Nucleic Acid Testing (NAT) recommendations for COVID-19 in BC continue to be updated, based on the changing epidemiology of COVID-19, testing capacity, and our evolving understanding of the test sensitivity in clinical settings.

At this time, laboratory testing capacity has been increased in BC, and any physician or nurse practitioner can order a test for COVID-19 based on their clinical judgment. For some individuals and populations, the results of a COVID-19 test will change clinical or public health management. The attached recommendations for COVID-19 testing are focused on these individuals and populations.

Over the past two months, we have come to better understand COVID-19 test accuracy. We now know that false negative results can occur both early in the course of the infection as well as in severely infected patients, implying that a negative NAT does not definitively rule out COVID-19 infection.

Please note that depending on the local context and capacity, the Medical Health Officer may recommend additional COVID-19 testing for priority populations in their jurisdiction.

COVID-19 laboratory testing is recommended, for the following priority groups because the test result will change clinical or public health management.

1. Covid-19 testing is recommended for the following if they develop new respiratory or gastrointestinal symptoms, however mild. This includes fever, cough, shortness of breath, rhinorrhea, nasal congestion, loss of sense of smell, sore throat, odynophagia, headache, muscle aches, fatigue, loss of appetite, chills, vomiting, or diarrhoea:

   a. Residents and staff of Long Term Care Facilities

   b. Patients requiring admission to hospital or likely to be admitted, including pregnant individuals in their 3rd trimester, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy.

   c. Patients who are part of an investigation of a cluster or outbreak as determined by the Medical Health Officer.
2. Covid-19 testing is recommended for the following if they develop a fever (generally \(>38^\circ C\)) and new onset of (or exacerbation of chronic) cough or shortness of breath

   a. Health Care Workers

   b. Residents of remote, isolated or Indigenous communities

   c. People living and working in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors’ residences

   d. People who are homeless or have unstable housing

   e. Essential service providers (e.g. first responders)

   f. Returning travellers identified at a point of entry to Canada

In addition to these priority groups, health care providers can order a COVID-19 test for any patient based on their clinical judgment.

**COVID-19:**

**Provincial Guidance on Specimen Collection and Labeling**

**Specimen Collection**

In the outpatient setting, collect a **Nasopharyngeal (NP) Swab** using the procedure described by the New England Journal of Medicine (Collection of Nasopharyngeal Specimens with the Swab Technique):

[https://www.youtube.com/watch?v=DVJNWefmHjE](https://www.youtube.com/watch?v=DVJNWefmHjE)

Use the swab/collection device provided by your institution. The most common swab types used are the Copan Universal Transport Medium (UTM) System and BD™ Universal Viral Transport System.

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.
Specimen Labelling
All specimens (cylindrical tube) must be affixed with a label which states:

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

If applicable, please indicate one of the following codes on the specimen label to assist with processing and prioritization:

- **HCW1** – Health Care Worker – Direct Care
  - Essential service providers (incl. first responders)
- **HCW2** – Health Care Worker – Non Direct Care
- **LTC** – Long Term Care Facility
- **OBK** – Outbreak
  - Including people who are homeless or have unstable housing
- **HOS** – Hospital (Inpatient)
  - Emergency Department (with intent to admit)
  - Symptomatic pregnant woman in their 3rd trimester
  - Renal patients
  - Cancer patients receiving treatment
- **CMM** – Community (Outpatient)
  - Residents of remote, isolated or indigenous communities
  - Primary Care Centres and Doctor’s office
  - Emergency Department (non-admitted)
  - Surveillance
  - Returning travellers identified at point of entry

Please submit each specimen in an individual, sealed biohazard bag. Include a paper requisition which clearly states the patient information, the ordering physician or nurse practitioner, and the test requested (COVID-19 NAT).
