

Alaska Section of Epidemiology (SOE)
Guidance for Coronavirus Disease 2019 (COVID-19) Testing in Alaska
January 12, 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 January 10, 2022, sites with a CLIA-waived status will be required to report positive results only. Sites with more advanced CLIA status are still required to report both positive and negative results.
- 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.
 - o [In accordance with State Health Advisories](#) or as required by local communities
 - o 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
 - o 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).
 - o On 12/23/2021, CDC [isolation, quarantine and testing guidance was updated for those working in healthcare settings](#).
 - o Guidance 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 and in the process of being updated.
- [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 \(updated 01/09/2022\)](#)

Alaska SOE follows CDC guidance for quarantine; please also see notes below:

- 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; further setting-specific guidance is expected soon.
- This guidance also does NOT apply to long-term care facilities, nursing homes or daycare facilities; further setting-specific guidance is expected soon.
- 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. Prior to making this decision, community leadership should reach out to the Alaska Section of Public Health Nursing or the Section of Epidemiology to assure coordination.

[Discontinuation of Isolation and Precautions \(updated 01/09/2022\)](#)

Alaska SOE follows CDC guidance for isolation; please also see notes below:

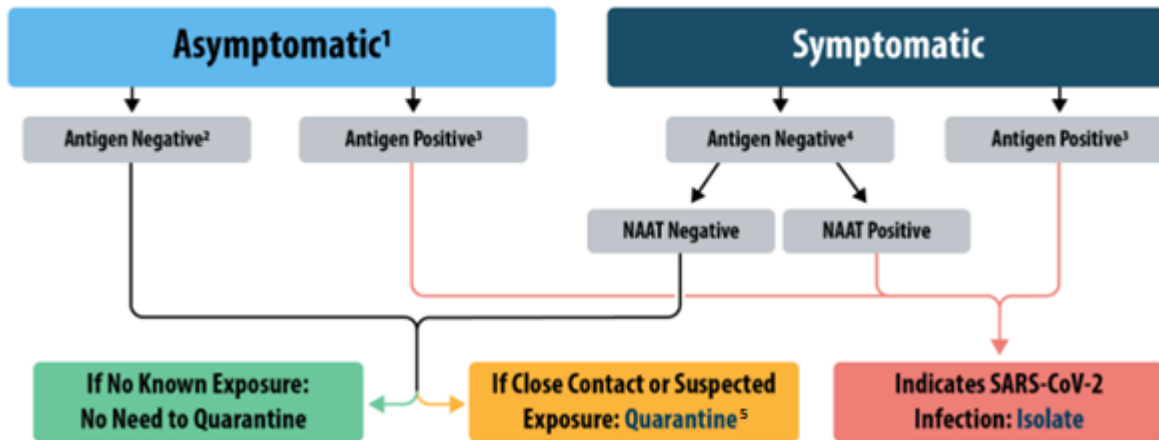
- This guidance does NOT apply to health care workers (see health care worker guidance [here](#)).
- Guidance and recommendations specific to K-12 school settings are available [here](#).
- This guidance does NOT apply to high-risk congregate settings, such as correctional facilities, homeless shelters, 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. CDC's [setting-specific guidance](#) provides additional recommendations for these settings.
- This guidance also does NOT apply to long-term care facilities, nursing homes or daycare facilities; further setting-specific guidance is expected soon.
- 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.

Using Antigen Tests for SARS-CoV-2 in Community Settings

Figure 2. Antigen Test Algorithm for Community Settings



Technical Notes

1. With or without known exposure to a person with COVID-19 within the last 14 days.
2. In certain settings, serial antigen testing could be considered for those with a negative antigen test result; serial testing may not require confirmation of negative results. The role of a negative antigen test result in ending quarantine depends upon when it is performed in the quarantine period. See CDC's [Options to Reduce Quarantine](#) for guidance on use of antigen testing for this purpose and when a negative antigen test result indicates not infected with SARS-CoV-2. If prevalence of infection is not low in the community, clinical discretion should consider whether this negative antigen result requires confirmation.
3. Isolation is necessary. See CDC's guidance for [Isolation](#). In instances in which there are compelling reasons that the pre-test probability of infection is very low, a clinician may assess that confirmatory testing with a NAAT is indicated.
4. If a symptomatic person has a low likelihood of SARS-CoV-2 infection, clinical discretion should determine if this negative antigen test result requires confirmatory testing with a nucleic acid amplification test (NAAT).
5. Known or suspected exposure to a person with COVID-19 within the last 14 days, quarantine is necessary for certain individuals. See CDC's guidance for [Quarantine](#). Clinical discretion should determine if and when additional testing is necessary.

- 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](#). The public health response (i.e., case investigation and contact tracing) is the same for these cases as for "confirmed" cases (i.e., those with positive results via molecular testing methods).

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 collected within the past two weeks are preferable. 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

- 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.
- SARS-CoV-2 serologic test results are reportable; Alaska Reporting Guidance can be found [here](#).

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.