

COVID-19: TESTING INDICATIONS AND CLINICAL DECISION-MAKING ALGORITHM

INDICATIONS DE DÉPISTAGE ^{1, 2} et Appendix 2	TEST STANDARD	TEST ID NOW Appendix 3
1) For any individual with COVID-19 symptoms ^{3, 4, 5, 6} et Appendix 1 : test without delay for those aged ≥ 6 years or if the symptoms have persisted for more than 24 hours for those aged 6 months to 5 years	YES	YES
2) For any individual in close contact with a COVID-19 case	YES	YES
3) For any individual admitted to acute care (including family escort) ⁷	YES	YES if COVID-19 symptoms ^{Appendix 1}
4) Specific situation authorized by the physician on duty for Public Health	YES	YES if authorized by the physician on duty for Public Health
5) Testing in specific settings according to MSSS or RDPH directives	YES	NO
6) Program to control entry to Nunavik	YES ⁸	NO with some exceptions ⁹

APPENDIX 1: CLINICAL SIGNS COMPATIBLE WITH COVID-19 BY AGE¹⁰

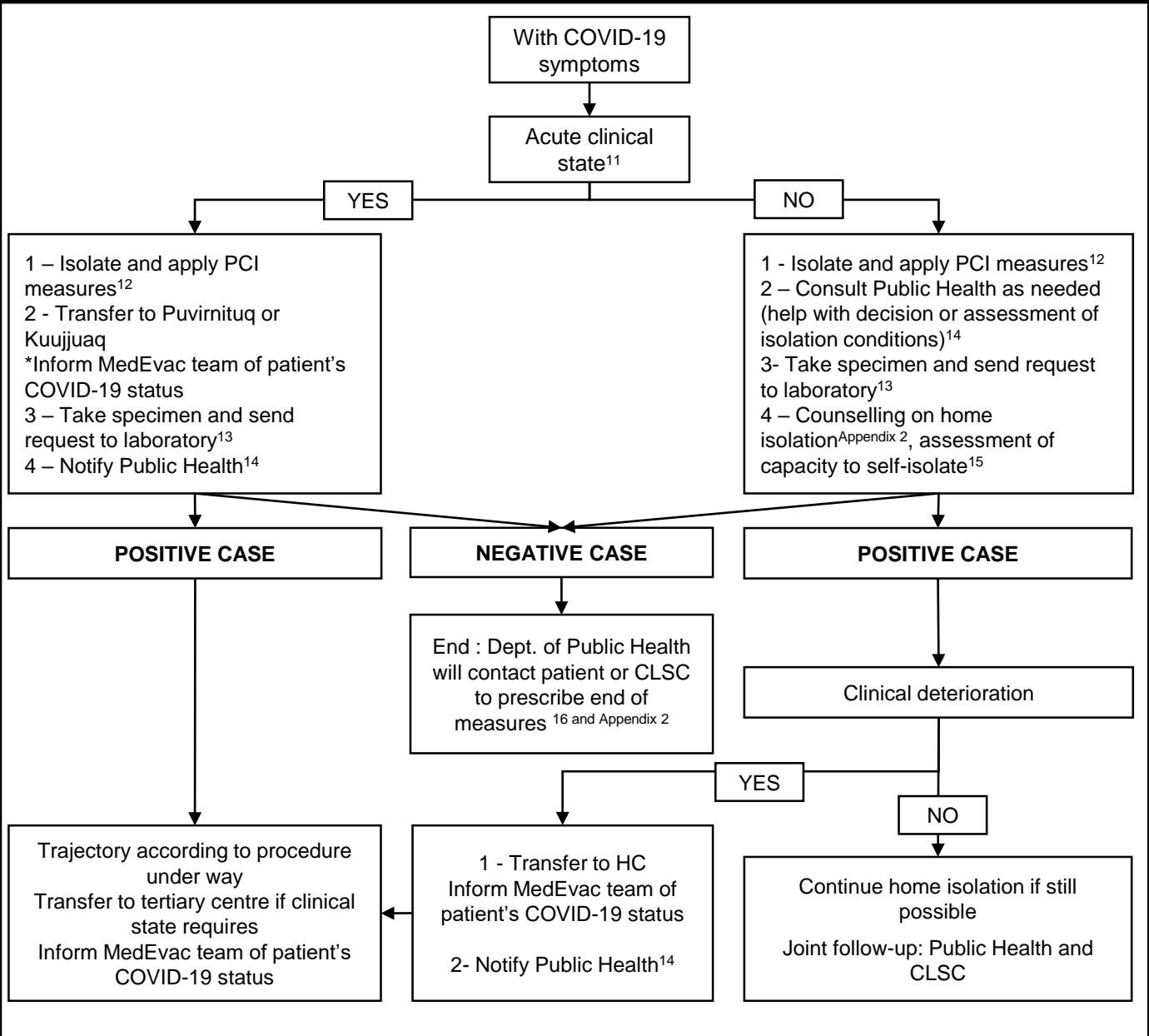
6 months to 5 years*	6 to 17 years*	Adults*
Presence of at least one of the following symptoms:		
<ul style="list-style-type: none"> Fever ($\geq 38.5^{\circ}\text{C}$ rectal) New or aggravated cough Shortness of breath Breathing difficulties Rhinorrhea, nasal congestion or sore throat AND moderate fever ($\geq 38.1^{\circ}\text{C}$ rectal) Abdominal pain, vomiting or diarrhea AND moderate fever ($\geq 38.1^{\circ}\text{C}$ rectal) 	<ul style="list-style-type: none"> Fever ($\geq 38.1^{\circ}\text{C}$ oral)** Abrupt anosmia (without nasal congestion) \pm ageusia New or aggravated cough Shortness of breath Breathing difficulties Rhinorrhea or nasal congestion Sore throat 	
	OR	
	Presence of at least two of the following symptoms***:	
	<ul style="list-style-type: none"> Headache Intense fatigue Generalized muscle pain (not due to physical effort) 	<ul style="list-style-type: none"> Major loss of appetite Abdominal pain Nausea and vomiting Diarrhea

* In the presence of **perniosis without an alternative diagnosis**, testing should be considered, particularly if symptoms compatible with COVID-19 appeared during the two weeks preceding appearance of the lesion. Consult the physician on duty for Public Health in case of doubt.

** **Elderly person:** $\geq 37.8^{\circ}\text{C}$ oral **OR** 1.1°C higher than normal for an adult.

*** **In children aged 6 to 17**, if only one symptom is observed among those that require at least two symptoms for screening (eg: headache alone), it is recommended to isolate at home for a 24h observation. After 24h, reassess symptoms. If the child doesn't have another symptom, they can resume regular activities following the recommendations in place. If another of the listed symptoms appear, remain isolated and refer for screening.

CLINICAL DECISION-MAKING ALGORITHM



¹ If the individual received a **positive result for COVID-19 within the past 90 days** and is **asymptomatic**: do not repeat the test.

If the individual received a **positive result for COVID-19 within the past 90 days** and has symptoms **compatible with COVID-19**, it is unlikely to be a new COVID-19 infection. However, as precaution, we recommend medical assessment. Consult the Department of Public Health as needed. Pending the result of the medical assessment, recommend that the individual self-isolate.

If the individual received a **positive result for COVID-19 more than 90 days ago**, follow the usual protocol.

² A post-mortem screening test is required for any death if COVID-19 cannot be excluded. Please notify the Public Health physician on duty during opening hours (or the morning after). The PH physician remains available at all times if there is a doubt on the screening necessity.

³ Testing is not advised for children under six months (barring exceptions).

⁴ **Vaccination in the regular calendar for children < 12 years:** Children frequently develop a fever after vaccination. If the fever persists for more than 24 hours or if the child was a contact of a COVID-19 case in the past 14 days, refer for testing or medical assessment.

⁵ Any individual presenting with symptoms compatible with COVID-19 must be tested. In case of refusal to be tested, recommend that the individual self-isolate for 10 days.

⁶ Notify Public Health if the person's clinical state is highly suggestive of COVID-19 (including but not limited to at least two of the following symptoms: fever, cough, breathing difficulties, anosmia ± ageusia) or is acute.

⁷ Acute care includes surgery (including outpatient surgery), medicine, geriatrics, pediatrics, psychiatry, obstetrics, pre-operation, etc.

⁸ Refer to « *Séquence de dépistage et quarantaine applicable selon le type de voyageur* ».

⁹ Exception: person who traveled urgently and who was not screened in the south before departure.

¹⁰ There is room for clinical judgment in the decision concerning testing. However, keep in mind that when community transmission is established, COVID-19 may be concomitant with any other diagnosis.

¹¹ In adults: RR \geq 24 or acute respiratory distress. Requires O₂ > 4L to maintain saturation >90%. Shock defined by SBP <90mmHg in spite of fluid resuscitation. Any other criterion deemed acute by clinician (e.g., AEC).

In children: 1) Cough/breathing difficulties AND central cyanosis/saturation <90% AA OR 2) acute respiratory distress OR 3) signs of pneumonia with alteration in general state (inability to drink, lethargy, loss of consciousness, convulsions) OR 4) any other criterion deemed acute by clinician (e.g., AEC).

<https://www.inspq.qc.ca/publications/2906-pci-soins-aigus-covid19>

¹² A patient suspected of infection with COVID-19 must be given a procedural mask and must wash hands AND the professional receiving a suspected COVID-19 case should wear personal protective equipment (PPE): visor, gown, gloves that cover wrists and procedural mask (N95 according to severity criteria or in case of a procedure that generates aerosols). Reserve impermeable gowns for situations with risk of exposure to bodily fluids (vomit). <https://www.inspq.qc.ca/publications/2906-pci-soins-aigus-covid19>

Reminder: In all the Nunavik communities, all health professionals wear a procedural mask during interactions with other personnel members and patients, within two metres, and whether contagious or not. A visor or safety goggles are required if other persons within two metres are not wearing a face covering.

¹³ Refer to « *Dernières directives concernant les prélèvements des sécrétions des voies respiratoires supérieures, par le LSPQ* ». The laboratory sent boxes for shipping specimens from the villages to the hospital (Puvirnituq or Kuujuaq). The specimen must be sent to the laboratory as quickly as possible. Be sure to send the form "*Initial assessment, report and application for a laboratory test for an individual suspected of COVID-19*" to the laboratory to ensure it has the information required for the LSPQ.

¹⁴ The Department of Public Health must be notified in case of deterioration of the patient's health, if help is required for the decision, or if the patient's isolation conditions or contacts require discussion.

Coordinates of the Department of Public Health:

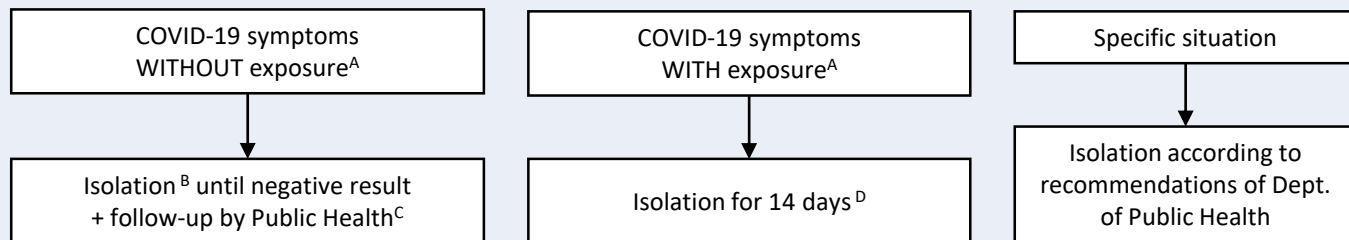
Name	Telephone	E-mail
Physician on duty	1 855 964-2244 or 1 819 299-2990	E-mail for documents only: surveillance.vigie.nrbhss@ssss.gouv.qc.ca

¹⁵ Assessment of the capacity for self-isolation includes revision and counselling based on the document «*Directions to follow for home isolation*». In case of functional or social impossibility of home isolation (access to a closed room, individual's capacity to remain isolated), consult the Department of Public Health through the COVID line for assessment. If challenges to isolation are identified (food security, family dynamics, etc.), consider recourse to Social Services.

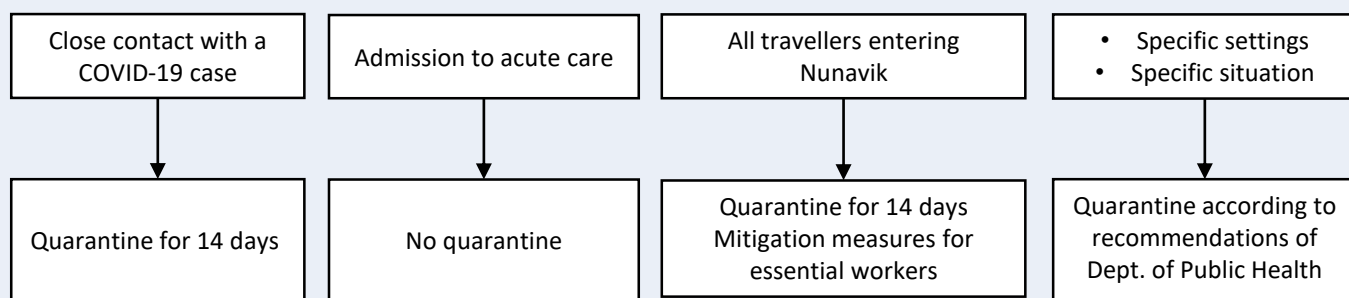
¹⁶ In case of unusual and persistent cough > three weeks, consider tuberculosis in the differential diagnosis.

APPENDIX 2: DECISION-MAKING ALGORITHM FOR ISOLATION OR QUARANTINE MEASURES

WITH COVID-19 symptoms



WITHOUT COVID-19 symptoms



^A Exposure: - travel outside the region, OR
- close contact with a COVID-19 case

^B We do not recommend isolation of household contacts of a symptomatic person WITHOUT exposure, awaiting his/her test result for COVID19.

^C For **any patient with an initial negative test and persisting symptoms**, and thus not allowed to lift isolation based on clinical improvement, consider **repeating the test after 48-72h**, before lifting isolation.

^D If the person cannot avoid contact with members of his household, they must all follow the quarantine instructions along with the person, and this for a period of 14 days.

APPENDIX 3: WHAT IS ID NOW TEST ?

The ID NOW test is a rapid test whose sensitivity is currently being validated. It is indicated in addition to the STANDARD test in certain situations to speed up intervention with a person suspected of COVID-19.

If negative result, maintain isolation until the STANDARD test result.

If positive result, notify public health as soon as possible.

It requires an additional sample (throat and 2 nostrils).

It is only possible if the following conditions are met:

- Operational platform in the community
- Availability of a health professional trained in its use.