



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2020 Health Alert #38: COVID-19 Diagnostic Testing and Screening Recommendations for People Who Live or Work in New York City

- Certain areas of the city are experiencing increased COVID-19 activity. Individuals living or working in those areas who have not had a positive test within the last 90 days should be tested immediately.
- Offer COVID-19 diagnostic testing to individuals with COVID-19 symptoms or recent exposure to someone with COVID-19.
- Offer periodic COVID-19 screening to individuals without symptoms who may have an increased risk for exposure or exposing others. Use the table at the end of this alert to help decide frequency of screening.
- Diagnostic testing for COVID-19 should be performed using a nucleic acid amplification (NAA) or antigen-based test with emergency use authorization (EUA) from the Food and Drug Administration (FDA). Screening for COVID-19 should be done using a NAA test, except in specific situations described below.
- For individuals who previously tested positive for COVID-19 and remain asymptomatic after recovery, re-testing is not recommended within 90 days of the date of symptom onset (or date of first positive test if they had no symptoms).

October 14, 2020

Urgent recommendation: Several neighborhoods in NYC are experiencing increased COVID-19 activity requiring local [rollback of re-opening](#). Encourage your patients who live or work in these areas who have not had a positive test in the last 90 days to be tested immediately for COVID-19, even if they have no symptoms or a known exposure. Additional areas of concern may be identified in the future. Please check the City's website regularly for the most [current areas with increased COVID-19 transmission](#). Use the guidance below to guide further testing management.

Dear Colleagues,

This Health Alert contains new recommendations on who should be tested for COVID-19 and how often to offer screening tests for COVID-19 to people in New York City. Testing for COVID-19 is an important part of the strategy to control the pandemic when combined with contact tracing, isolation and quarantine, and other interventions such as promoting and practicing healthy hand hygiene, consistent and correct use of face coverings, and maintaining physical distancing. COVID-19 diagnostic or screening testing refers to the use of a virologic test (e.g., NAA test or an [antigen-based assay](#) that has received EUA from the FDA) to detect presence of viral RNA or viral antigens from the virus that causes COVID-19. Antibody or serologic tests do not detect the presence of the virus that causes COVID-19 and cannot be used to diagnose active infection.

- 1) **Diagnostic testing:** Diagnostic testing is defined as COVID-19 testing among individuals with symptoms or a known exposure to someone with COVID-19. Offer diagnostic testing to individuals with COVID-19 symptoms or exposure to someone with COVID-19 in the previous two weeks. Prompt diagnosis of COVID-19 can particularly benefit [patients with increased risk of severe disease](#), including older adults and people with underlying health conditions.

- 2) **Routine Screening:** Screening testing is defined as SARS-CoV-2 testing among individuals who do not have symptoms or a known exposure so that measures can be taken to prevent transmission from asymptomatic or pre-symptomatic individuals. Offer screening testing for COVID-19 to individuals without symptoms who have an increased risk for occupational exposure, who live or work in a congregate residential setting, or who have other risk factors for exposure. Ideally, screening should be performed using NAA tests only; however, an antigen-based assay may be considered for screening in congregate settings that conduct frequent testing under [Centers for Medicare and Medicaid Service enforcement discretion](#). Periodic screening for COVID-19 is recommended for people in the following groups:
 - a) **Residents and staff of long-term care facilities (i.e., nursing homes and adult care facilities):** For residents, a screening test should be conducted once a month, or as deemed appropriate for the setting and local epidemiology. Staff of nursing homes and adult care facilities must be screened every week in accordance with [New York State requirements](#).
 - b) **Health care personnel (other than those who work in long-term care facilities) and essential workers with frequent direct public contact:** A screening test should be conducted once a month.
 - c) **Other workers with exposure to co-workers or the public and individuals attending events where physical distancing may not always be possible:** There is no clear evidence-based testing interval based on scientific understanding to date. A screening test should be conducted every one to three months. The exact interval within this range should be based on shared decision-making with your patient, taking into account possible exposures and risk factors for COVID-19. It is reasonable to do monthly testing when risk is unknown or unclear.

Refer to the table below for examples of settings and occupations that may place individuals at increased risk of exposure to COVID-19. These are suggested guidelines and individual entities may adhere to other testing intervals that are more or less frequent as directed by industry guidelines or by other public health authorities.

Anyone who develops symptoms of COVID-19 or had a known exposure to someone with COVID-19 should be immediately tested for COVID-19, even if they are not due for their periodic screening test.

SARS-CoV-2 testing should be integrated into primary, urgent, and emergent care visits.

- 3) **Special circumstance testing:**
 - a) Test individuals returning to NYC following travel to “restricted states” (as [defined by New York State](#)) within 5 days of arrival to NYC, and remind them of travel-related quarantine restrictions.
 - b) Test participants in any large indoor gatherings (defined as >50 persons) within 5 days after the event.
 - c) Test individuals who will be visiting a person who may be at [increased risk of severe COVID-19](#) 2-3 days **before the date of the planned visit**. If the person tests positive or has symptoms of COVID-19 or a recent exposure, they should cancel the planned visit.

- 4) **For individuals who previously tested positive for COVID-19 and remain asymptomatic after recovery, re-testing is not recommended within 90 days of the date of symptom onset (or date of first positive test if they had no symptoms):**
 - There is limited information about reinfection with SARS-CoV-2. Data show that a person who has recovered from COVID-19 may have low levels of viral RNA detectable in their upper respiratory tract for up to 3 months after diagnosis. This means that if the person who has recovered from COVID-19 is retested within 3 months of initial infection, they may continue to have a positive test result even though they are not spreading the virus.
 - If a person who has recovered from COVID-19 has new symptoms of COVID-19, they should be evaluated for other causes of their symptoms and possible re-infection with SARS-CoV-2, especially if the person has had close contact with someone with COVID-19. Consultation with an infectious disease expert is advised.
 - Avoid testing individuals who do not have symptoms with a less than 90-day history of a positive COVID-19 virologic test. Screening may resume 90 days after the prior positive test.
 - Refer to the [Centers for Disease Control and Prevention](#) for additional guidance.

Settings or Occupations with Increased Risk of Exposure and Recommended Frequency of COVID-19 Screening

Screen every month or as deemed appropriate for the setting and local epidemiology

Health Care Personnel (HCP)/First responders

- HCP and support staff
- Dentist and support staff
- Nutrition/dietician
- Occupational and physical therapy
- Speech therapy
- Optometry
- Paramedics/EMT
- Psychology/psychiatry

Essential workers with frequent direct public contact

- Veterinary staff
- Child care staff
- Delivery workers
- Food service workers
- Funeral home workers
- Security personnel
- Social workers
- Teachers/educators/in-school support staff

Persons residing or working in congregate settings

- Long term care facilities (staff of nursing homes and adult care facilities should be tested weekly)
- Other residential congregate settings, if indicated

Screening interval determined by shared decision-making

- Correction (not working in congregate setting)/parole/probation officers
- Counselors who conduct in-person visits
- Firefighters
- National Guard/military in COVID-19 response
- Automotive/repair workers
- Bank staff
- Building security and enforcement staff
- Client-facing case managers/coordinators
- Essential construction workers
- Faith-based leaders
- Field investigators
- Hotel workers
- Laundry/dry cleaning workers
- Mail and shipping workers
- Maintenance/janitorial (non-health care or school)
- Retail workers at essential businesses
- Sanitation/trash/recycling workers
- Transit workers
- Home Health Workers/aides/paraprofessionals
- Utility workers
- Individuals who are employed by an essential business or any business that has been permitted to reopen by New York State, if working outside the home and interacting in-person with others (co-workers, clients, customers, visitors to the workplace)
- Individuals who participate in protests or demonstrations
- Individuals for whom the facts and circumstances – as determined by the treating clinician in consultation with state or local department of health officials – warrant testing, or other criteria set forth by New York State Department of Health

These recommendations are based on our current understanding of COVID-19 and are subject to change.