




COVID-19

SARS-CoV-2 Antigen Testing in Long Term Care Facilities

Considerations for Use in Nursing Homes and other Long-Term Care Facilities

Updated Feb. 17, 2022

Summary of Changes

Updates as of February 17, 2022 

- Guidance streamlined
- Added links to guidance on testing for determining length of [work restriction for healthcare personnel with SARS-CoV-2 infection or exposure to SARS-CoV-2](#) and for [mitigating staff shortages](#) in healthcare settings
- Time period for confirmatory testing was clarified

[View Previous Updates](#)

This document is intended to assist long-term care facility (LTCF) providers and state and local public health departments with interpretation of and response to results of antigen tests used to diagnose new SARS-CoV-2 infections in the following circumstances:

- Testing of symptomatic residents and healthcare personnel (HCP),
- Testing of asymptomatic residents and HCP in facilities as part of a SARS-CoV-2 outbreak response or following close contact with someone with SARS-CoV-2 infection, and
- Testing of asymptomatic HCP as part of [expanded screening](#) testing in facilities without a SARS-CoV-2 outbreak.

Information on the role of testing in determining the length of work restriction for HCP with SARS-CoV-2 infection or exposure to SARS-CoV-2 is available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

Information on the role of testing in mitigating staff shortages is available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

 Download and print: [Considerations for Interpretation of SARS-CoV-2 Antigen Tests in Long-Term Care Facilities](#) 
[102 KB, 1 page]

Testing symptomatic residents or HCP:

- Recommended infection prevention and control precautions for residents and HCP with suspected or confirmed SARS-CoV-2 infection are described in:
 - [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](#)

- If an antigen test is positive, confirmatory testing is generally not necessary. The symptomatic individual should be classified as having SARS-CoV-2 infection.
 - Residents should be placed on [Transmission-Based Precautions](#) and [HCP should be excluded from work](#) until they meet criteria to discontinue isolation.
 - If the resident or healthcare worker is the first positive case of SARS-CoV-2 within the facility (i.e., an index case), an [outbreak response](#) might be indicated.
- If an antigen test is negative, confirmatory testing¹ with a nucleic acid amplification test (NAAT) should be performed as soon as possible (within 1 to 2 days of the antigen test). Residents should be kept on Transmission-Based Precautions and HCP should remain excluded from work until NAAT results return.
 - If the confirmatory NAAT is negative:
 - If not in an outbreak facility and no known close contact with someone with SARS-CoV-2 infection, residents and HCP may be treated as not SARS-CoV-2 infected or exposed; further management will depend on the suspected etiology of their symptoms.
 - If in an outbreak facility or there has been close contact with someone with SARS-CoV-2 infection, residents and HCP should be managed as described in current guidance for [long-term care infection control](#) and [HCP return to work](#).
 - If the confirmatory NAAT is positive:
 - Residents and HCP should be considered to have SARS-CoV-2 infection. Residents should remain on [Transmission-Based Precautions](#) and [HCP should be excluded from work](#) until they meet criteria to discontinue isolation.
 - If the resident or healthcare worker is the first positive case of SARS-CoV-2 within the facility (i.e., an index case), an [outbreak response](#) might be indicated.
- Facilities should test for [both influenza and SARS-CoV-2](#) if [influenza](#) and SARS-CoV-2 are circulating in the community.

¹Some antigen platforms have higher sensitivity when testing people 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 with SARS-CoV-2 infection, and/or the person is [up to date with COVID-19 vaccination](#).

Asymptomatic residents or HCP in LTCF tested as part of an outbreak response or following close contact with someone with SARS-CoV-2 infection

- If an antigen test is positive, confirmatory NAAT should generally be performed².
 - Residents should be placed on [Transmission-based Precautions](#) in a single room or, if single rooms are not available, remain in their current room pending results of confirmatory testing. They should **not** be transferred to a COVID-19 unit or placed in another shared room with new roommates. [HCP should be excluded from work](#).
 - If confirmatory NAAT is positive, residents and HCP should be considered to have SARS-CoV-2 infection. Residents should remain on [Transmission-Based Precautions](#) and [HCP should be excluded from work](#) until they meet criteria to discontinue isolation.
- If an antigen test is negative OR if the antigen test is positive but the confirmatory NAAT (performed within 1 to 2 days of the antigen test) is negative:
 - Residents and HCP may be treated as not SARS-CoV-2 infected; however, because of their potential exposure (in an outbreak facility or have had close contact) residents and HCP should be managed as described in current guidance for [long-term care infection control](#) and [HCP return to work](#).
- Note: In general, asymptomatic people who have recovered from SARS-CoV-2 infection in the past 3 months should not be tested for SARS-CoV-2.

²In situations where the pre-test probability is higher (e.g., facility with a large outbreak, a person who is a close contact of someone with SARS-CoV-2 infection and is not up to date with all recommended COVID-19 vaccine doses), the antigen positive test might not require confirmation and the individual should be treated as infected with SARS-CoV-2.

Asymptomatic HCP as part of [expanded screening](#) testing in LTCF without an outbreak


- If an antigen test is positive, perform confirmatory NAAT as soon as possible (within 1 to 2 days of the antigen test). Asymptomatic HCP who are antigen test positive should be excluded from work but initiation of an outbreak response, including facility-wide testing, can be delayed until confirmatory test results are available.
 - If the confirmatory NAAT is positive, then the healthcare worker should be considered infected and guidance for [HCP return to work](#) and [infection control response in long-care](#) should be followed.
 - If the confirmatory NAAT is negative, the antigen test should be considered a false positive and the HCP may return to work.
- If an antigen test is negative, allow HCP to continue to work following all routine recommended infection control practices.
- Note: In general, asymptomatic HCP who have recovered from SARS-CoV-2 infection in the past 3 months should not be tested for SARS-CoV-2.

Resources

[Guidance for SARS-CoV-2 Point-of-Care and Rapid Testing](#)

[Interim Guidance for Antigen Testing for SARS-CoV-2](#)

Previous Updates

Updates from Previous Content 

As of January 7, 2021

- Revised guidance on when to perform confirmatory tests. In general, asymptomatic people who test antigen positive should have a confirmatory test performed. Symptomatic people who test antigen negative should have a confirmatory test performed.
- Confirmatory test should be performed with nucleic acid amplifications tests (NAAT) such as reverse transcriptase polymerase chain reaction (RT-PCR).
- Expanded the intended audience to include all long-term care facilities, including nursing homes.
- Added links to [Point of Care Testing](#) and [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)

As of December 28, 2020

- Updated To whom long-term care facilities (LCTFs) should report point-of-care antigen testing data under “Reporting requirements for SARS-CoV-2 tests”