

Alaska Section of Epidemiology (SOE)
Guidance for Coronavirus Disease 2019 (COVID-19) Testing in Alaska
October 11, 2021

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](#). **The reporting hotline has been discontinued.**
- 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 [COVID 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. Consult with SOE regarding the possibility for second cases.

Test Anybody in Alaska Who Is a Close Contact to Someone with COVID-19

- CDC [recommends](#) that unvaccinated asymptomatic close contacts should be tested immediately after becoming aware of an exposure. Testing again on Day 5–7 of quarantine is encouraged. (See Table 2 for options to reduce quarantine.)
- As of 7/27/2021, CDC recommends that asymptomatic vaccinated persons who are identified as close contacts to someone with COVID-19 should be tested 3–5 days after exposure.

Screening Testing for Asymptomatic Unvaccinated 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 healthcare settings (see DHSS Guidance for [congregate residential settings](#), and [skilled nursing homes](#)). On 9/10/2021, CDC [quarantine and testing guidance was updated for those working in healthcare settings](#). Questions specific to these settings can be directed to the LTCF facility hotline (833-603-2537).
 - o Workers in non-healthcare congregate settings (see Table 1 following an exposure).
- Note that any asymptomatic person who has had a positive antigen or molecular test in the prior 90 days should NOT be re-tested.

Limited Testing of Asymptomatic Vaccinated Persons

- [It is recommended that fully vaccinated people with no COVID-19-like symptoms and no known exposure should be exempted from routine screening testing programs, if feasible.](#) Testing may be indicated, regardless of vaccination status, following an exposure or due to local/employer/business requirement (Table 1).
- All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, [are required](#) to have a negative COVID-19 test result from a specimen collected no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States. [International Travel During COVID-19 | CDC](#)

Table 1. Testing and quarantine recommendations for persons, outside of a healthcare setting, exposed to SARS-CoV-2, by vaccination status¹

	Quarantine following exposure	Testing following exposure ²
Symptomatic persons		
Fully vaccinated ³	Until negative test result and symptoms resolve	Recommended
Unvaccinated or partially vaccinated persons	Yes ⁴	Recommended
Asymptomatic persons who reside in a non-healthcare congregate setting		
Unvaccinated or partially vaccinated persons	Yes ⁴	Recommended
Fully vaccinated ²	No	Recommended
Asymptomatic persons who do not reside in a non-healthcare congregate living facility but work in a non-healthcare congregate setting or high-density workplace		
Unvaccinated or partially vaccinated persons	Yes ⁴	Recommended
Fully vaccinated ³	No ⁵	Recommended
Asymptomatic persons who do not reside in a non-healthcare congregate living facility nor work in a non-healthcare congregate setting or high-density workplace		
Unvaccinated or partially vaccinated persons	Yes ⁴	Recommended
Fully vaccinated ³	No	Recommended at 3-5 days after exposure

¹This guidance does not apply to those who work or live at a seafood processing facility, please find specific guidance for these individuals [here](#).

²Regardless of vaccine status, persons who have tested positive for SARS-CoV-2 in the past 90 days should not be tested if asymptomatic. If they are symptomatic, consultation with a healthcare provider is recommended.

³Fully vaccinated means ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine. This definition has not yet changed with the recommendations for additional doses for some individuals.

⁴See Table 2 and its accompanying notes for quarantine options and considerations.

⁵Work exclusion may still be required; persons should confirm the company policy with their employer.

Discontinuation of Isolation and Precautions

- Persons diagnosed with COVID-19 illness may discontinue isolation 10 days *after symptom onset* if their fever has been resolved for at least 24 hours (without the use of fever-reducing medications) and other symptoms are resolving.
 - o A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of the isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.

- Asymptomatic persons who test positive for SARS-CoV-2 infection via a molecular test may discontinue isolation 10 days *after the specimen collection date of their first positive diagnostic test*.
 - However, asymptomatic persons may discontinue isolation <10 days after the specimen collection date of their first positive test 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.
- For asymptomatic persons who test positive for SARS-CoV-2 infection via an antigen test, follow the antigen testing algorithm on page 4 below.

Table 2. Options to reduce quarantine period for close contacts

	Option 1 Test	Option 2 Time
	7-day Quarantine + Test	10-day Quarantine
What type of test is required and when should it be obtained?	Molecular or antigen test; specimen must be collected on Day 5–7 of quarantine)	No Test Required
Can quarantine be further shortened with a negative test result?	No	No
When is the earliest that a person can be released from quarantine and go back to work or school?	8 days after exposure with a negative test result	11 days after exposure
What should patients do if they haven't gotten their test result back before the time of planned quarantine discontinuation?	Remain in quarantine until they get a negative test result or 10 days have passed, whichever is earlier (release on day 11)	No Test Required
Estimated residual post-quarantine transmission risk	5% (upper limit: 12%)	1% (upper limit: 10%)
What added precautions should people take after being released from quarantine under Option 1 or 2?	Take extra precautions until 14 days after exposure: watch for symptoms, wear a mask when in public areas, avoid crowds, maintain 6-foot distance from others, wash hands frequently, avoid any contact with high-risk persons, discuss with employer whether it is safe to return to work.	

Notes:

- The above options are only for contacts who have remained asymptomatic for the entire duration of their quarantine. Anyone who develops symptoms within 14 days of an exposure (regardless of whether or not they remain in quarantine) should immediately self-isolate and seek testing.
- Persons can continue to be quarantined for 14 days per existing CDC recommendations; this option maximally reduces the risk of post-quarantine transmission and is the strategy with the greatest collective experience at present.
- Due to the added risk of transmission associated with reduced quarantine periods, a full 14-day quarantine period is recommended for persons in certain high-risk residential settings, such as long-term care facility residents and correctional facility inmates. The full 14-day quarantine period is also recommended for unvaccinated workers in communal living and crowded work settings (e.g., dormitories, mining operations). All persons should consult with their employer for guidance.
- Local community leadership (e.g., city mayor or Incident Command) may decide to continue 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.
- Please note that while vaccinated close contacts do not need to quarantine, it is recommended that

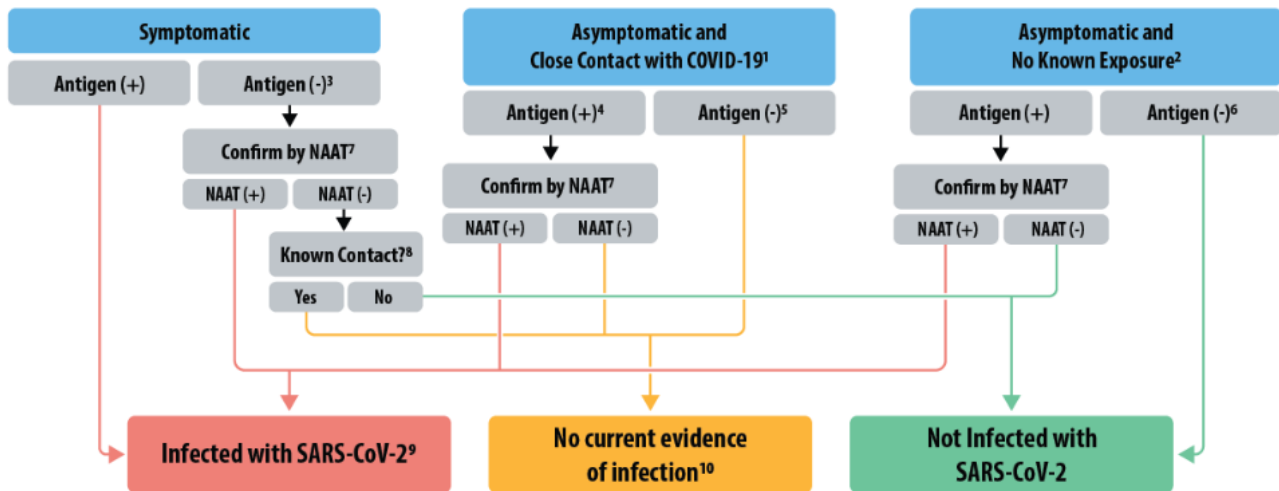
they wear a mask in public indoor settings for 14 days or until receiving a negative test result.

Facilities with Their Own COVID-19 Molecular Laboratory Testing Capacity

- Providers must report laboratory-confirmed cases of COVID-19 to SOE within 24 hours of testing. All results (i.e., positive, negative, indeterminate, etc.) must be reported. Detailed Alaska Reporting Guidance can be found [here](#).

Antigen Testing

Figure. Algorithm for antigen testing.



Technical Notes

Note that this figure represents an earlier CDC figure, which has since been separated by setting. Alaska DHSS prefers the consolidated figure regardless of congregate vs community setting for consistency and ease of implementation.

1. Single, multiple, or continuous known exposure to a person with COVID-19 within the last 14 days; perform NAAT first if short turnaround time is available, if person cannot be effectively and safely quarantined, or if there are barriers to possible confirmatory testing
2. No known exposure to a person with COVID-19 within the last 14 days
3. 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
4. In instances of higher pretest probability, such as high incidence of infection in the community, clinical discretion should determine if this positive antigen result requires confirmation
5. 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.
6. If prevalence of infection is not low in the community, clinical discretion should consider whether this negative antigen result requires confirmation
7. Nucleic acid amplification test; confirm within 48 hours using a molecular test
8. Known exposure to a person with COVID-19 within the last 14 days; if unsure, clinical discretion should determine whether quarantine is necessary
9. Isolation is necessary. See CDC's guidance for [Isolation](#)
10. Quarantine is necessary. 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.
- Providers must report laboratory-confirmed cases of COVID-19 to SOE within 24 hours of testing. All results (i.e., positive, negative, indeterminate, etc.) must be reported. 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 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 multitest 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.
 - All SARS-CoV-2 serologic test results (i.e., positive, negative, indeterminate, etc.) must be reported. Detailed Alaska Reporting Guidance can be found [here](#).

At-Home Testing

- The Alaska over the counter COVID-19 testing guidance is available [here](#).
- 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.