

TO: Vermont Health Care Providers and Health Care Facilities
FROM: Patsy Kelso, PhD; State Epidemiologist

November 2022 Update to Recommendations for COVID-19 Testing in Long-Term Care and Other Congregate Care Facilities

This is an update to recommendations for COVID-19 testing in long-term care and other congregate care facilities included in the Health Update of [July 7, 2022](#).

Testing Recommendations Upon Identification of a Symptomatic Resident or Staff Member

For All Individuals (Residents and Staff):

- **Symptomatic** staff or residents should be tested immediately, even if they have recovered from SARS-CoV-2 infection within the last 30 days.
- **Asymptomatic** staff and residents who have been exposed to an individual with COVID-19, regardless of vaccination status, should be tested:
 - 24 hours after exposure.
 - If first test is negative, test again 48 hours after the first negative test.
 - If second test is negative, test again 48 hours after the second negative test.The first test will typically be on day 1 (where day of exposure is day 0), second test on day 3, and third test on day 5.
- In general, testing is not necessary for **asymptomatic people who have recovered from SARS-CoV-2** infection in the prior **30** days but can be considered for those who have recovered in the prior 31-90 days. Use antigen tests rather than nucleic acid amplification tests (NAAT) for individuals who have recovered from SARS-CoV-2 infection in the prior 90 days.

Testing Recommendations in the Absence of Any Suspected Cases

Residents:

- In counties where [community transmission](#) rates are **high**, residents should be tested on the above schedule (days 1, 3, and 5) if they:
 - Are newly admitted.
 - Leave the facility for 24 hours or more (e.g., for family visits).
 - Attend an event that is identified as being higher risk (e.g., a large indoor event, such as a wedding).
 - Return from admission to another health care facility (e.g., they are hospitalized).

Staff:

- Routine surveillance testing of asymptomatic staff, regardless of vaccination status, is no longer required by CMS, but might still be a useful tool in detecting and preventing transmission in high-risk settings.
- Surveillance testing of asymptomatic staff without known exposure is at the discretion of the facility. The CDC no longer recommend using the vaccination status of the individual being screened when developing a surveillance testing program. However, due to increased risk of transmission between staff and patients when community transmission is elevated, and the potential increased risk for severe disease among some patient

populations, the Health Department recommends routine surveillance testing in communities with substantial to high [community transmission](#) (do not use community levels), as supplies and capacity allow. This is *not* required.

For more information, see [CMS Memo QSO-20-38-NH: Long-Term Care Facility Testing Requirements](#). This surveillance testing schedule is recommended, but not required, for facilities that are not regulated by CMS.

- Asymptomatic staff who have **ongoing close contact exposures** should be tested every 3 days for the duration of the exposure, through 5-7 days after the exposure has ended.

REQUESTED ACTIONS:

1. Follow the new recommendations regarding testing for COVID-19 outlined above.
2. If your facility is regulated by CMS, be familiar with CMS guidance regarding COVID-19 testing.
3. Consult with the Health Department if your facility is responding to SARS-CoV-2 exposure or transmission within the facility. In some circumstances, facility-wide testing might not be necessary. To reach Infectious Disease Epidemiology, email (monitored during business hours): AHS.VDHEpiCOVID19Program@Vermont.gov or call 802-863-7240.

If you have any questions, please contact Patsy Kelso at: patsy.kelso@vermont.gov.

To be removed from the HAN or have your information updated please email the Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.