

PRIORITIES FOR COVID-19 TESTING

(Nucleic Acid or Antigen)

Coronavirus Disease 2019 (COVID-19)

High Priority

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including correctional and detention facilities and shelters, **with** symptoms

Persons identified by public health officials or clinicians as high priority

- Persons **with** symptoms of a possible infection with COVID-19, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.
- Persons **without** symptoms who come from racial and ethnic minority groups disproportionately affected by adverse COVID-19 outcomes—currently African Americans, Hispanics and Latinos, some American Indian tribes (e.g., Navajo Nation).
- Persons **without** symptoms who are prioritized by health departments or clinicians, including but not limited to: public health monitoring, sentinel surveillance, presence of underlying medical condition or disability, residency in a congregate housing setting such as a homeless shelter or long term care facility, or screening of other asymptomatic individuals according to state and local plans.

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Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Children have similar symptoms to adults and generally have mild illness.

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Clinicians considering diagnostic testing of people with possible COVID-19 should continue to work with their local and state health departments to coordinate testing through [public health laboratories](#), or work with commercial or clinical laboratories using diagnostic tests authorized for emergency use by the U.S. Food and Drug Administration.

Clinicians should use their judgment to determine if a patient has signs and [symptoms](#) compatible with COVID-19 and whether the patient should be tested. Asymptomatic infection with SARS-CoV-2, the virus that causes COVID-19, has been reported. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with [other symptoms as well](#). Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness.

Other considerations that may guide testing are epidemiologic factors such as known exposure to an individual who has tested positive for SARS-CoV-2, and the occurrence of local community transmission or transmission within a specific setting/facility (e.g., nursing homes) of COVID-19. Clinicians are strongly encouraged to test for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2. Another population in which to prioritize testing of minimally symptomatic and even asymptomatic persons are long-term care facility residents, especially in facilities where one or more other residents have been diagnosed with symptomatic or asymptomatic COVID-19.

SARS-CoV-2 can cause asymptomatic, pre-symptomatic, and minimally symptomatic infections, leading to viral shedding that may result in transmission to others who are particularly vulnerable to severe disease and death. Even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel, due to their extensive and close contact² with vulnerable patients in healthcare settings.

Recommendations for Antibody Testing

Updated May 3, 2020

CDC does not currently recommend using antibody testing alone for diagnostic purposes.