



National Interim protocol on laboratory testing of COVID -19 for patients and Health Care workers (HCW)

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1. **For Patient:** Laboratory testing and isolation must be done in the following conditions

1.1 The recommendation for laboratory testing for initial diagnostic testing for COVID-19:

- Nasopharyngeal & oropharyngeal swab of an Upper respiratory tract sample(s) or lower respiratory tract sample (sputum) if obtainable
- Repeat testing should be performed if initial testing is negative and there is a high index of diseases suspicion. Patients should be retested using a lower respiratory sample or, if not possible, repeat collection of a nasopharyngeal sample.
- A single negative test result, especially from upper respiratory tract sample, does rule out the infection.

1.2 For discontinuation of isolation precaution for patients with COVID-19, we recommend the following:

At least **two** upper respiratory tract samples negative for COVID-19, collected at ≥ 24 -hour intervals are recommended to document for COVID-19 clearance.

1.3 For Emergency pre-operating /procedure cases, nasopharyngeal & oropharyngeal swab should be done before surgery. If the surgery is not urgent, wait for the result

1.4 Any patient being admitted to the private hospital for either emergency or elective admission

2 **Health care workers (HCW):** Laboratory Testing and isolation must be done in the following condition:

2.1 Swabbing test shall be done if there's history of recent travel or exposure to COVID-19 cases (e.g., close contact* to a patient with COVID-19 without appropriate personal protective equipment (Unprotected exposure)

2.2 Symptomatic health care workers (HCWs)

- If HCWs have any of the following symptoms fever, cough, shortness of breath, difficulty breathing, sore throat, runny nose, or nasal congestion that require testing for COVID-19, then they must remain off work and limit contact with others until symptoms resolve.
- Symptomatic HCWs must be evaluated for testing and isolation in one of the facilities eligible to take the swabbing; Primary Health Care Center, Staff Medical Center (SMC) or their facility if applicable. If HCWs are not assessed, then they should be self-isolate till assessment is done and complete 14 days from the time of onset of symptoms or until 5 days after the symptoms are resolved (whichever is longer). HCWs can't work when they are sick.
- If the HCWs develop those symptoms and their result is negative for COVID-19, then they can go back to work after their symptoms have resolved.

2.3 Asymptomatic health care workers (HCWs)

- HCWs with unprotected exposure (high risk exposure) who don't have any symptoms, must be tested according to staff exposure algorithm and follow national COVID-19 post exposure management in healthcare facilities guidelines. (In cases of severe shortage of staff, kindly contact National IPC Unit)
- HCWs with protected exposure (low risk exposure) can continue at work and must wear surgical mask and observe themselves for any respiratory symptoms for 14 days from the last date of exposure

- If HCWs partner or any family member develop symptoms within 14 days of a possible exposure to COVID-19 (such as being in close contact* of someone diagnosed with COVID-19), then HCWs must be tested according to national COVID-19 post exposure management in healthcare facilities and follow staff exposure algorithm
 - Asymptomatic staff must be excluded from caring of immunocompromised patient and long-term patient for 14 days from the day of exposure
- 2.4 For HCWs providing direct clinical care to COVID-19 cases (e.g. ICUs, COVID-19 centers, quarantine, HIA...) they can be tested for COVID-19 (nasopharyngeal & oropharyngeal swab or rapid diagnostic test (RDT) As per risk assessment.

Note: If asymptomatic staff, who were working in facilities hosting COVID-19 patients, develops any symptoms of respiratory illness within 14 days after their return, they will be directed for swabbing and isolation.

3 Others

Laboratory testing can be indicated for:

- 3.1 Any person who requires a pre-travel test to present a medical certificate which confirms negative COVID-19 test result as per government regulations of destination/home country.
- 3.2 Employees in different businesses whom MOPH requires to be tested on a regular basis.

4 Criteria for discontinuation of Transmission-Based Precautions and return to work for Healthcare Workers with Confirmed or Suspected COVID-19

Follow national Guideline "COVID-19 Post Exposure Management in Healthcare Facilities"

4.1 Moderate & Severe Cases

Moderate and severe cases that are admitted to the hospital are managed by the clinical teams. The decision to discharge and return to work will be a clinical decision based on a case by case basis.

4.2 Mild symptoms and Asymptomatic Positive HCWs

The State of Qatar follows the Time-based criteria for asymptomatic positive and mildly symptomatic Covid-19 cases who completed 2 weeks. The guideline will be applied on HCWs as follow:

Asymptomatic HCWs –isolation can be discontinued after 14 days from diagnosis (from the first PCR positive results). There is no need to repeat PCR test for Covid-19 upon discharge to confirm recovery unless clinically indicated.

For mildly symptomatic HCWs – isolation can be discontinued 14 days from diagnosis (first PCR positive result) and minimum 5 days from resolution of symptoms, whichever is longer. There is no need to repeat PCR test for Covid-19 upon discharge to confirm recovery unless clinically indicated.

- Both categories will be discharged home and follow the medical instructions provided by medical professionals including downloading and activating Ehteraz app.
- After discharge, HCWs should remain in home "quarantine" for an additional week and the Ehteraz should be kept "yellow" for this period of one week.
- If judged appropriate in case the household of the discharged HCW includes a person age 60+, a PCR test can be done at discharge. If the test is positive the HCW will remain in hospital/ isolation facility for further 7 days and will then be discharged without a repeat test (total stay of 21 days).
- The assessing clinician can be an infectious diseases consultant or a designated attending physician from the isolation facility who will be able to issue a certificate of return to work to the HCW.

4.3 Vulnerable Groups of HCWs

This category includes HCWs ≥55 years old, immunocompromised or those with chronic conditions; diabetes, COPD, CVDs...). If they require acute care because of severe Covid-19 illness, then, they are judged on a case by case basis by the treating physician before discontinuing isolation. Those HCWs may have prolonged symptoms and may shed viable virus for a longer time.

4.4 Home isolation

HCWs, who were advised to stay at home after being diagnosed with COVID-19, will need to be clinically assessed after 14 days from onset of symptoms or date of positive PCR test by a clinician. The same rules that apply to the mild symptomatic and asymptomatic positives apply to the group of HCWs who were home isolated; extending home “quarantine” for an additional week and the Ehteraz should be kept “yellow” for this period of one week.

Close Contact* is defined as a person who:

A close contact is a person that is involved in any of the following:

- Providing direct care for a suspected or confirmed COVID-19 case without proper personal protective equipment (PPE) (Gloves and Mask) within 2m and for more than 15 min (unprotected face to face contact)
- HCW or laboratory staff handling specimens from a COVID-19 case without proper personal protective equipment (PPE) (Gloves and Mask)
- A person having unprotected direct contact with infectious secretions of COVID-19 (e.g. being coughed on, touching paper tissues with a bar hand)
- A person having had unprotected (gloves and mask) face to face contact with a COVID-19 case within < 2m and for >15 minutes
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings, meeting room, hospital waiting areas) within 2m and for more than 15 min
- Travelling together in close proximity (2 m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration

Reference:

- COVID-19 Return to Work Guide for AHS Health Care Workers -Alberta health service
- WHO, Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. file:///C:/Users/JABRAHAM/Downloads/WHO-COVID-19-laboratory-2020.4-eng.pdf
- Coronavirus disease 2019 (COVID-19) <https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19>
- CDC, Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
- Revised protocol for admission to and discharge from isolation facilities: use of PCR test Ct Value (SWICC Command instruction 14/06/2020)

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