Alaska Section of Epidemiology (SOE)
Guidance for Coronavirus Disease 2019 (COVID-19) Testing in Alaska
April 4, 2022

Key Points

- Providers must report laboratory-confirmed cases of COVID-19 to SOE preferentially via an electronic method. Detailed Alaska Reporting Guidance can be found here.
  - Effective April 4, 2022, the federal COVID results reporting requirements have been updated. The two major changes to State of Alaska reporting guidance are: CLIA-certified moderate/ high complexity laboratories are no longer required to report negative antigen tests; and antibody results are no longer reportable.
- SOE staff can be reached for consultation at **907-269-8000** or **800-478-0084** (after-hours).
- The Alaska State Public Health Laboratories in Anchorage (ASPHL) and Fairbanks (ASVL) are running specimens 5 days a week (M-F excluding holidays) at both facilities. Specimens must be submitted with a Respiratory Pathogen Test Request form
- Anyone with symptoms of COVID-19 should be tested for and informed to act as if they have COVID-19 until a result comes back. CDC guidance on what outpatients should do if they have COVID-19 or if a COVID-19 test is pending is available here.

Test Anybody in Alaska Who Is Experiencing Symptoms of COVID-19

- **Symptomatic persons should be tested regardless of vaccination status.**
- Symptoms of COVID-19 may include any of the following: fever, cough, shortness of breath, difficulty breathing, chills, decreased appetite, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea, rash, rigors, runny nose, sore throat, or sputum production.
- Positive antigen or molecular test results that occur within 3 months (90 days) of initial positive are not generally considered a second infection. However, a positive test in a prior case with symptoms should not necessarily be ruled out as a residual infection. Providers should evaluate each patient individually to determine likelihood of re-infection based on vaccination or immune status, presence of symptoms, nature of the previous infection, among other factors.

Screening Testing for Asymptomatic Persons

- Requirements for routine screening may also be present in some venues or local communities.
  - Upon admission to a health care facility based on facility policy
    - Patients who may be at higher risk of spreading COVID-19, including those who require aerosolizing procedures such as suctioning, intubation, and breathing treatments, or delivery
    - Patients at higher risk for complications associated with intubation if COVID-positive
  - Residents and staff living or working in nursing homes and long-term care facilities (LTCF); follow CDC guidance. Questions specific to these settings can be directed to the LTCF facility hotline (833-603-2537).
  - On 1/21/2022, CDC isolation, quarantine and testing guidance was updated for those working in healthcare settings.
  - Information for those who work or live at a seafood processing facility is available here.
- Testing may be indicated, regardless of vaccination status, following an exposure or due to local/employer/business requirement.
- Additional information on considerations for screening testing in various settings including schools and non-healthcare workplaces is available on the CDC website.
- All non-U.S. citizen, nonimmigrant air passengers coming to the United States must be fully vaccinated with rare exceptions. Before boarding a flight to the United States, you are required to

show a negative COVID-19 test result taken no more than 1 day before travel or documentation of recovery from COVID-19 in the past 3 months. For more information, refer to: International Travel During COVID-19 | CDC

- Travel testing requirements are highly variable and some are very specific. Please be familiar with and closely follow travel testing requirements.

Quarantine Guidance for General Population (updated 03/30/2022)

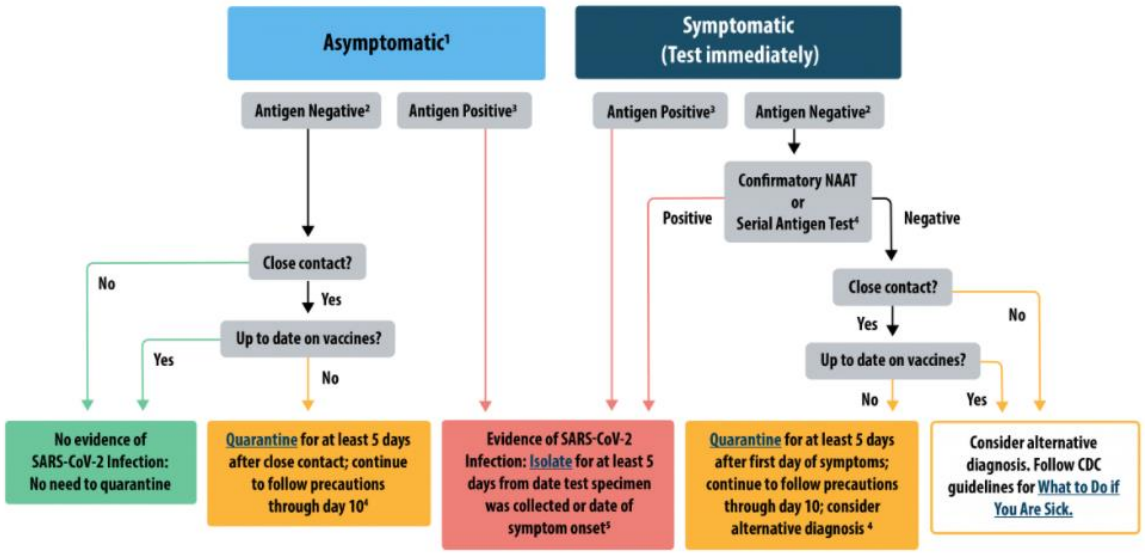
- This guidance does NOT apply to health care workers (see health care worker guidance here).
- Guidance and recommendations specific to K-12 school settings are available here.
- This guidance does NOT apply to high-risk congregate settings, such as correctional facilities, homeless shelters, etc. In those venues, CDC recommends a 10-day quarantine for residents, regardless of vaccination and booster status.
- This guidance also does NOT apply to long-term care facilities, nursing homes or daycare facilities.
- Local community leadership (e.g., city mayor or Incident Command) may decide to continue up to a 14-day quarantine for residents of their communities, based on local conditions and needs.

Discontinuation of Isolation and Precautions (updated 03/30/2022)

- This guidance does NOT apply to health care workers (see health care worker guidance here).
- Guidance and recommendations specific to K-12 school settings are available here.
- This guidance does NOT apply to high-risk congregate settings, such as correctional facilities, homeless shelters, etc. In those venues, CDC recommends a 10-day isolation for residents. During periods of critical staffing shortages, facilities may consider shortening the isolation period for staff to ensure continuity of operations. Decisions to shorten isolation in these settings should be made in consultation with state, local, tribal, or territorial health departments and should take into consideration the context and characteristics of the facility.
- This guidance also does NOT apply to long-term care facilities, nursing homes or daycare facilities.
- Asymptomatic persons may discontinue isolation if they have two subsequent negative molecular tests obtained at least 24 hours apart. If at any point clinically compatible symptoms develop, the patient should be placed into isolation and retested.

Antigen Testing: Figure. Algorithm for antigen testing.

Figure 1. Antigen Test Algorithm for Community Settings



Technical Notes

[1] If testing after a suspected exposure, test 5 days after last close contact with a person with COVID-19. For those who are traveling or have recently traveled, please refer to CDC's guidance for domestic and international travel during the COVID-19 pandemic. Take precautions while traveling.

[2] Consider confirmatory testing with a NAAT or serial antigen testing for a negative antigen test result if the person has a higher likelihood of SARS-CoV-2 infection (e.g., in an area where the COVID-19 Community Level is high or the person has had close contact with or suspected exposure to someone infected with SARS-CoV-2) or if the person has symptoms of COVID-19.

[3] A positive antigen test result generally does not require confirmatory testing; however, it could be considered when the person has a lower likelihood of infection (e.g., in an area where the COVID-19 Community Level is low and no known close contact with someone infected with SARS-CoV-2).

[4] Confirmatory NAAT testing should take place as soon as possible after the antigen test, and not longer than 48 hours after the initial antigen testing. If the results are discordant, the confirmatory test result should be interpreted as definitive for the purposes of clinical diagnosis. If performing serial antigen testing, wait 24-48 hours between tests. See CDC's guidance on Quarantine and Isolation.

[5] See CDC's guidance on treatments for COVID-19, particularly if individual is at high-risk of severe disease from COVID-19. Also see CDC's guidance on Quarantine and Isolation.

- Tests that identify SARS-CoV-2 antigen are on the market and the FDA has issued emergency use authorizations for some of these tests.
- The main advantages of these tests are their rapid turn-around time and high specificity. The main disadvantage is lower sensitivity than molecular diagnostic tests.
- Facilities that perform testing must report antigen-positive cases of COVID-19 to SOE within 24 hours of obtaining results. Detailed Alaska Reporting Guidance can be found here.
- Cases with positive results via antigen testing are classified as "probable" per the CSTE case definition.

Specimen Type and Priority (based on CDC Guidance)

- FDA guidance on swabs and specimen transport media is available here.
- Please refer to the Table below to determine the appropriate swabs to use for testing.

Swab Type	NP	OP	Mid-turbinate	Nasal
Nasopharyngeal swab with tips made of polyester, rayon, or flocked nylon	Yes	Yes	Yes	Yes
Flocked tapered swab	No	No	Yes	Yes
Flocked or spun polyester swab	No	No	Yes	Yes
3D printed swabs	Yes	Yes	Yes	Yes
Cotton	No	No	No	No
Calcium alginate	No	No	No	No
Wood or metal (non-aluminum) shaft	No	No	No	No
Aluminum shaft	Yes	Yes	Yes	Yes

- All swabs should be placed in a transport tube containing either viral/universal transport medium, Amies transport medium, sterile RNase-free saline or phosphate buffered saline (PBS).
- NOTE: Swab samples for testing on the Abbott ID NOW instrument should be placed directly into the instrument for testing. They should not be placed in any other media as this can reduce the sensitivity of the test through dilution, which can potentially lead to false negative result.
- An NP collection guidance video is available here. A self-collection guidance video is available here.
- Testing may be performed on lower respiratory tract specimens, if available.
  - For patients who develop a productive cough, sputum should be collected and tested for SARS- CoV-2. The induction of sputum is not recommended.
  - When it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower

respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen.

- Maintain proper infection control when collecting specimens. See Biosafety Guidelines for Handling and Processing Specimens for handling and processing specimens from suspected case patients.

Sequencing and Variant Detection

- Increasing as much as possible the proportion of SARS-CoV-2 infections that are sequenced will lead to a more complete understanding of the epidemiology of variants of concern in Alaska, as well as support additional epidemiologic investigations.
- All positive specimens collected in UTM/VTM or any Hologic Aptima Direct Load tubes should be submitted to ASVL for sequencing. Re-collection is not necessary; submit the remainder of the specimen.
    - If a facility has an alternative approach for sequencing its positive specimens (e.g., in-house sequencing capacity), please notify SOE so that processes can be established to link sequence data to epidemiological data.
- Specimens that are *not* collected in UTM/VTM or Hologic Aptima Direct Load tubes cannot be sequenced (this includes most specimens tested on rapid assays such as the Abbott ID NOW and Binax NOW). Specimen re-collection and submission in UTM/VTM for sequencing is recommended for all persons who test positive.
- Specimens sent within two weeks of collection are prioritized. It is not necessary to submit older specimens unless directed by the Section of Epidemiology.
- Send positive specimens as Category B samples to ASVL in Fairbanks, per shipping instructions.
    - ASVL can provide swabs and UTM/VTM to facilities.
    - Positive samples can be batched and submitted once per week – keep frozen until shipping and send with ice packs around the samples in the package.
    - For more information about sequencing SARS-CoV-2 in Alaska, click here.
    - For the most recent Alaska SARS-CoV-2 genomics results, please visit the genomics dashboard.

Serologic Testing

- As of April 4, 2022, SARS-CoV-2 serologic test results are no longer reportable; Alaska Reporting Guidance can be found here.
- Refer to the Infectious Diseases Society of America (IDSA) Guidelines on the Diagnosis of COVID-19 regarding serologic testing here. CDC's interim guidelines on antibody testing are here.
- Serological tests should not be used as an alternative to molecular or antigen tests for the diagnosis of COVID-19 in symptomatic patients. Regardless of their serologic results, symptomatic patients should be tested for COVID-19 via molecular or antigen methods.
    - Interpreting positive serologic test results can be particularly difficult in persons who did not have a prior clinically compatible illness or a positive RT-PCR test for COVID-19. We do not yet have a good understanding of the specificity of the various serologic assays for COVID-19.
    - Cross-reactivity with other circulating coronaviruses may lead to a false-positive result.
- Even if a person does have antibodies to SARS-CoV-2, whether these antibodies confer immunity is unknown. Therefore, IDSA recommends that antibody tests not be used to make decisions about whether personal protective equipment is needed.
- CDC does not recommend antibody testing after vaccination. One reason why antibody testing is not recommended following vaccination is that cell-mediated immunity may contribute to vaccine-induced immunity, and cell-mediated immunity is not assessed by antibody assays.

At-Home Testing

- The Alaska over the counter COVID-19 testing guidance is available here. A flyer is also available.
- More information about at-home testing is available here.

Note: *Because the sensitivity of all COVID-19 tests is <100%, a negative test result does not rule out infection. This is a particularly important point to consider when caring for patients with a clinically compatible illness and known contact to a confirmed case.*

Please check the DHSS COVID-19 website and CDC's COVID-19 website frequently for updates.