



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



COVID-19: Viral Testing Guidelines for British Columbia

March 23, 2022

Guidelines for COVID-19 testing in B.C. are periodically reviewed and updated based on:

- COVID-19 epidemiology;
- New clinical information;
- Current eligibility for treatment;
- Public health measures in place;
- Testing and contact tracing capacity;
- Vaccination uptake; and
- Our evolving understanding of test performance in various settings and populations.

As a result, B.C. guidelines may differ from other national or provincial guidelines.

These testing guidelines are meant to inform most testing indications and *will likely change based on evolving local and regional individual or community settings and circumstances*, as well as the need to reflect the risk of disease and severe outcomes across a wide variety of settings.

This testing guidance does not replace the need for clinical judgment, which remains critical in determining whether a COVID-19 test should be offered to a patient. COVID-19-like symptoms are not unique and, where appropriate, testing for other infections may need to be considered.

Guidance for COVID-19 Testing

1. General guidance for people with new or worsening symptoms compatible with COVID-19:

Testing is recommended for:

A) Individuals who meet one of the following criteria:



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If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



- Individuals where testing is clinically indicated (where a positive result would impact treatment or care):
 - Hospitalized individuals of any age
 - Pregnant women/individuals
 - Individuals who may be at greater risk of developing severe disease and currently eligible for treatment:
 - Individuals who are either (a) moderately to severely immunocompromised or (b) have certain high-risk conditions, regardless of vaccination status
 - (a) Moderately to severely immunocompromised (see definitions for Clinically Extremely Vulnerable (CEV) Groups 1 and 2):
 - Have had a solid-organ transplant and are taking immunosuppressive therapy
 - Are on active treatment for a solid tumor or blood or bone marrow cancer
 - Have had a bone marrow or stem cell transplant
 - Have moderate to severe primary immunodeficiency
 - Have advanced or untreated HIV
 - Are on active treatment with immunosuppressive therapies
 - Are on dialysis and/or with severe kidney or renal disease
 - (b) High-risk conditions (see definitions for CEV Group 3):
 - Cystic fibrosis
 - Severe COPD or asthma, or another serious respiratory condition (e.g., on long-term home oxygen)
 - Diagnosed with a rare blood disorder or inborn error of metabolism
 - Splenectomy or functional asplenia
 - Insulin-dependent diabetes
 - Significant developmental disabilities
 - Neurological or other condition requiring use of a ventilator or continuous bi-PAP
 - Unvaccinated individuals:
 - Aged 50 years and older, **or**
 - Have three or more chronic conditions or co-morbidities that increase the risk of severe illness or hospitalization*, regardless of age
 - Partially vaccinated individuals (i.e. have not yet received a booster dose):
 - Aged 50–69 years **and**



- Have three or more chronic conditions or co-morbidities that increase the risk of severe illness or hospitalization*
- Aged 70 years and older **and**
 - Have one or more chronic conditions or co-morbidities that increase the risk of severe illness or hospitalization*
- Fully vaccinated individuals (i.e. have received a booster dose):
 - Aged 70 years and older **and**
 - Have three or more chronic conditions or co-morbidities that increase the risk of severe illness or hospitalization*

*E.g. obesity, diabetes, heart failure, stroke, neurological conditions

- Individuals who live or work in settings with others who are high-risk for severe illness:
 - Healthcare workers in hospitals, long-term care, assisted living or community clinics
 - First responders (police, ambulance, fire)
 - Staff and residents in congregate settings where a large proportion of the population is at risk for severe outcomes of COVID-19 such as long-term care facilities, shelters, correctional facilities and group homes¹
 - Communities with difficulty accessing testing and secondary or tertiary care such as rural, remote, and isolated or Indigenous communities or work-camps, and Indigenous people living in urban settings

AND

B) Have symptoms compatible with COVID-19:

- Fever or chills, cough (either new, or worsening/exacerbation of chronic cough), loss or change of sense or smell or taste, shortness of breath, sore throat, loss of appetite, extreme fatigue or tiredness, runny nose, sneezing, headache, body or muscle aches, nausea, vomiting or diarrhea

Testing is **not recommended** for other adults and children who develop mild symptoms. They are advised to stay home and self-isolate until they feel well enough to resume their regular activities.

¹ Congregate settings with populations not at risk for severe outcomes of COVID-19 are excluded (e.g., school dormitories)



2. Additional guidance for children

All children who are suspected of having [multisystem inflammatory syndrome \(MIS-C\)](#) should also be tested. Infants less than 3 months of age who are febrile or who have suspected COVID-19 should be assessed by a health-care provider. For more information on the diagnosis and management of COVID-19, please refer to the [clinical care guidelines](#) on the BCCDC website.

3. COVID-19 testing is not routinely recommended for asymptomatic individuals

Testing is not recommended in asymptomatic individuals outside of public health investigations and other specific circumstances.

In BC, testing is **not** available through the provincial health care system for screening for travel. One exception is asymptomatic, unvaccinated individuals who require a COVID-19 molecular test for travel for essential medical services and treatment. “Essential medical care” refers to appointments to receive medical services that are important to saving lives and improving health outcomes (see details [here](#)). For these individuals, testing as required by Transport Canada will be provided, regardless of symptoms.

4. Testing recommended by Medical Health Officers in high-risk settings or as part of a public health investigation

Testing is indicated when it changes either individual or community management. Your local medical health officer may issue region-specific recommendations based on epidemiology, vaccination rates or access to health services.

Medical health officers may also recommend testing as part of public health investigations. This may include testing of asymptomatic people who are part of a public health investigation of a case, cluster or an outbreak.

5. Rapid antigen tests

Nucleic acid amplification tests (NAAT; e.g., polymerase chain reaction or PCR) remain the most sensitive diagnostic test for COVID-19. While rapid antigen tests are less sensitive than standard NAAT tests, they provide faster results, can allow for self-testing and an increased number of individuals to be tested. Whether an individual receives a NAAT or rapid antigen test will depend on individual patient circumstances, local epidemiology, and availability of laboratory-based testing.



For more information about rapid antigen testing for COVID-19 please refer to the [BCCDC website](#).

Guidance on Specimen Collection and Labelling Specimen

Adult: Nasopharyngeal (NP) Swab Specimen Collection

Collect a nasopharyngeal (NP) swab using the instructions provided in the [How to perform a nasopharyngeal swab](#) video . Note the instructions for donning and doffing of personal protective equipment (PPE).

Use the swab/collection device provided by your institution. The following swabs are currently validated and are available for use in B.C.:

- YOCON Virus Sampling Kit
- VWR Starplex Multitrans Collection Kit
- Roche cobas™ PCR Dual Swab Sample Kit[†]
- Columbia Plastics Swab Kit
- Copan™ NP swab with transport media *

[†] These swabs have limited availability.

*These swabs are currently restricted to pediatric collections.

** DO NOT use the orange packaged Hologic Aptima Multitest or Unisex swabs for NP collections.

Pediatric: Nasopharyngeal (NP) Swab Specimen Collection

When testing is offered to children of any age, ensure the tester is appropriately trained to perform the nasopharyngeal swab (NP) safely and adequate supports are available.

For older youth, please refer to the adult testing guidelines for specimen collection and labelling information. For children and infants, collect a nasopharyngeal (NP) swab. A video for children/families to watch regarding NP swab collection can be found [here](#).

Use the swab/collection device provided by your institution. The following swabs are currently validated for use in nasopharyngeal specimen collection in infants and young children in B.C.:

- Copan™ minitip swab with transport media;
- BD™ minitip swab with transport media;
- Roche cobas™ PCR Dual Swab Sample Kit.[†]

[†] These swabs have limited availability and should only be used if the preferred swabs are not available. For children over six years of age, Yocon virus sampling kit is generally appropriate.



For hospitalized school-aged children and youth, collect an NP swab. For hospitalized patients with evidence of lower respiratory tract disease, collect a lower respiratory tract sample (e.g., sputum, endotracheal aspirate, bronchoalveolar lavage, etc.) if feasible in a screw-top sterile container in addition to a NP swab.

Saline Gargle Specimen Collection

Saline (salt water) gargle is an approved alternative to NP swab collection for individuals who are able to follow instructions on how to swish, gargle and spit a small amount of saline. Most children five years of age and older are able to provide a saline gargle sample with some guidance.

A video demonstrating saline gargle collection for children can be found [here](#). A video demonstrating saline gargle collection for adults can be found [here](#). It is recommended that the video is reviewed and the method practiced at least two hours before going to a collection centre.

Please ensure that the individual has not eaten, had anything to drink, smoked, used a vape, chewed gum or brushed their teeth for one hour before sample collection.

Use the collection device and saline provided by your institution. The collection system is sterile and consists of a funnel attached to a 10 mL collection tube with cap and 5 mL of sterile saline.

Specimen Labelling

All specimens (cylindrical tube) must have an attached label with:

- Patient name
- Personal health number or date of birth
- Specimen type (e.g., NP swab)
- Date & time of collection

If possible, please add one of the following codes to the specimen label:

- HCW1 – Health-care worker – direct care
- HCW2 – Health-care worker – non-direct care
- LTC – Long-term care facility
- OBK – Outbreaks, clusters or case contacts
- HOS – Hospitalized
- CMM – Community or outpatient, including urgent and primary care centres
- CGT – People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences
- TREEPL – Tree planters



- SCHOOL – People attending school in-person including students, teachers and support staff

Requisition & Specimen Requirements

Please submit each specimen in an individual, sealed biohazard bag.

Include a paper requisition, completed in full, which clearly states the patient information, the ordering physician and the test name (COVID-19 NAT).

[Paper requisitions are available here.](#)

Please refer to the BCCDC [Public Health Laboratory eLab Handbook](#) under COVID-19 test for specimen requirements.

