The Utah Department of Health (UDOH) recommends all healthcare providers and COVID-19 sample collection sites test individuals presenting with any of the following symptoms:

- Fever
- Cough
- Shortness of breath
- Myalgia (muscle aches and pains)
- Decreased sense of smell or taste
- Sore throat

Based on the availability of additional testing capacity or additional clinical information, the State of Utah and health systems may target additional groups within specific high-risk populations or with additional identifying factors.

The primary preferred collection mechanism is a nasopharyngeal (NP) swab. Nasal or mid-terminate swabs are secondarily preferred. An oropharyngeal swab is not a preferred collection mechanism.

If a situation develops where there is limited capacity to conduct COVID-19 testing, UDOH recommends prioritizing testing according to the below rank-ordered epidemiologic risk factors. Testing of asymptomatic persons would not be a priority. When testing resources are limited, testing should be prioritized to **Priority 1** in the table below.

If testing resources are limited, testing should be provided to patients with fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) **AND**:

### Epidemiologic Risk Factors

**Priority 1:**
- Hospitalized patients (to inform infection control)
- Healthcare personnel and first responders providing direct patient care
- Any person who lives or works in a congregate setting such as a nursing home, correctional facility, or shelter
- Individuals who may have other illnesses that would be treated differently if they were infected with COVID-19 and therefore, physician judgement is especially important for this population

**Priority 2:**
Any person who had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset\(^1\) **AND** the patient meets one of CDC’s defined high-risk criteria\(^2\)

**Priority 3:**
Any person who had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset\(^1\) **OR** the patient meets one of CDC’s defined high-risk criteria\(^2\)

**Priority 4:**
No source of exposure has been identified

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\(^1\)If a situation develops where testing resources are limited, household contacts with fever or signs/symptoms of lower respiratory infection (cough or shortness of breath) do not need to be tested unless admitted to a healthcare facility. All household contacts should self-isolate in their homes for 14 days following symptom onset of the last
symptomatic member of the household. People with clinically diagnosed or laboratory-confirmed COVID-19, but who have recovered, can be released from isolation 7 days after symptom onset AND at least 3 days after resolution of fever and improvement in respiratory symptoms, according to CDC guidance. All asymptomatic household contacts should self-quarantine in their homes for 14 days following symptom onset of the last symptomatic member of the household.


Recommendations

- All patients in the healthcare setting who are being assessed for COVID-19 should be isolated in a private room with limited traffic and a closed door. The patient should wear a surgical mask when someone else enters the room.
- At this time, healthcare providers caring for patients with fever and severe lower respiratory illness without any epidemiologic risk for COVID-19 should use contact and droplet precautions with eye protection (unless another diagnosis requires a higher level of precaution, e.g., tuberculosis).
- Patients who are being tested for COVID-19, but do not require hospitalization, should adhere to home isolation until testing is completed.
- Healthcare personnel caring for patients with fever and severe lower respiratory illness WITHOUT any epidemiologic risk for COVID-19 should:
  - use standard, contact, and droplet precautions with eye protection;
  - proceed to work-up for common causes of respiratory illness (e.g., FilmArray);
  - if no alternative explanatory diagnosis, consider an infectious disease consultation.
- NP swabs can be collected concurrently as other samples being collected for infectious disease rule out (e.g., influenza and respiratory FilmArray or similar broad panel).
- If a patient is being considered for COVID-19, use standard, contact, and droplet precautions with eye protection when providing care. Respirators should be reserved for aerosol-generating procedures.
- Healthcare personnel who cared for a suspect or a confirmed COVID-19 case should have their exposure risk assessed and be excluded from work based on the CDC’s work restriction recommendations.

If you have a patient that meets the above criteria and you are sending the specimen to the Utah Public Health Laboratory:

- Collect NP swab into a single vial of Viral Transport Media and submit according to the Clinical Laboratory Guidance.
- OP swabs are no longer recommended.
- Alternative swabs and transport media approved when NP swabs are limited. Please check with the submitting laboratory to determine if these alternatives are acceptable.
- Visit the UDOH COVID-19 Test Request Tool, fill out the online survey and get testing approval.
- Complete a UPHL request form to submit with the specimen.
- The guidance, tool, and form mentioned above, along with additional information can be found at uphl.utah.gov.

For more information:

- UDOH COVID-19 Information: coronavirus.utah.gov

Contact: For questions, please call 1-888-EPI-UTAH (374-8824).