COVID-19 testing in Alabama has rapidly expanded over the past three months and we have learned more about COVID-19 and which populations and communities it impacts disproportionately. Despite an increase in testing availability within Alabama and the nation, resources remain insufficient to test every person who desires testing. Consequently, ADPH recommends first prioritizing testing of hospitalized individuals with signs or symptoms of COVID-19 infection followed by testing of other symptomatic individuals and higher risk asymptomatic individuals and then other asymptomatic individuals when certain conditions exist. This guidance should be used for prioritization of patient populations as well as for the purposes of guiding laboratories in managing specimen processing.

**Testing Recommendations:**
At the time of testing, it is important to instruct persons to isolate/quarantine at home while awaiting test results. It is also important that any person who is a close contact to a COVID-19 case complete at least a 14-day quarantine period even with a negative test result. Persons who test positive for COVID-19 should isolate as best as possible from others in the home to reduce the risk of spread. If persons who test positive cannot isolate from household members, the household members must remain in home quarantine 14 days after the person who tested positive is released from isolation. This is because the last date of exposure cannot be determined until isolation ends.

Neither the Centers for Disease Control and Prevention (CDC) nor ADPH recommend the routine use of a test-based strategy for return to work. It is important that employers do not use testing to discriminate against employees who have previously tested positive for COVID-19 (such as by preventing them from resuming work after they can do so in a manner consistent with public health and safety). This does not mean an employer must allow an employee who currently has COVID-19 to return to work before the employee's infection is resolved. Further, because PCR tests can remain positive long after an individual is no longer infectious, proof of a negative test should not be required prior to returning to the workplace after documented COVID infection. Rather, symptom- or time-based methodology is recommended for return to work with some very rare exceptions noted in the guidance found at Isolation and Quarantine Timeframes for Healthcare Personnel or at Isolation and Quarantine Timeframes for Non-Healthcare Personnel.

Per the CDC, persons who have tested positive for COVID-19 and have recovered, do not need quarantining or retesting again for at least 90 days, unless they develop new symptoms consistent with COVID-19 infection. Information on this and the reasons can be found at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

**Clarification on Quarantine and Isolation:**
A person who is a “close contact” to a confirmed or probable COVID-19 case, must complete at least a 14-day quarantine period. A close contact is anyone who has known exposure defined as being within 6 feet of a COVID-19 infected person for a total of 15 minutes or greater. The
15 minutes is a cumulative time within a 24-hour period and is based on guidance from the CDC. Wearing a face covering or regular mask does not change the definition. Persons with known exposure who are determined to be close contacts cannot “test out” of quarantine, that is, a negative test result will not allow them to return to work, school, or participate in sports or other activities. This is because a close contact could take up to 14 days to become infected from the time of exposure (the incubation period of SARS-CoV-2 is 2 – 14 days). At a minimum, all close contacts must serve a quarantine period of at least 14 days from the date of last exposure to a COVID-19 case. Note: For the purpose of the Quarantine Orders, both isolation and quarantine timeframes apply and are included in the orders.

There is an allowance for health care personnel wearing the appropriate personal protective equipment (PPE) to not be considered a “close contact”. This information can be found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html

Types of Tests:

Diagnostic Tests
Assess the presence of the virus at a given point in time. A negative means only that an individual was negative at the time the test. This can be impacted by a number of factors including but not limited to the quality of the specimen collected, the timing of collecting during the incubation period, and the handling of the specimen.

- Polymerase Chain Reaction (PCR) Tests and Nucleic Acid Amplification Testing: Also known as viral tests. Detect the RNA genetic material in the COVID-19 virus and are often collected via nasal pharyngeal, mid turbinate, nasal, oral or throat swab or saliva collection. Some of these tests are now available at the point of care (POC). NOTE: A rapid molecular PCR test does not need to be reflexed to a traditional RT-PCR test.
- Antigen Tests: Detect the presence of COVID-19 specific protein particles and is collected via a respiratory sample. Currently, three approved point-of-care tests are being utilized.

Non-Diagnostic Tests

- Serology (Antibody) Tests: Detect antibodies in the blood indicating possible prior exposure to COVID-19, which may develop 6-14 days after infection. Note: Commercially available antibody tests have variable performance—see FDA EUA Authorized Serology Test Performance Website.

IMPORTANT: All facilities, laboratories, and providers performing any of the above tests are required to electronically report all results, both negative and positive, to ADPH. This is in addition to the mandated reporting required of confirmed or probable COVID-19 individuals. Providers performing POC tests that fail to report all positive and negative COVID-19 results within 4 hours are in violation of Alabama reporting requirements.