

COVID-19

Los Angeles County Department of Public Health COVID-19 Testing Guidelines

Recent Updates:

9/7/21:

- Revised screening testing section to reflect new and updated screening requirements and recommendations.

Background

The purpose of this document is to summarize the recommendations for viral testing to detect current COVID-19 infection. Note, it does not discuss the use of serology (antibody) tests, as these blood tests should not be used alone to diagnose current infection. For a detailed discussion of COVID-19 test types, their use, and interpretation, see the COVID-19 Testing pages [for providers](#) or [for patients](#).

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Currently, FDA-authorized viral tests for SARS-CoV-2 (nucleic acid amplification tests/NAATs or antigen tests) can be used for both diagnostic and screening* purposes. These tests should not be confused with antibody tests, also known as serology tests, which might indicate past infection but do not indicate current infection.

*Regardless of FDA authorization, for the duration of the public health emergency, [CMS has indicated](#) all COVID-19 diagnostic tests can be used to screen asymptomatic people.

Diagnostic testing

The goals of diagnostic testing are to identify persons actively infected with COVID-19 (based on symptoms or exposure) to help guide clinical and infection control decisions.

Diagnostic testing is indicated when infection is suspected, such as when the person:

- **Has signs or symptoms of COVID-19**
Individuals who have symptoms suggestive of COVID-19 should be tested regardless of vaccination status or recent history of previous infection.
- **Is a close contact to a confirmed case, *regardless of vaccination status***
Testing is not recommended for asymptomatic close contacts who have recovered from laboratory-confirmed COVID-19 within the past 3 months (90 days).
- **Is part of an outbreak investigation and response and/or case investigation**
Testing is recommended regardless of vaccination status. Investigations may include testing of asymptomatic persons with recent history of previous infection as directed by Public Health.

Nucleic acid amplification tests (NAATs) or antigen tests can be used for diagnostic testing. Negative results from less accurate tests (e.g., antigen tests, some [NAATs](#)), should be considered presumptive, and confirmation with a standard laboratory-based NAAT test (e.g., RT-PCR) is recommended if important for clinical management or infection control decisions.

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Screening testing

Screening testing is intended to identify people with COVID-19 who have no signs or symptoms of COVID-19 and no known or suspected exposure to SARS-CoV-2.

The rationale for screening testing is to identify persons with pre-symptomatic or asymptomatic SARS-CoV-2 infection in order to prevent additional spread of the virus within specific settings. With the presence of the very infectious Delta variant in the context of highly effective COVID-19 vaccines, there are many new and updated screening requirements.

Requirements and Recommendations

Screening testing is required in the following settings*:

- **Workers who are *not fully vaccinated*** in many settings including but not limited to healthcare, high-risk congregate settings (i.e., homeless shelters, correctional facilities, and detention centers), and K-12 schools. The frequency of testing depends on the setting.
- **Fully vaccinated skilled nursing facility staff, regardless of vaccination status**, as required by [California Department of Public Health](#). Fully vaccinated staff must continue to be included in routine screening if the facility's weekly vaccination coverage of staff and residents is below 70%. See [Guidelines for Preventing and Managing COVID-19 in SNFs](#) for more information.
- **Youth sports athletes and staff who are *not fully vaccinated*** in moderate- and high-risk sports organized by youth sports leagues, which includes school sports teams. For children under 12 years of age playing outdoor moderate- and high-risk sports in organized youth sports leagues, weekly screening testing is recommended, but not required. See [Protocol for Organized Youth Sports](#).
- **International travelers**, regardless of vaccination status, prior to boarding a flight bound for the United States (screening is not required for persons with proof of recovery from laboratory-confirmed COVID-19 in the past 90 days).
- **Visitors who are *not fully vaccinated* prior to entry into certain settings** including but not limited to [indoor mega-events](#), indoors at [skilled nursing](#), [intermediate care](#), and [juvenile detention](#) facilities, indoors and outdoors at [adult correctional and detention centers](#), and as required by certain businesses and venues.

*This list is not inclusive of all required screening testing. There are many additional settings or facilities that have their own screening requirements.

Screening testing is recommended:

- **For persons who are *not fully vaccinated* in the following settings**
 - Children under 12 years of age playing outdoor moderate- and high-risk sports in [organized youth sports leagues](#), including school sports teams.
 - Prior to entry to [outdoor mega-events](#).

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- **In schools**
 - Routine screening testing of staff and students that are not fully vaccinated is recommended as an important part of identifying cases early in the school setting so that measures can be taken to prevent further transmission, given the low vaccination rate in children.
 - When community transmission rates are high, surveillance testing that includes fully vaccinated staff and students in schools is appropriate if testing capacity allows.
- **Before and after travel for the following persons**
 - People who are *not fully vaccinated* are advised to get tested 1-3 days before leaving for [domestic travel](#) and then again 3-5 days after returning from travel.
 - After [international travel](#): it is recommended that all persons, regardless of vaccination status, get tested 3-5 days after returning from travel.

Note: organizations conducting screening testing should have a mechanism to confirm positive results in asymptomatic persons with no known exposure when the probability of infection is low.

Screening testing is not recommended for:

- **Fully vaccinated persons** *unless they fall into one of the categories listed above.*

To date, all published literature indicate that currently authorized vaccines are highly effective at preventing serious illness and death due to COVID-19 infection and are effective at preventing most transmission. Fully vaccinated people with no COVID-19-like symptoms and no known exposure do not need to be tested for COVID-19 infection unless they fall into one of categories listed above.
- **Persons who have recovered from laboratory-confirmed COVID-19 within the past 90 days and are asymptomatic.**

Recently infected persons are known to shed virus for up to 90 days after recovery, and reinfection is unlikely to occur during this period. To avoid false positives due to detection of non-infectious viral particles, provided they remain asymptomatic, they should not be part of screening programs until at least 90 days after they first develop symptoms (or after the date of first positive viral test if they never had symptoms).

Relevant Resources

- [COVID-19 Testing](#) (for healthcare providers)
- [COVID-19 Testing Basics](#) (for general public)