

ODH Algorithm for Testing of Coronavirus Disease 2019 (COVID-19)

Guidance for specimens submitted to the ODH Public Health Laboratory (ODHL) for COVID-19 testing.
(Adapted from CDC Recommendations – Guidance Subject to Change)

Individual presents with:

- Fever **AND/OR**
- Symptoms of acute lower respiratory illness (e.g., cough, difficulty breathing)



Yes



No

Individual, including healthcare workers¹, has close contact² with a laboratory-confirmed³ COVID-19 patient within 14-days of symptom onset.

Does not meet criteria for COVID-19 testing at ODHL. Additional workup and follow-up as clinically indicated.



Yes



No

1. Rule out other respiratory etiologies.
2. Collect specimens [NP, OP & Sputum (if available)].
3. Notify local health department (LHD).
4. LHD contact ODH BID to discuss testing.
5. Submit to ODHL for COVID-19 testing.

Individual has a travel history to an affected geographic area⁴ within 14 days of symptom onset.



Yes



No

Individual is hospitalized.



Yes



No

1. Rule out other respiratory etiologies.
2. Collect specimens [NP, OP & Sputum (if available)].
3. Notify local health department (LHD).
4. LHD contact ODH BID to discuss testing.
5. Submit to ODHL for COVID-19 testing.

Does not meet criteria for COVID-19 testing at ODHL. Additional workup and follow-up as clinically indicated.

Individual has severe acute lower respiratory illness (e.g., pneumonia, ARDS, as evidenced by imaging) **AND** lack of alternative diagnosis (e.g., negative respiratory viral panel, negative rapid flu) **AND** is hospitalized.



No



Yes

1. Collect specimens [NP, OP & Sputum (if available)].
2. Notify local health department (LHD).
3. LHD contact ODH BID to discuss testing.
4. Submit to ODHL for COVID-19 testing.

Notes:

¹For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.

²Close contact is defined as—

- a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
- or –
- b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#).

³Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

⁴Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](#).

Specimen Collection:

Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab): Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens should be kept in separate vials. Refrigerate specimen at 2-8°C and ship on ice pack.

- Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
- Refrigerate specimen at 2-8°C and ship on ice pack.

Sputum: Sputum can be collected on individuals with productive coughs. Induction of sputum is not recommended.

- Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
- Refrigerate specimen at 2-8°C and ship on ice pack.

Specimen Shipping:

- Once testing is approved by ODH, ship specimens Monday through Friday during normal business hours to:
Ohio Department of Health Laboratory
ATTN: Microbiology Labs
8995 E. Main St.
Building 22
Reynoldsburg, OH 43068
- Special arrangements must be made in advance with ODH Epi and Lab for specimen delivery after hours and over the weekend.

Contact Information:

- ODH Bureau of Infectious Diseases
 - Phone: (614) 995-5599
- ODH Laboratory
 - Phone: (888) ODH-LABS