



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



COVID-19: Adult & Pediatric Viral Testing Guidelines for British Columbia

December 17, 2020 – for Healthcare Providers

Guidelines for COVID-19 testing in BC are periodically reviewed and updated based on COVID-19 epidemiology, new clinical information, public health measures in place, testing & contact tracing capacity, and our evolving understanding of test performance in clinical settings. As a result, BC guidelines may differ from other national or provincial guidelines.

The majority of COVID-19 cases in BC are currently related to local acquisition from a known case or cluster.

Based on currently available data from BC and from other jurisdictions, the presence of *more than one* potential COVID-19 symptom is more predictive of a positive COVID-19 test than the presence of a single symptom.

Parents and caregivers assessing their child for key symptoms of illness before sending them to school should refer to the Public Health Guidance for K-12 Schools.

Guidance for COVID-19 Testing by Nucleic Acid Tests

Testing guidance is not meant to replace clinician assessment, and providers should continue using their clinical judgement in determining whether a COVID-19 test is required. COVID-like symptoms can be indicative of other infections (e.g. meningitis, invasive group A streptococcus disease, etc), further highlighting the importance of clinical judgement.

1. The general guidance for people with no known COVID-19 close contacts and who have new or worsening symptoms are:

Recommend testing if **any ONE of the following symptoms** more predictive or strongly associated with COVID-19 are reported.

- Fever or chills
- Cough*
- Loss of sense of smell or taste
- Difficulty breathing

*Either new onset or worsening/exacerbation of chronic cough.

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



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Recommend testing **if any TWO or more** of the following general symptoms **persist after 24 hours**, and are not related to any other pre-existing conditions.

- Sore throat
- Loss of appetite
- Extreme fatigue or tiredness
- Headache
- Body aches
- Nausea, vomiting or diarrhea

For those who have had close contact with a COVID-19 case, and have even a single symptom included above, testing is recommended.

Less common symptoms of COVID-19 infection include nasal symptoms (runny nose, sneezing, congestion and sinus involvement), conjunctivitis (pink eye), dizziness, confusion, abdominal pain, and skin rashes or discoloration of fingers or toes. Clinical judgement remains important in the differential diagnosis and work-up of individuals presenting with these symptoms (e.g., people with allergies). For more information on the diagnosis and management of COVID-19 infection, please refer to the [clinical guidelines](#) on the BCCDC website.

Children who are suspected of having [multisystem inflammatory syndrome \(MIS-C\)](#) should also be tested. Infants less than 3 months of age who are febrile, or who have suspect COVID-19 should be assessed by a health care provider. For more information on the diagnosis and management of COVID-19 infection in children, including MIS-C, please refer to the [pediatric clinical guidance](#) on the BCCDC website.

2. Consider a lower testing threshold for symptomatic individuals who:

- Are residents or staff of long-term care facilities
- Require admission to hospital or are likely to be admitted
- Are healthcare workers
- Are travellers who in the past 14 days returned to BC from outside Canada, or from an area with higher infection rates within Canada
- Are residents of remote, isolated, or Indigenous communities
- Live in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences
- Are homeless or have unstable housing
- Are essential service providers, such as first responders
- Have a chronic medical condition, are at risk for severe illness, or are immunocompromised due to medication or treatment
- Live with someone at risk of severe disease from COVID-19 infection (e.g., elderly, chronic conditions)



3. COVID-19 testing is not routinely recommended for asymptomatic individuals.

Routine COVID-19 screening of asymptomatic people is not recommended in BC (e.g., in schools, daycares, prior to surgery or other procedures, in hospitals or healthcare settings, as a condition of employment or for travel).

4. Medical Health Officers may recommend testing as part of public health investigations.

Medical Health Officers may recommend testing for individuals who are part of a public health investigation of a case, cluster or an outbreak, regardless of symptom profile.

Note: In May, the Provincial Health Officer [temporarily removed](#) the requirement for licensed practical nurses to have a client-specific order prior to performing nasopharyngeal swabs if being done as part of a screening program approved by a Medical Health Officer.

Guidance on Specimen Collection and Labelling Specimen

Adult: Nasopharyngeal (NP) Swab Specimen Collection

Collect a Nasopharyngeal (NP) Swab using the instructions provided in this video “How to perform a nasopharyngeal swab”. Note the instructions for donning and doffing of personal protective equipment (PPE).

<https://youtu.be/m8r4es548uQ> (produced by UBCENT and Providence Health Care)

Use the swab/collection device provided by your institution. The following swabs are currently validated and are available for use in BC:

- YOCON Virus Sampling Kit
- VWR Starplex Multitrans Collection Kit
- Roche cobas™ PCR Dual Swab Sample Kit[†]
- Columbia Plastics Swab Kit
- Copan™ NP swab with transport media *

[†] These swabs have limited availability. *These swabs are currently restricted to pediatric collections.

** DO NOT use the orange packaged Hologic Aptima Multitest or Unisex swabs for NP collections.

For hospitalized patients and/or patients with evidence of lower respiratory tract disease, collect a lower respiratory tract sample (e.g., sputum, endotracheal aspirate, bronchoalveolar lavage, etc.) in a sterile screw-top container **in addition to a nasopharyngeal swab**.



Pediatric: Nasopharyngeal (NP) Swab Specimen Collection

When testing is offered to children of any age, please ensure the tester is appropriately trained to perform the nasopharyngeal swab (NP) safely, and there are adequate supports available.

For older youth, please refer to the adult testing guidelines for specimen collection and labelling information.

For children and infants, collect a nasopharyngeal (NP) swab. A [video for children/families to watch](#) regarding NP swab collection can be found here.

Use the swab/collection device provided by your institution. The following swabs are currently validated for use in nasopharyngeal specimen collection in infants and young children in BC:

- Copan™ minitip swab with transport media
- BD™ minitip swab with transport media
- Roche cobas™ PCR Dual Swab Sample Kit[†]

[†] These swabs have limited availability, and should only be used if the preferred swabs are not available. For children >6 years of age, Yocon virus sampling kit is generally appropriate.

For hospitalized school-aged children and youth, collect an NP swab. For hospitalized patients with evidence of lower respiratory tract disease, collect a lower respiratory tract sample (e.g., sputum, endotracheal aspirate, bronchoalveolar lavage, etc.) if feasible in a screw-top sterile container in addition to a nasopharyngeal swab.

Saline Gargle Specimen Collection

Saline (salt water) gargle is an approved alternative to NP swab collection for outpatients who are able to follow instructions on how to swish, gargle and spit a small amount of saline. Most people 5 years of age and older are able to provide a saline gargle sample with some guidance.

The procedure for how to collect a saline gargle sample. A video demonstrating saline gargle collections for children [can be found here](#). A video demonstrating saline gargle collections for adults [can be found here](#). It is recommended that the video is reviewed and the method practiced at least two hours before going to a collection centre.

Please ensure that the individual has not eaten, had anything to drink, smoked, used a vape, chewed gum or brushed their teeth for one hour before sample collection.

Use the collection device and saline provided by your institution. The collection system is sterile and consists of a funnel attached to a 10mL collection tube with cap and 5mL of sterile saline.



Specimen Labelling

All specimens (cylindrical tube) must have an attached label with:

- Patient name
- PHN or Date of Birth (DOB)
- Specimen type (e.g., NP swab)
- Date & time of collection

Please add one of the following codes to the specimen label:

- HCW1 – Health Care Worker – Direct Care
- HCW2 – Health Care Worker – Non Direct Care
- LTC – Long Term Care Facility
- OBK – Outbreaks, clusters or case contacts
- HOS – Hospitalized
- CMM – Community or Outpatient, including Urgent and Primary Care Centres
- CGT – People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences.
- TREEPL – Tree planters
- SCHOOL – People attending school in-person including students, teachers and support staff

Requisition & Specimen Requirements

Please submit each specimen in an individual, sealed biohazard bag.

Include a paper requisition, completed in full, which clearly states the patient information, the ordering physician, and the test name (COVID-19 NAT).

Paper Requisitions are available here: [http://www.bccdc.ca/resource-gallery/Documents/Guidelines and Forms/Forms/Labs/VI Req.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/VI%20Req.pdf)

Please refer to the BCCDC Public Health Laboratory eLab Handbook under COVID-19 test for specimen requirements. <http://www.elabhandbook.info/phsa/>

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