatigue
- Runny nose
- Diarrhea

*Or exacerbation of chronic cough.

Less common symptoms of COVID-19 infection include stuffy nose, conjunctivitis (pink eye), dizziness, confusion, abdominal pain, and skin rashes or discoloration of fingers or toes.

Clinical judgement remains important in the differential diagnosis and work-up of individuals presenting with these symptoms (e.g., people with allergies). For more information on the diagnosis and management of COVID-19 infection, please refer to the [clinical guidelines](#) on the BCCDC website.

You can reach a Medical Health Officer at 604.675.3900 Toll free at 1.855.675.3900
For public health emergencies after hours contact the Medical Health Officer on call at 604.527.4893

Vancouver Coastal Health Medical Health Officers
Chief Medical Health Officer: Dr. Patricia Daly

Vancouver: Dr. John Harding, Dr. Althea Hayden, Dr. James Lu, Dr. Mark Lysyshyn, Dr. Michael Schwandt 604.675.3900
Richmond: Dr. Meena Dawar 604.233.3170 | North Shore: Dr. Mark Lysyshyn 604.983.6701 | Coastal Rural: Dr. Geoff McKee 604.983.6701

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2. It is particularly important to test symptomatic individuals who:

- Are residents or staff of long-term care facilities
- Require admission to hospital or are likely to be admitted
- Are healthcare workers
- Are contacts of a known case of COVID-19
- Are travellers who in the past 14 days returned to BC from outside Canada, or from an area with higher infection rates within Canada
- Are residents of remote, isolated, or Indigenous communities
- Live in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences
- Are homeless or have unstable housing
- Are essential service providers, such as first responders

3. COVID-19 testing is not recommended for asymptomatic individuals.

Routine COVID-19 screening of asymptomatic people is not recommended in BC (e.g., in schools, prior to surgery or other procedures, in hospitals or healthcare settings, as a condition of employment or for travel).

Note: Asymptomatic COVID-19 testing should not be conducted through the public testing system. In response to requests for asymptomatic testing for travel or employment, physicians may choose to provide patients with a letter indicating that they are not a known case of COVID-19, do not have symptoms of COVID-19 and do not qualify for publicly-funded COVID-19 testing in BC.

4. Medical Health Officers may recommend testing as part of public health investigations.

Medical Health Officers may recommend testing for individuals who are part of a public health investigation of a case, cluster or an outbreak, regardless of symptom profile.

Note: Physicians should avoid re-testing patients who have previously been diagnosed with COVID-19 and been cleared from isolation by Public Health. Patients may continue to test positive long after they are no longer infectious. Please consult with a Medical Health Officer if there are questions regarding the infectivity of patients previously diagnosed with COVID-19.

Note: In May the Provincial Health Officer [temporarily removed](#) the requirement for licensed practical nurses to have a client-specific order prior to performing nasopharyngeal swabs if being done as part of a screening program approved by a Medical Health Officer.

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Guidance on Specimen Collection and Labeling

Specimen Collection

Collect a **Nasopharyngeal (NP) Swab** using the instructions provided in this video “How to perform a nasopharyngeal swab”. Note the instructions for donning and doffing of personal protective equipment (PPE).

<https://youtu.be/f0xSKPm8IKA> (produced by UBC ENT and Providence Healthcare)

Use the swab/collection device provided by your institution. The following swabs are currently validated and are available for use in BC:

- Copan UTM Viral transport media– Red top
- Copan UTM Viral transport media– Blue top**
- VWR Starplex Multitrans Collector
- EZPro Swab-RT UTM transport media with Nasopharyngeal Swab (ESBE kit)
- Hologic Aptima Unisex Swab Specimen Collection Kit**
- **DO NOT** use the orange packaged Hologic Aptima Multitest swabs for NP collection



For hospitalized patients and/or patients with evidence of lower respiratory tract disease, collect a lower respiratory tract sample (e.g., sputum, endotracheal aspirate, bronchoalveolar lavage, etc.) in a sterile screw-top container **in addition to a nasopharyngeal swab**.

**Use with care when inserting into the nasopharyngeal cavity, as these swabs may cause mild trauma. Gently insert only as far as possible, and avoid forcing against resistance. Inserting approximately 2-3 cm will allow swabbing of the mid-turbinate area. In this case, swab bilateral mid-turbيناتes using a single swab to optimize sampling quality.

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Specimen Labelling

All specimens (cylindrical tube) must have an attached label with:

- Patient name
- PHN or Date of Birth (DOB)
- Specimen type (e.g., NP swab)
- Date & time of collection

Please add one of the following codes to the specimen label:

- **HCW1** – Health Care Worker – Direct Care
- **HCW2** – Health Care Worker – Non Direct Care LTC – Long Term Care Facility
- **OBK** – Outbreaks, clusters or case contacts
- **HOS** – Hospitalized
- **CMM** – Community or Outpatient, including Urgent and Primary Care Centres
- **CGT** – People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences.
- **TRE** – Tree planters

Please submit each specimen in an individual, sealed biohazard bag. Include a paper requisition which clearly states the patient information, the ordering physician, and the test name (COVID-19 NAT).

Please refer to the BCCDC Public Health Laboratory eLab Handbook under COVID-19 test for specimen requirements. <http://www.elabhandbook.info/phsa/>

Paper Requisitions are available here:

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/VI%20Req.pdf>

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