



STATE OF MICHIGAN

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GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ROBERT GORDON
DIRECTOR

MEMORANDUM

Date: May 26, 2020

To: Health Care Providers, Healthcare Facilities, Infection Prevention and Control Specialists, and Laboratory Administrators

From: Joneigh Khaldun, MD, MPH, FACEP
Chief Medical Executive and Chief Deputy for Health
Michigan Department of Health and Human Services (MDHHS)

Executive Summary

- MDHHS is substantially expanding COVID-19 testing prioritization criteria. Full criteria are listed on page two, and newly-eligible groups include:
 - Asymptomatic patients in preparation for surgical procedures, as deemed necessary by the treating clinician
 - Asymptomatic people with known exposure to a person with COVID-19, or symptoms of COVID-19
 - Asymptomatic people who work in a profession that puts them at high risk of exposure
 - Testing to increase rates per million per day in communities facing inequity in access (i.e., areas with higher proportion of racial/ethnic minorities, rural communities)
- Testing is also permissible for persons without symptoms who are prioritized by local health departments or clinicians, for any reason.
- Over 250 sites across Michigan conduct specimen collection, many at no cost to the patient. A current list of sites is attached to this memorandum, and providers can find a list of sites updated on a rolling basis at: <https://www.michigan.gov/coronavirustest>
- The Centers for Disease Control and Prevention (CDC) have issued updated recommendations for testing, specimen collection, and reporting positive test results that health care providers and local jurisdictions may wish to review.
- The CDC is not recommending using antibody testing to diagnose acute infection.
- The CDC has also updated their guidance for the Discontinuation of Isolation for Persons with COVID -19, including extending the home isolation period in the 'symptom-based strategy'.

Updated Testing Prioritization Guidelines

(Nucleic acid or antigen tests)

As the COVID-19 situation in the State of Michigan evolves, MDHHS continues to adapt resource and capacity planning to support the varied needs of our partners in healthcare and local public health organizations. Given the continued expansion of COVID-19 testing capacity in Michigan, MDHHS is aligning the COVID-19 testing prioritization criteria with the [CDC's updated recommendations](#).

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Asymptomatic infection with SARS-CoV-2, the virus that causes COVID-19, has been reported. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with other symptoms as well. Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness.

Updated MDHHS COVID-19 test prioritization criteria are as follows:

High Priority:

- Hospitalized patients with symptoms
- Any healthcare worker, first responder, or congregate care facility worker with symptoms
- Residents in any congregate care facility, including prisons and shelters, with symptoms

Priority:

- Persons with symptoms of potential COVID-19 infection, including:
 - Cough
 - Shortness of Breath
 - Fever
 - Chills
 - Muscle Pain
 - New Loss of Taste or Smell
 - Vomiting or Diarrhea
 - Sore Throat
- Asymptomatic patients in preparation for surgical procedures, as deemed necessary by the treating clinician
- Asymptomatic people with known exposure to a person with confirmed COVID-19 or symptoms of COVID-19

- Asymptomatic people living or working in a congregate care facility or other high-risk setting (i.e. nursing home, jail, prison, homeless shelter, assisted living facility, etc.) that:
 - Had a confirmed case among residents or workers
 - Is located in a region of medium risk or higher, or
 - Is receiving patients from an area of medium risk or higher
- Asymptomatic people who work in a profession that puts them at high risk of exposure, including:
 - Repeated close contact of prolonged duration with the public¹
 - Working in a high-risk profession where clusters of infections have been identified (i.e., migrant workers, food processing facilities, etc.)
 - Working in person during a period of strict social distancing (i.e., Stay Home, Stay Safe) or, in areas with some sectors re-opening, having worked in person during the period of strict social distancing
- Persons identified by clinicians or public health officials who can be tested for public health monitoring research purposes (i.e. serology, sentinel testing)
- Testing to increase rates per million per day in communities facing inequity in access (i.e., areas with higher proportion of racial/ethnic minorities, rural communities)

Permissible:

- Persons without symptoms who are prioritized by local health departments or clinicians, for any reason
- Asymptomatic people living or working in a congregate care facility or other high-risk setting (i.e. nursing home, jail, prison, homeless shelter, assisted living facility, etc.) in any region
- Asymptomatic people leaving their home for work

As a reminder, per the March 24, 2020 MDHHS Emergency Order, all CLIA-certified laboratories in Michigan are required to comply with prioritization criteria as promulgated by MDHHS. This includes Public Health, commercial, and healthcare facility laboratories.

This expanded prioritization criteria is effective immediately.

Medical providers looking to direct patients to a test site can find a current list of sites attached to this memorandum, and <https://www.michigan.gov/coronavirustest> has a list of sites updated on a rolling basis. Over 250 sites across Michigan conduct specimen collection, many at no cost to the patient. MDHHS will soon publish a list of sites that conduct testing at no cost to the patient.

¹ Please see CDC guidelines on defining exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Guidelines on Serology Testing

Serology tests look for antibodies in blood. If antibodies are found, that means there has been a previous infection. Antibodies are proteins that can fight off infections. However, it remains unknown whether antibodies made in response to COVID-19 will provide immunity, nor the length of time that a person would be immune if such a response were confirmed.

The CDC is currently not recommending using antibody testing to diagnose acute infection.

It is recommended to use a viral (nucleic acid or antigen) test to diagnose acute infection. The [FDA has provided information](#) about the appropriate uses for serology tests, which also state that they should not be used to diagnose acute COIVD-19 infection. (FDA information last updated 5/4/2020).

Because of the current uncertainty regarding what a positive serology test means, serology tests should also not be used to determine if someone should be allowed to go back to work, or to guide individual isolation or quarantine recommendations.

Guidelines on Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

MDHHS has adopted in full CDC's guidelines on when to discontinue isolation for COVID positive patients in non-healthcare settings. Full CDC guidelines are available here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

For Persons with COVID-19 Who Have Had Symptoms and are Under Isolation:

1) Symptom Based Strategy

- Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 10 days have passed since symptoms first appeared.

2) Test-based Strategy

- Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.
- Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
 - Resolution of fever without the use of fever-reducing medications and

- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

For Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:

1) Time-based Strategy

- Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
 - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
 - If they develop symptoms, then the symptom-based or test-based strategy should be used instead.
 - Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2) Test-based Strategy

- Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

For the latest information on Michigan's response to COVID-19, please visit

www.michigan.gov/coronavirus. You may also email our Community Health Emergency Coordination Center at: checcdeptcoor@michigan.gov.