



## This is an official **DHEC Health Update**

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10476-DHU-09-25-2020-COVID-19

### **Updated Interim Guidance on Testing for SARS-CoV-2**

#### **Summary**

- This HAN serves to update interim guidance on testing and isolation requirements following testing.
- It is possible to be infected with SARS-CoV-2, feel well without symptoms, and yet be contagious.
- Because of the potential for asymptomatic and pre-symptomatic transmission, it is important to perform diagnostic testing of persons with symptoms AND those who are close contacts to cases with COVID-19, as well as conduct screening testing of persons without symptoms or known close contact.
- Those who test positive on a viral test (PCR or antigen) do not need additional testing within the three (3) months following symptom onset or test specimen collection.
- Recommendations regarding isolation and quarantine after testing vary depending on whether testing was done for diagnostic or screening purposes.
- DHEC recommends diagnostic testing as indicated and screening testing at least monthly for most people in the community.
- Children may have mild symptoms or none at all yet can transmit SARS-CoV-2. Testing children who are close contacts or who have symptoms is critical to prevent spread.

#### **Background**

On September 18, 2020, the Centers for Disease Control and Prevention issued [updated guidance](#) on testing for the SARS-CoV-2 virus including for those without symptoms of COVID-19. Viral transmission is highest in the 48 hours before symptom onset in those

who develop symptoms of COVID-19. Infected asymptomatic persons also shed virus and can transmit the disease. Testing indications, timing to perform test, and need for isolation or quarantine depend on symptoms or timing of the test and whether there has been a known close contact exposure to a COVID-19 case. Close contact is defined as within six (6) feet for 15 minutes or more. Under some circumstances, exposure of less than 15 minutes may be sufficient to transmit the disease (e.g., forced expiration face to face in athletic event, or close exposure to copious secretions), and exceptions must be considered. Refer to the September 18<sup>th</sup> [HAN](#) for an overview of isolation and quarantine requirements. Self-isolation should be done after a diagnostic test, but not necessarily a regular screening test. Scenarios are presented in the recommendations below.

## Diagnostic testing (PCR or antigen)

Diagnostic testing is performed because of symptoms suspicious for COVID-19 or close contact to a person with COVID-19 during their contagious period. DHEC recommends diagnostic testing with a viral test (PCR or antigen) for:

- Those with [symptoms](#) of COVID-19 and **no** known close contact

  - **Test as soon as possible, and recommend self-isolation until test results are known**
  - If positive or not tested, complete the [isolation criteria](#) based on symptoms
  - If negative, may discontinue isolation

- Those with [symptoms](#) of COVID-19 and known close contact

  - **Test as soon as possible, and self-isolate until test results are known**
  - If positive or not tested, complete the [isolation criteria](#)
  - If negative, [quarantine](#) for 14 days after last contact with case because the latent period may be up to 14 days
    - [Quarantine](#) may be longer if the case lives in the same household
    - **Repeat negative testing does not shorten the quarantine period**
  - Refer to [HAN](#) for detailed review with scenarios

- Those with **no** symptoms but known close contact

  - **Testing is helpful to identify a case during asymptomatic or pre-symptomatic period to limit spread by changing from quarantine to isolation**
  - DHEC recommends that testing be done no sooner than 7 days after first contact with the case as earlier may be too soon to detect virus

- If positive, complete the isolation criteria
- If negative, or not tested, quarantine for 14 days from last contact with the case because the latent period may be up to 14 days
  - **Repeat negative testing does not shorten the quarantine period**
- Refer to [HAN](#) for detailed review with scenarios
- **Those who cannot self-isolate or who are critical infrastructure workers** that must work, and who are negative or untested, follow transmission precautions (wear mask, physically distance, avoid crowds, wash hands frequently, and monitor for symptoms), and **quarantine at home when outside of work**
- Critical infrastructure workers who test positive cannot return to work until they have completed isolation criteria, even if asymptomatic
- These recommendations may differ for healthcare workers during a critical staffing shortage

**In all scenarios, those who test positive do not need additional testing for the next 3 months. Repeat testing to end isolation or return to work or school is NOT recommended.**

## **Screening testing (PCR or antigen)**

Screening testing is performed when an individual is not believed to be at increased risk through close contact or having symptoms, but because there is community circulation of SARS-CoV-2. It is important to personal and public health to identify those in asymptomatic or pre-symptomatic stages who are contagious.

DHEC recommends screening testing with a viral test (PCR or antigen) for:

- Those who spend time out in the community around others and who follow precautions to prevent exposure (wear mask, physically distance, and practice good hand hygiene):
  - At least once a month as they may have unknowingly been exposed
- Those who spend time out in the community around others but who could not or did not follow precautions to prevent exposure:
  - Consider testing more frequently than once/monthly
  - If no symptoms, and a specific event is identified as possible exposure, follow transmission precautions (wear mask, physically distance, avoid crowds, wash hands frequently, and monitor for symptoms), and test no sooner than 7 days after exposure

- Those who have limited contact out in the community, have been following precautions, and are not known to be a close contact:
  - Do not need immediate testing
  - May test if desired. Consideration should be given to special circumstances such as household contacts at high risk of severe disease
- Those who are among special populations with routine screening practices:
  - Residents and employees of Nursing Homes as per CMS protocol
  - As per protocols at colleges/universities, for sports teams, or other congregate living circumstances

## **Self-isolation**

Self-isolating at home after a screening test is not necessary for those not believed to be at elevated risk of infection (without symptoms and not known to be a close contact to a case) but individuals should continue the appropriate preventive actions. They should be recommended to avoid close contact with others until their test results are received.

- If test results are positive, the individual tested must complete isolation requirements and any close contacts identified beginning 48 hours before test specimen was collected through the notification of test results should be recommended to quarantine.

Diagnostic vs. Screening test: Providers should use clinical judgement to determine if the test might be considered a diagnostic test and recommend self-isolation at home. An example may be a patient who is not a known close contact to a case and asymptomatic but with multiple exposures in a crowded environment where no masks were worn. Recommending self-isolation at home until receiving test results may be indicated based on potential risk of exposure.

## **Resources for Additional Information**

CDC Overview of Testing for SARS-CoV-2 (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

DHEC Overview of Isolation and Quarantine for COVID-19

<https://scdhec.gov/sites/default/files/media/document/10473-DHU-09-18-2020-COVID-19.pdf>

DHEC Interim Guidance on testing of close contacts to a confirmed case of COVID-19

<https://scdhec.gov/sites/default/files/media/document/10466-DHU-06-19-2020-COVID-19.pdf>

## DHEC contact information for reportable diseases and reporting requirements

Reporting of **COVID-19 positive and negative testing results, associated deaths, and cases of Multisystem Inflammatory Syndrome in Children (MIS-C)** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at:

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

<b>Regional Public Health Offices – 2020</b>			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
<b><u>Lowcountry</u></b> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	<b><u>Midlands</u></b> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	<b><u>Pee Dee</u></b> 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506	<b><u>Upstate</u></b> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
<b><u>Lowcountry</u></b> Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg  Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	<b><u>Midlands</u></b> Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York  Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	<b><u>Pee Dee</u></b> Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg  Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	<b><u>Upstate</u></b> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union  Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
<b>For information on reportable conditions, see</b> <a href="https://www.scdhec.gov/ReportableConditions">https://www.scdhec.gov/ReportableConditions</a>		<b><u>DHEC Bureau of Communicable Disease Prevention &amp; Control</u></b> <b>Division of Acute Disease Epidemiology</b> 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

<b>Health Alert</b>	Conveys the highest level of importance; warrants immediate action or attention.
<b>Health Advisory</b>	Provides important information for a specific incident or situation; may not require immediate action.
<b>Health Update</b>	Provides updated information regarding an incident or situation; unlikely to require immediate action.
<b>Info Service</b>	Provides general information that is not necessarily considered to be of an emergent nature.