Health Advisory:
Priorities for COVID-19 Diagnostic Testing
Updated August 11, 2020

HIGHLIGHTED CHANGES FROM HEALTH ADVISORY POSTED JULY 21, 2020:

- Change of “close contacts of confirmed cases” from Tier 1 Priority to Tier 2 Priority following CDPH updated COVID-19 testing guidance issued July 23, 2020 and the definition of “emergency services” in Tier 2 issued August 3, 2020.

- Revision to COVID-19 symptoms for pediatric patients.

SITUATIONAL UPDATE:

- COVID-19 testing capacity has expanded over the past several months and we have learned much about which populations and communities it impacts disproportionately.

- San Francisco is experiencing an alarming increase in COVID-19 transmission and must align its testing and mitigation measures to support populations at highest risk of COVID-19 morbidity and mortality.

- CDPH issued COVID-19 testing guidance on July 14, last updated on August 3, to support public health officials, health care providers, and laboratories in determining who should be tested given the current context of the COVID-19 pandemic in California.

- The San Francisco Department of Public Health (SFDPH) has adopted CDPH’s 4-tier testing prioritization; SFDPH additions or clarifications are noted in italics. Notably, SFDPH added an entire category of at-risk populations that should be prioritized for asymptomatic testing given structural barriers to health – Category 2A below.

- This SFDPH testing prioritization is incorporated into an updated August 11, 2020 Health Officer order; see www.sfdph.org/healthorders. The order requires certain healthcare providers in San Francisco to test:
  - Everyone in Tier 1
  - All other individuals with COVID-19 symptoms (the first bullet of Tier 2)
  - Close contacts of confirmed cases (the second bullet of Tier 2).

The order also requires all healthcare providers in San Francisco to consider these guidelines for testing prioritization when ordering testing.
PRIORITIES FOR COVID-19 DIAGNOSTIC TESTING:

Tier 1 Priority

- Hospitalized individuals with COVID-19 symptoms.
- Investigation and management of outbreaks, under direction of state and local public health departments (includes contact tracing).

Tier 2 Priority

- All other individuals with COVID-19 symptoms.
  - For individuals age 18 or greater, COVID-19 symptoms include any one or more of the following symptoms which is not explained by another condition or diagnosis: temperature greater than 100.4F (38.0C), cough, sore throat, shortness of breath, chills, headache, body aches, fatigue, loss of smell or taste, diarrhea, runny nose, nasal congestion, or other symptoms if there is associated clinical concern for COVID-19.
  - For individuals younger than 18 years old, COVID-19 symptoms include any one or more of the following symptoms which is not explained by another condition or diagnosis: temperature greater than 100.4F (38.0C); sore throat; new uncontrolled cough that causes difficulty breathing (for youth with chronic allergic/asthmatic cough, a change in their cough from baseline); diarrhea, vomiting, or abdominal pain; new onset of severe headache, especially with a fever; or other symptoms if there is associated clinical concern for COVID-19.
- Close contacts of confirmed cases.
- Individuals who are asymptomatic (having no symptoms of COVID-19), who fall into one of the following categories:
  1. Live in higher risk congregate care facilities including skilled nursing facilities, residential care facilities for the elderly or disabled, correctional facilities, homeless shelters, or other types of congregate residential care/treatment facilities.
  2. Work in the health care sector who have frequent interactions with the public or with people who may have COVID-19 or have been exposed to SARS-CoV-2. The health care sector includes: hospitals; skilled nursing facilities; long-term care facilities; ambulatory surgery centers; health care providers' offices; health care clinics; pharmacies; blood banks; dialysis centers; hospices; and, home health providers.
  3. Work in a congregate care facility, including shelters for people experience homelessness, residential care facilities for the elderly or disabled, or other types of congregate residential care/treatment facilities.
  4. Provide care to an elderly person or a person with a disability in the home, including a person providing care through California's In-Home Supportive Services Program.
  5. Work in the emergency services sector who have frequent interactions with the public or with people who may have COVID-19 or have been exposed to SARS-
CoV-2. The emergency services sector includes police and other public safety departments (including, for example, child protective services and adult protective services departments), fire departments, and emergency service response operations.

6. Work in a correctional facility.

7. Patients requiring pre-operative, pre-hospital admission, or pre-high-risk procedure (e.g., dental care) screening.

8. Patients being discharged from hospitals to lower levels of care.

**Tier 2A Priority**

[Tier 2A represents populations with structural barriers to health; priority falls between Tier 2 and Tier 3; see https://sfcdcp.org/structurallyvulnerable for more information]

- People experiencing conditions that facilitate the spread of infection and may be at higher risk of developing COVID-19.
  - People Living in High Density Situations
    - Other congregate living settings not mentioned above such as single room occupancy (SRO) hotels
    - Low-income housing
    - Multi-generational households where isolation is difficult
    - Racially segregated and/or densely populated neighborhoods
  - People with High-Risk Economic/Work Conditions
    - People without paid sick leave and/or health insurance
    - Sex workers
    - People with low income who must go out in public for resources frequently

- People experiencing marginalization, systemic inequity, and health inequities that increase their risk for severe illness and death from COVID-19:
  - Racial and ethnic minority groups (see: www.cdc.gov/coronavirus/2019-ncov/need-extraprecautions/racial-ethnic-minorities.html):
    - Black/African American Community
    - Latina/o/x Community
    - Native Americans/Indigenous Community
    - Pacific Islander Community
  - Immigrant and undocumented people
  - People with disabilities
  - People with developmental and behavioral disorders
  - People experiencing homelessness
  - People who use drugs or have substance use disorder

**Tier 3 Priority**

- Asymptomatic workers who:
  - Work in the retail or manufacturing sectors who have frequent interactions with the public or who work in an environment where it is not practical to maintain at least six feet of space
from other workers on a consistent basis (e.g., construction, retail cashiers, gas station attendants, laundromat service providers).

- Work in the food services sector who have frequent interactions with the public. The food services sector includes grocery stores, convenience stores, restaurants, and grocery or meal delivery services.

- Work in the agricultural or food manufacturing sector who have frequent interactions with the public or who work in an environment where it is not practical to maintain at least six feet of space from other workers on a consistent basis. The agricultural or food manufacturing sector includes food production and processing facilities, slaughter facilities, harvesting sites or facilities, and food packing facilities.

- Work in the public transportation sector who have frequent interactions with the public. The public transportation sector includes public transit, passenger rail service, passenger ferry service, public airports, and commercial airlines.

- Work in the education sector who have frequent in-person interactions with students or the public. The education sector includes public and private childcare establishments; public and private pre-kindergarten programs; primary and secondary schools; vocational schools; and public and private colleges and universities.

**Tier 4 Priority**

- Tier Four would be implemented when the City’s testing turnaround time, as monitored by SFDPH, is less than 48 hours.

- Other individuals not specified above including: those who are asymptomatic but believe they have a risk for being actively infected, as well as routine testing by employers.

**COUNSELING ABOUT PROPER USE OF TEST**

Please ensure those getting diagnostic testing for COVID-19 understand that:

- A negative diagnostic test only means that virus was not detectable at the time of testing (assuming it was a true negative test); and that

- At any time after that point of testing, they could develop or progress to COVID-19 infection that can be transmitted to others; and that

- They should therefore continue to adhere to social distancing practices with people outside their household.

**REMEMBER TO ADDRESS THE SPREAD OF COVID-19**

Testing is only one tool for preventing the spread of COVID-19. Given the alarming increase in COVID-19 transmission in San Francisco, please emphasize the following important messages to all your patients:
• Stay home to the extent possible while caring for your mental and physical health. See more at www.sfcdcp.org/safersocial.

• If you leave your home:
  o Avoid gathering with people outside your household.
  o If you must gather with people outside of your household, avoid being indoors. Outdoor interactions are much safer.
  o Keep your social circles small and stable.
  o Cover your face (both mouth and nose) with a bandana, scarf, cloth, or mask.
  o Keep 6 feet between you and people outside your household at all times.

ADDITIONAL RESOURCES

Health advisories and alerts are posted at www.sfcdcp.org/health-alerts-emergencies/health-alerts/.

See www.sfcdcp.org/covid19hcp for additional COVID-19 information and guidance for San Francisco health care providers.