

PHYSICIAN BEST PRACTICES: COVID-19 Rapid Antigen Testing *Prioritization in an Outpatient Setting*



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The following guidance is designed to help physicians who may be experiencing limited access to rapid antigen tests and a high volume of patients with possible COVID-19 infection.

Rapid tests are used for diagnosis of COVID-19 and for screening in high-risk situations. When used for either strategy, it is important to understand the performance characteristics of these tests. In general, the sensitivity of the tests varies by test and by where in the course of infection the person is.

These tests are more likely to be positive when the patient has a high viral load. While physicians should use their clinical judgment when employing these tests for diagnosis, in general, **testing symptomatic patients over asymptomatic patients is a more strategic use of rapid antigen tests.**¹

If the likelihood of SARS-CoV infection is high, a repeat antigen test 24-48 hours later may enhance the test performance. When rapid antigen tests are used to screen individuals for COVID-19 in [congregate housing settings](#), [nursing homes](#), or schools, commonly a serial testing strategy is employed. This repeated testing has been helpful in quickly identifying individuals with COVID-19 and preventing further transmission by expanding testing to others if needed and rapidly introducing infection prevention and control measures such as isolation.

Prioritize patients by risk, setting

When facing limited supply, testing may be most helpful if those at increased risk of severe outcomes (and where the physician is considering treatment) or those living and working in highest-risk settings are prioritized. These may include:

- Patients who are eligible for COVID-19 treatment:
 - » [Immunocompromised individuals](#); and
 - » Individuals with mild to moderate illness who are at high risk for disease progression to severe COVID-19;
- Pregnant women;
- Physicians, health care personnel, and first responders;
- Those for whom isolating away from others for 10 days is less likely or may require supportive services to facilitate isolation, such as:
 - » Those who are underhoused or experiencing homelessness;
 - » Those who live in high-density congregate settings such as college dorms, shelters, or jails;
 - » Those who work in schools; and
 - » Those who live with individuals who are immunosuppressed or at high risk for severe disease; and

- Those whose infection status may require notifying their place of employment, a congregate setting, or school/day care.

Prioritize patients by symptom status

1. Symptomatic patients: Those with COVID-19 symptoms, especially who have been exposed to someone with a confirmed infection, should be prioritized for testing over those without symptoms since there is a higher likelihood the test will yield an accurate result.
2. Asymptomatic patients with a confirmed COVID-19 exposure: [Per Centers for Disease Control and Prevention \(CDC\) guidance](#), those who have been in close contact* with someone with a confirmed COVID-19 case should be tested at least five days after exposure, regardless of vaccination status (unless they have recovered from COVID-19 in the past 90 days). While waiting to get tested, patients should quarantine away from others if not up to date on their vaccinations. Regardless of vaccination status or negative test result, patients who suspect they may have COVID-19 should be instructed to wear a mask when around others, including household members, for 10 days after exposure and to immediately isolate and seek out subsequent testing if any symptoms develop.

*Close contacts are individuals who were less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period.
3. Asymptomatic patients with no known COVID-19 exposure: Those who live in or have traveled to areas of high transmission of COVID-19 may be exposed to someone with COVID-19 without being aware. If supplies are available, rapid antigen tests may be helpful in detecting asymptomatic infections, reducing the spread of disease. However, rapid antigen tests are less likely to detect disease early in the course of infection and should not be assumed to be a definitive indication the individual does not potentially have COVID-19.

Sources:

[Interim Guidance for Antigen Testing for SARS-CoV-2 \(CDC\)](#)
[COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge \(Ontario Ministry of Health\)](#)

¹ Centers for Disease Control and Prevention. [Interim Guidance for Antigen Testing for SARS-CoV-2](#). Updated Jan. 20, 2022.