



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, according to the establishment rules
- 3) Individual travelling south to the CUSM (see the CSI memo of 02-23-2023 Tests COVID-19 pré-départ pour les usagers voyageant vers Ullivik in the tool box boîte à outils Santé respiratoire, section Directives de santé publique et communications)
- 4) Particular situation authorized by physician on duty for Public Health
- 5) 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 (≥38.1°C oral)³
- Fever (≥38.5°C rectal) (rectal method is recommended for individuals aged six months to five years)
- Sudden anosmia (without nasal congestion) ± 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





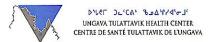




What type of test and specimen is recommended for the patient? Next, go to Step 3.

CLINICAL DECISION-MAKING ALGORITHM FOR TYPE(S) OF TEST AND SPECIMEN RECOMMENDED Functional ID NOW device in the community AND availability of a health worker trained in its use? NO YES Does the individual respond to one of the following criteria? STANDARD PCR test or nasopharyngeal MULTIPLEX4 test5,6 - Admission to hospital, including family escorts (M1, M4, M8, M10, M11, M12) - User in residential facility (M2, M9, M16) NO YES (community setting) (health care setting) ID NOW test through ID NOW test through throat and nose throat and nose (5 points)⁶ (5 points)⁶ + STANDARD PCR test or nasopharyngeal⁶ MULTIPLEX4 test

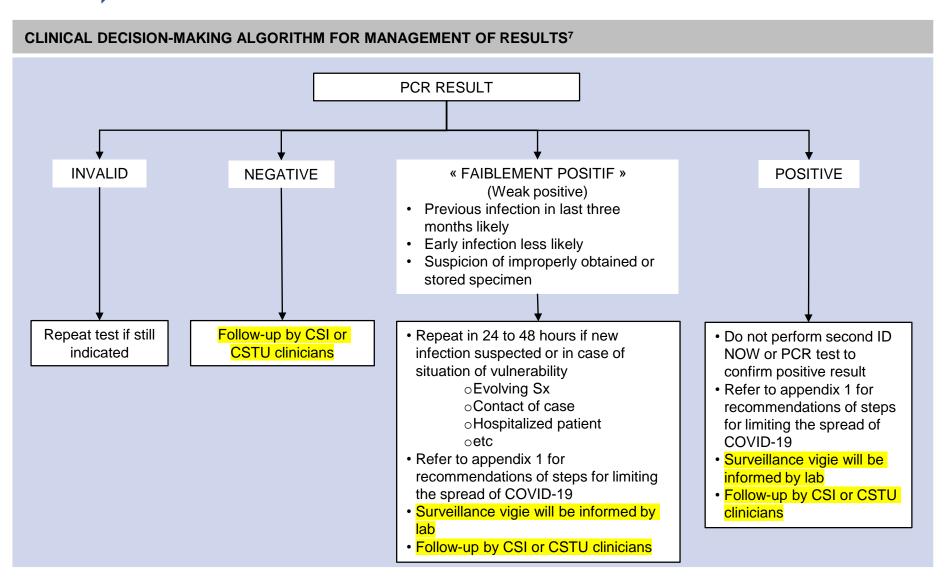








What is the course of action according to the patient's test result?



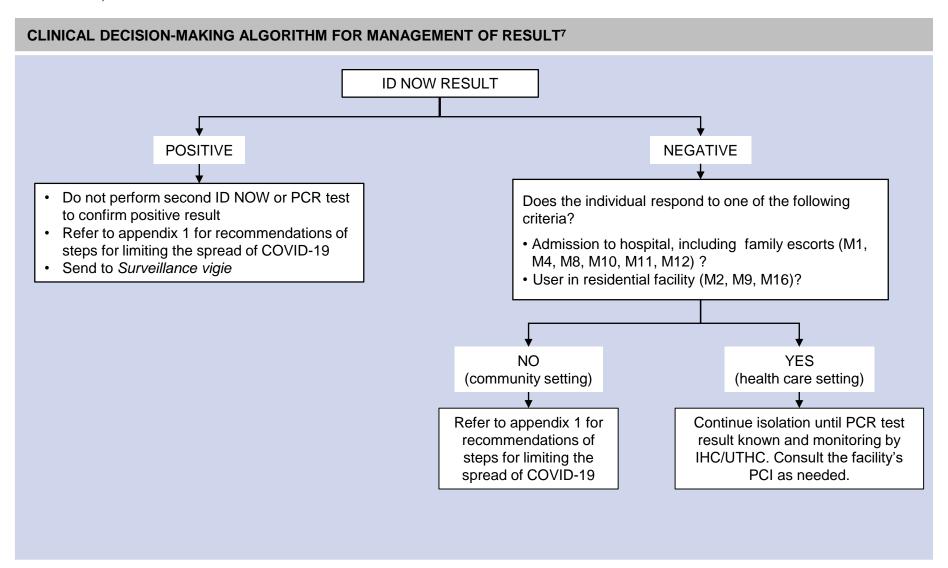




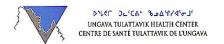




What is the course of action according to the patient's result?









APPENDIX 1: STEPS FOR LIMITING THE SPREAD OF RESPIRATORY INFECTIONS AND COVID-198,9

| Situation | Recommendation | Steps for limiting the spread (for 10 days after the onset of symptoms) | | | |
|--|---|--|--|--|--|
| Fever and/or altered general condition | Stay home | ✓ Wash your hands | | | |
| 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 | ✓ Ventilate your home well 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) | | | |

APPENDIX 2: SITUATIONS WHEN IT IS RECOMMANDED 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







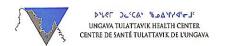
APPENDIX 3: TYPES OF COVID-19 TESTS AVAILABLE NUNAVIK

| Site | | Tests | Plateforms 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 |
| | | Molecular test | ID NOW | High | Very high | Health network | Rapidity Delocalized | HR | |
| Delocalized | Rapid tests | Rapid antigen test (RAT) ¹² | Panbio ^{MD} BD Veritor ^{MD} BTNX ^{MD} | Medium | High | Self-test | Accessibility Rapidity | Limited sensitivity | If positive : do not repeat a test |
| | | 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 | \checkmark | X |
| Health worker with COVID-19 symptoms | 13 | \checkmark | \checkmark | X |
| Outpatient for whom COVID-19 treatment is planned | 13 | \checkmark | \checkmark | X |
| Immunocompromised or vulnerable patient | 13 | \checkmark | \checkmark | X |
| Outpatient with COVID-19 symptoms | \checkmark | \checkmark | \checkmark | X |
| User or worker of an environment in outbreak, on the recommendation of Public Health | 13 | \checkmark | \checkmark | X |
| Asymptomatic individual having been in contact with COVID-19 case | 13 | 15 | 15 | X |
| Asymptomatic health worker arriving on territory (before return to work) | | \checkmark | \checkmark | \checkmark |
| Patients travelling to Ullivik | | \checkmark | \checkmark | \checkmark |





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

| | ed vaccine 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 | | |
| | Screening | Observation for 48h | | |
| No screening | | 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**: ≥ 37.8°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 ≥ three weeks, consider tuberculosis.
- ⁸ Different recommendations apply to health workers; refer to your institution's IPC and the following link: <u>SRAS-CoV-2: Gestion des</u> 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: <u>SRAS-CoV-2: Mesures de prévention et contrôle des infections pour les milieux de soins de courte durée (inspq.qc.ca)</u>.

- 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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