Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Technical Bulletin

Date: August 28, 2020
Topic: COVID-19 Point of Care Testing
Contact: Melissa Peek-Bullock, State Epidemiologist, Office of Public Health Investigations and Epidemiology
To: Health Care Providers and Long-Term Care Facilities

Background:

Point of care (POC) tests play an important role in the overall response against COVID-19. Various types of technologies exist in POC tests, such as, nucleic acid amplification (molecular), antigen and antibody testing. Currently, there are four (4) POC tests available under the Food and Drug Administration (FDA) Emergency Use Authorization (EUA).

1. Abbott IDNOW: nucleic acid amplification (molecular) test
2. Quidel Sofia: antigen test
3. Becton Dickinson Veritor: antigen test
4. Abbott BinaxNOW COVID-19: antigen test

Point of Care Molecular Test:

The Abbott IDNOW is the only FDA authorized POC molecular test. A positive result is indicative of the presence of SARS-CoV-2 RNA and should be considered diagnostic. A negative result should be considered presumptive. In the event of a negative result, a subsequent specimen should be collected and sent to a laboratory for molecular testing if the patient has clinical signs and symptoms of COVID-19 and/or a known exposure to COVID-19.

Point of Care Antigen Test:

The Quidel Sofia and Becton Dickinson Veritor POC rapid antigen tests should be utilized for symptomatic patients in a population with a high probability of positivity. The BinaxNOW COVID-19 Ag Card is intended for the qualitative detection of antigen from SARS-CoV-2 in direct nasal swabs from individuals suspected of COVID-19 by their health care provider within the first seven days of symptom onset. Use of these tests should be reserved for instances where a positive result would direct immediate clinical decisions or infection control measures. For example, in a long-term care facility, a positive result should trigger isolation of the patient and corresponding COVID-19 mitigation procedures. Both positive and negative results in this scenario should be considered presumptive. In order to confirm a positive result, a specimen should be collected on the patient and sent to a laboratory for molecular testing. A negative result should also be confirmed in the same manner, if a patient has clinical signs and symptoms of COVID-19 and/or has a known exposure to COVID-19. Below are some example scenarios in which SARS-CoV-2 antigen tests may be used:

- Deployed with strike teams to provide targeted testing in emergency or outbreak situations.
- Triaging individuals with respiratory symptoms in an Emergency Department or similar setting.
- In correctional facilities, long-term care facilities or other high risk, congregate settings where cases have been confirmed.
- Off-hour testing in hospital settings when the patient will benefit from a rapid result and the laboratory will repeat the test by another method when staff are available.
- Symptomatic individuals in remote populations such as small rural hospitals, tribal nations or other jurisdictions with known high prevalence and limited alternative access to testing.

Point of Care Test Summary:

Test Name	Test Type	Positive	Negative
Abbott IDNOW	Molecular	A positive result must be reported to public health in accordance with NAC 441A. Infection control measures must be immediately implemented. No further testing needed.	A negative result must be reported to public health in accordance with NAC 441A. If clinically indicated collect a specimen for laboratory-based molecular testing.
Quidel Sofia	Antigen	A positive result must be reported to public health in accordance with NAC 441A. Infection control measures must be immediately implemented. Collect a specimen for laboratory-based molecular testing.	A negative result must be reported to public health in accordance with NAC 441A. If clinically indicated collect a specimen for laboratory-based molecular testing.
Becton Dickinson Veritor	Antigen	A positive result must be reported to public health in accordance with NAC 441A. Infection control measures must be immediately implemented. Collect a specimen for laboratory-based molecular testing.	A negative result must be reported to public health in accordance with NAC 441A. If clinically indicated collect a specimen for laboratory-based molecular testing.
Abbott BinaxNOW	Antigen	A positive result must be reported to public health in accordance with NAC 441A. Infection control measures must be immediately implemented. Collect a specimen for laboratory-based molecular testing.	A negative result must be reported to public health in accordance with NAC 441A. If clinically indicated collect a specimen for laboratory-based molecular testing.

Nevada Administrative Code (NAC) 441A

According to NAC 441A.230 it is the duty of the health care provider to report a case or a suspected case to the public health authority. The report must include:

- The communicable disease or suspected communicable disease.
- The name, address and, if available, telephone number of the case or suspected case.
- The name, address and telephone number of the health care provider making the report.
- The occupation, employer, age, sex, race and date of birth of the case or suspected case, if available.
- The date of diagnosis of the communicable disease.
- The date of onset of the communicable disease, if available.
- Any other information requested by the health authority, if available. (For example, an if an email address is available, it is helpful include in the report.)

Resources and References:

CDC guidance on rapid antigen tests: https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html

Guidance – Proposed Use of Point-of-Care (POC) Testing Platforms for SARS-CoV-2 (COVID-19) (Office of the Assistant Secretary for Health): https://www.cdc.gov/coronavirus/2019-ncov/downloads/OASH-COVID-19-guidance-testing-platforms.pdf

Considerations for Implementation of SARS-CoV-2 Rapid Antigen Testing (The Association of Public Health Laboratories): https://www.aphl.org/programs/preparedness/Crisis-Management/Documents/APHL-SARSCov2-Antigen-Testing-Considerations.pdf

NAC 441A: https://www.leg.state.nv.us/NAC/NAC-441A.html#NAC441ASec230

Reporting:

Health care providers should **immediately** notify both infection control personnel at their health care facility and their local/state health department in the event of a probable or confirmed case of COVID-19.

- Nevada Division of Public and Behavioral Health (DPBH): (775)-684-5911 (M-F 8:00 AM to 5:00 PM); (775)-400-0333 (after hours)
- Southern Nevada Health District (SNHD): (702)-759-1300 (24 hours)
- Washoe County Health District (WCHD): (775)-328-2447 (24 hours)
- Carson City Health and Human Services (CCHS): (775)-887-2190 (24 hours)

For More Information: Please contact DPBH M-F 8:00 AM to 5:00 PM at (775)-684-5911. The after-hours line can be contacted at (775)-400-0333.

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