

COVID-19 : INDICATIONS FOR TESTING AND CLINICAL DECISION-MAKING ALGORITHMS

*In the interest of simplicity, the masculine or feminine is used in this text to denote either sex.

Mitigation measures may be established depending on each community's particular situation. Thus, exceptions to the recommendations listed in this document may apply.

STEP 1

Does the patient respond to the testing indications below? If yes, go to STEP 2

TESTING INDICATIONS FOR COVID-19¹

- 1) Individual with COVID-19 symptom(s) (See below: « Clinical presentation compatible with COVID-19)
- 2) Individual admitted to hospital, including his family escort
- 3) Particular situation authorized by physician on duty for Public Health
- 4) Testing on specific settings upon directives from MSSS or Department of Public Health

CLINICAL PRESENTATION COMPATIBLE WITH COVID-19

Individuals six months or older²

Presence of one of the following symptoms :

- Fever ($\geq 38.1^{\circ}\text{C}$ oral)³
- Fever ($\geq 38.5^{\circ}\text{C}$ rectal) (rectal method is recommended for individuals aged six months to five years)
- Sudden anosmia (without nasal congestion) \pm ageusia
- Respiratory symptoms: cough (new or aggravated), shortness of breath, difficulty breathing
- Sore throat

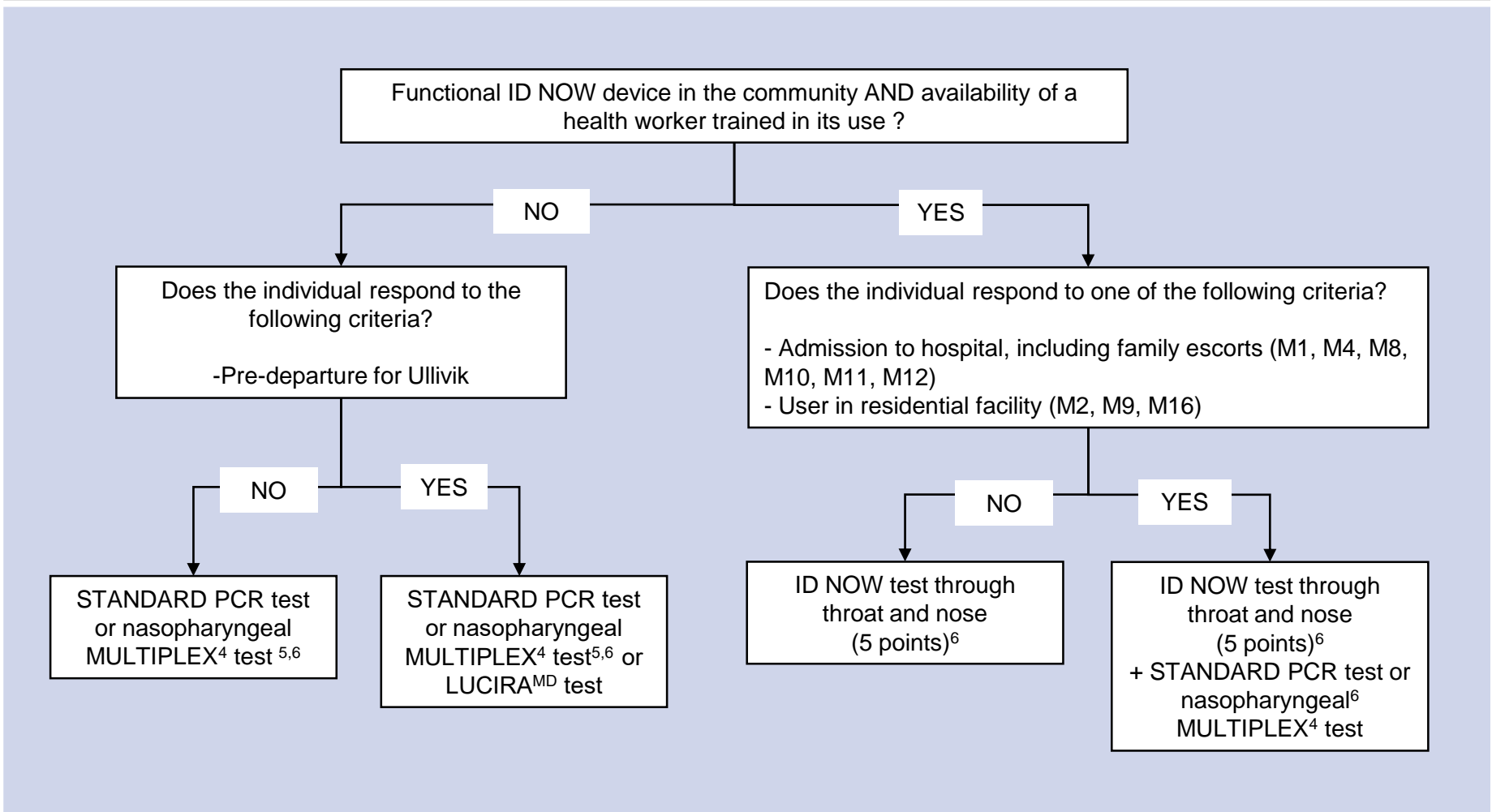
OR Presence of at least two of the following symptoms:

- Rhinorrhea or nasal congestion of unknown cause
- Headache
- Intense fatigue
- Generalized muscle pain (not due to physical effort)
- Major loss of appetite
- Abdominal pain
- Nausea and vomiting
- Diarrhea

STEP 2

What type of test and specimen is recommended for the patient? Next, go to Step 3.

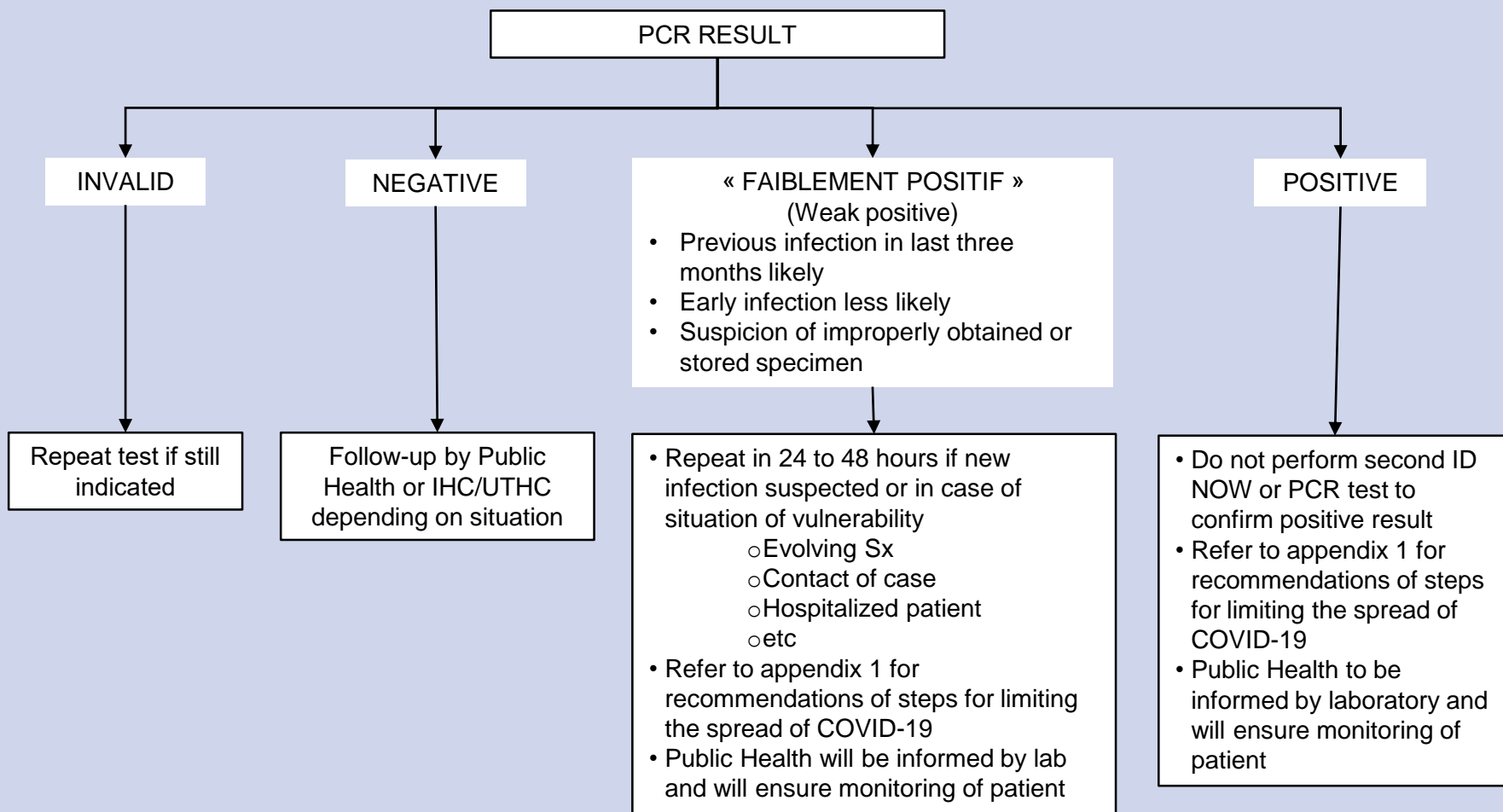
CLINICAL DECISION-MAKING ALGORITHM FOR TYPE(S) OF TEST AND SPECIMEN RECOMMENDED



STEP 3

What is the course of action according to the patient's test result?

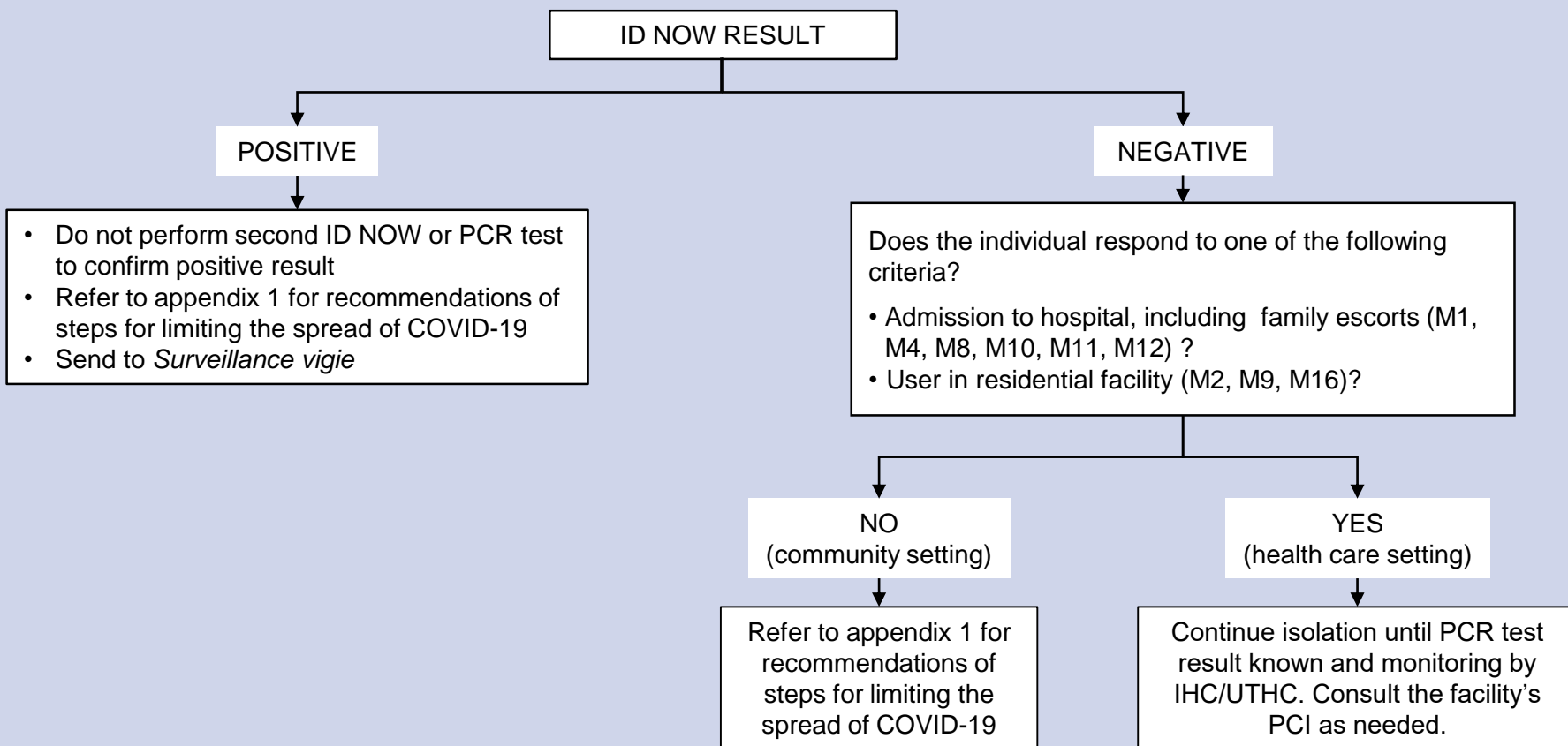
CLINICAL DECISION-MAKING ALGORITHM FOR MANAGEMENT OF RESULTS⁷



STEP 3

What is the course of action according to the patient's result?

CLINICAL DECISION-MAKING ALGORITHM FOR MANAGEMENT OF RESULT⁷



APPENDIX 1 : STEPS FOR LIMITING THE SPREAD OF RESPIRATORY INFECTIONS AND COVID-19^{8,9}

Situation	Recommendation	Steps for limiting the spread (for 10 days after the onset of symptoms)
Fever and/or altered general condition	Stay home	<ul style="list-style-type: none"> ✓ Monitor your symptoms ✓ Protect the most vulnerable¹¹ <ul style="list-style-type: none"> ✓ Cover your face ✓ Cough into your elbow ✓ Wash your hands ✓ Keep your distance, avoid non essential social gatherings and favor telework ✓ Apply recognized hygiene measures ✓ Ventilate your home well <p>For more details on how to limit the transmission of COVID-19, please visit the website Living with the virus Gouvernement du Québec (Quebec.ca)</p>
Cough, sore throat, nasal congestion (or any other symptom consistent with a respiratory infection)	Wear a mask ¹⁰ for the duration of symptoms during all social interactions (up to a maximum of 10 days)	
Positive COVID-19 test	Wear a mask ¹⁰ for 10 days during all social interactions	

APPENDIX 2 : SITUATIONS WHEN IT IS RECOMMENDED TO WEAR A MASK

People who have symptoms of a respiratory infectious disease (cough, sore throat or nasal congestion)

In busy places (except schools and daycares)

People with weakened immune systems

People who have a health condition that makes them vulnerable

People aged 60 and over

Pregnant women

In the presence of vulnerable people due to their health or age (over 60 years old)

In the presence of a baby under 3 months, except for the immediate family

Wearing a mask or a face covering is mandatory for people aged 10 years and older in several facilities where medical care is provided. For further details, consult the page [Wearing a mask or a face covering](#)

APPENDIX 3 : TYPES OF COVID-19 TESTS AVAILABLE NUNAVIK

Site	Tests	Platforms in Nunavik	Sensitivity	Specificity	Use in Nunavik	Advantages	Limits	Reminders	
In lab	PCR – NAAT in lab	GeneXpert BD Max	Very high	Very high	Health network	Reliability Volumes	Transport	See step 3 for result management	
Delocalized	Rapid tests	Molecular test	ID NOW	High	Very high	Health network	Rapidity Delocalized	HR	If positive : do not repeat a test
		Rapid antigen test (RAT) ¹²	Panbio ^{MD} BD Veritor ^{MD} BTNX ^{MD}	Medium	High	Self-test	Accessibility Rapidity	Limited sensitivity	
		Rapid PCR	Lucira ^{MD}	Very high	High	Self-test	Reliability Rapidity	Price	

APPENDIX 4 : TYPES OF TESTS RECOMMENDED ACCORDING TO PATIENT'S SITUATION

Patient's situation	RAT q 48h x2	ID NOW	PCR	LUCIRA
Patient admitted to acute care or residential facility with indication for COVID-19 testing	13	✓ ¹⁴	✓	✗
Health worker with COVID-19 symptoms	13	✓	✓	✗
Outpatient for whom COVID-19 treatment is planned	13	✓	✓	✗
Immunocompromised or vulnerable patient	13	✓	✓	✗
Outpatient with COVID-19 symptoms	✓	✓	✓	✗
User or worker of an environment in outbreak, on the recommendation of Public Health	13	✓	✓	✗
Asymptomatic individual having been in contact with COVID-19 case	13	15	15	✗
Asymptomatic health worker arriving on territory (before return to work)	13	✓	✓	✓
Patients travelling to Ullivik	13	✓	✓	✓

APPENDIX 5 : COVID-19 SYMPTOMS¹⁶ FOLLOWING VACCINATION

These recommendations apply if there has been no known contact with a COVID-19 case in the past 14 days

Inactivated vaccine (all ages)		Live attenuated vaccine (for 6 months old to 6 years old)	
Less than 48h after vaccination	More than 48h after vaccination or symptoms worsen	Symptoms appear 5 to 12 days after vaccination	
No screening	Screening	Observation for 48h	
		If symptoms resolve or improve	If symptoms persist or increase
		No screening	Screening

¹ **Individuals who are not immunocompromised and who have had COVID-19 during the past two months are considered protected and do not need to be re-tested.** However, cases of early reinfection have been reported with Omicron. If reinfection is suspected, avoid PCR and use RAT/ID NOW. Although it is not recommended to repeat a test, if the individual considered protected repeats a RAT/ID NOW in the two months after his episode and he is positive, he is considered infectious. The definition of a protected person for this purpose is :

- Person who has had a positive TDAR or NAAT or ID NOW result for COVID-19 within the last 2 months OR
- Person who has had symptoms of COVID-19 without having a RAT or NAAT AND who has had, within the 14 days prior to the onset of symptoms, a household contact or contact with a sexual partner who tested positive for COVID-19 within the past 2 months.

² For children under six months with clinical signs compatible with COVID-19:

- A. Proceed with physical assessment of the child and determine whether medical consultation is required;
- B. If the symptoms do not require medical consultation, test for COVID-19

³ For **elderly persons**: $\geq 37.8^{\circ}\text{C}$ oral **OR** 1.1°C higher than the usual temperature for an adult.

⁴ Proceed with a MULTIPLEX PCR test for any hospitalized individual with symptoms of acute respiratory infection.

Symptoms of acute respiratory infection include but are not limited to one or more of the following signs and symptoms: cough, dyspnea, expectoration, nasal congestion, rhinorrhea, sore throat, signs discovered during pulmonary auscultation or imaging, etc.

- ⁵ For the specimen technique, refer to the document on directives concerning specimens for COVID-19.
- ⁶ In certain exceptional situations where nasopharyngeal specimens are contra-indicated, it is still possible to perform a STANDARD PCR test with the gargling method. For example: obstruction of the nasal passages other than nasal congestion, recent episode of epistaxis, recent surgery on the nose or mouth.
- ⁷ Regardless of whether a result is negative or positive, if an unusual cough persists \geq three weeks, consider tuberculosis.
- ⁸ Different recommendations apply to health workers; refer to your institution's IPC and the following link: [SRAS-CoV-2: Gestion des travailleurs de la santé en milieux de soins \(inspq.qc.ca\)](#).
Different recommendations also apply to hospitalized patients, particularly for immunocompromised patients whose stay is 14-21+ days; refer to your institution's IPC and the following link: [SRAS-CoV-2: Mesures de prévention et contrôle des infections pour les milieux de soins de courte durée \(inspq.qc.ca\)](#).
- ⁹ The syndromic approach is not an incentive to stop testing for COVID-19 (and other respiratory **infections**). It is therefore still recommended that users test themselves (TDAR) or be screened (ID NOW, PCR-TAAN) for COVID-19, especially if they have never tested positive for COVID, are immunosuppressed, suffer from illnesses with a risk of complication, require antiviral treatment, or are in contact with vulnerable persons.
- ¹⁰ Children in daycare or preschool are exempt from wearing masks.
- ¹¹ The most vulnerable include but are not limited to: elderly, chronically ill, immunosuppressed, pregnant women and children under 3 months of age.
- ¹² RAT is not recommended for an asymptomatic person. RAT should be repeated 48 hours after the first test if negative.
- ¹³ RATs are not recommended for these situations. However, if the individual has taken a RAT and it turns out positive, that result is valid and does not require confirmation through another test. If the RAT result is negative, the recommendation is to use a more sensitive test, given that the RAT does not have high sensitivity.
- ¹⁴ **A negative ID NOW test should always be paired with a PCR in this situation. A positive ID NOW test doesn't need a confirmation test.**
- ¹⁵ Testing of asymptomatic contacts of a COVID-19 case is no longer strictly recommended but may be performed if an individual requests it and if the team has the capacity.
- ¹⁶ Symptoms are consistent with COVID-19 AND consistent with expected post-vaccination manifestations (e.g. fever, fatigue, muscle pain, etc.)

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