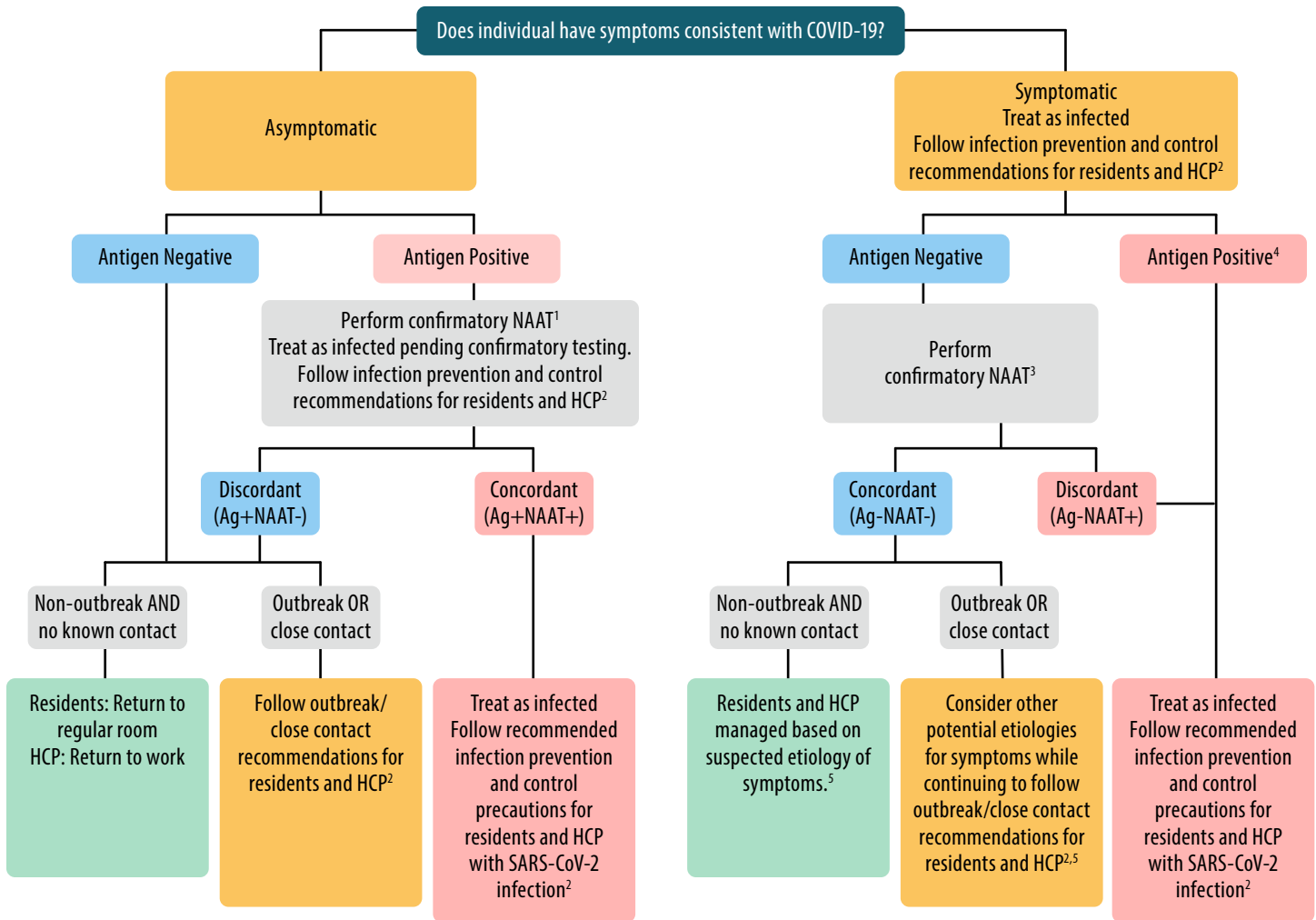


CONSIDERATIONS FOR INTERPRETATION OF SARS-COV-2 ANTIGEN TESTS IN LONG-TERM CARE FACILITIES



NAAT: nucleic acid amplification test, including reverse-transcriptase polymerase chain reaction (RT-PCR). **Ag:** antigen. **HCP:** healthcare personnel

This algorithm should be used as a guide, but clinical decisions may deviate from this guide, if indicated. Contextual factors, including community incidence, characteristics of different antigen testing platforms, and availability and turnaround times of NAAT, further inform interpretation of antigen test results. Confirmatory tests may be considered at any time if concerns about false negative or positive results arise (e.g., multiple unexpected positive results). If confirmatory tests are performed, facilities should perform the test within 1 to 2 days of the initial test and optimize sensitivity of the confirmatory test by choosing a platform (e.g., NAAT) and specimen source (e.g., nasopharyngeal swab) with high sensitivity. Facilities may consider discussing discordant results with health department to determine the most appropriate action. Facilities should routinely review operation of antigen test to ensure optimization and minimize cross-contamination of samples.

¹ Asymptomatic people who test antigen positive may not need confirmatory testing if they have high pre-test probability (e.g., person resided in a facility with a large outbreak) and the individual should be treated as infected.

² Currently recommended infection prevention and control precautions for residents and HCP are available in the following guidance documents. These include recommendations for those who: 1) have SARS-CoV-2 infection; 2) had close contact

(residents) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection; 3) reside or work in a facility experiencing an outbreak.

- [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

³ Some antigen platforms have higher sensitivity when testing individuals soon after symptom onset (e.g., within 5 days). Clinical discretion may be used when determining if people who test negative should be retested with NAAT. Confirmatory testing may not be necessary if the individual has a low likelihood of SARS-CoV-2 infection. Factors that might indicate a lower likelihood of infection include: low to moderate levels of community transmission, no known or suspected close contact with someone infected with SARS-CoV-2 infection, and/or the person is up to date with COVID-19 vaccination.

⁴ For symptomatic people who test antigen positive, confirmatory testing is generally not necessary. It might be considered in some circumstances (e.g., other unexpected positive results from testing that day in low-incidence community).

⁵ Management decisions will be based on other suspected etiologies for symptoms. For example, influenza testing should also have been performed if influenza is circulating in the community.

