Retesting not recommended as false positive likely due to viral shedding. Test only if required by state/local requirement, or other ministry-specific policy, e.g. prior to outpatient procedure.

- Reinfection is rare. Risk factors for reinfection appear to be mild initial infection, a duration of 3-4 months since initial infection, and inability to mount an immune response.
- Due to the rare nature of reinfection—consider more proximate causes (e.g. SOB due to CHF exacerbation/fluid overload, renal insufficiency with fluid overload, exacerbation of COPD)*
- If test result is positive, contact the lab to determine if cycle threshold (Ct) result is available. If yes, Ct < 33 suggests higher level of production of virus and indicator this may be reinfection**

*Assess for other causes of symptoms. Use standard precautions.

**Consult Infectious Disease

Treat as SARS-CoV-2 and use appropriate transmission-based precautions. Postpone operative procedure, if needed, until isolation can be discontinued.
Individual has had an exposure\textsuperscript{1} to COVID-19

Is this a colleague?

- NO

- YES

Follow the Colleague Exposure Assessment Tool

Is patient fully vaccinated\textsuperscript{2}?

- NO

- YES

Follow Guidance in Testing for SARS-CoV-2

Does patient have new symptoms consistent with COVID-19 or progressive worsening symptoms?

- NO

- YES

Assess for other causes of symptoms. Use standard precautions.

Perform PCR test

Test Result?

- NEGATIVE

- POSITIVE

- Consult Infectious Disease for possible new infection.

- Treat as SARS-CoV-2 and use appropriate transmission-based precautions. Postpone operative procedure, if needed, until isolation can be discontinued

\textsuperscript{1} Exposure includes prolonged contact (within 6 feet for a cumulative total of 15 minutes or more) with a person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness), or a person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation). This is irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE).

\textsuperscript{2} A person is considered fully vaccinated if it has been 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine. If it has been less than 2 weeks since the final dose of vaccine, follow the guidance in the Testing for SARS CoV-2 guidance.

\textsuperscript{3} Vaccine breakthrough is unusual. Due to the relatively rare nature of vaccine breakthrough—consider more proximate causes (e.g. SOB due to CHF exacerbation/fluid overload, renal insufficiency with fluid overload, exacerbation of COPD)*

\textsuperscript{4} If test result is positive, contact the lab to request genomic sequencing to identify possible variant as cause of breakthrough.
Patient presents with Flu/COVID Symptoms

Acute COVID-19 infection in the previous 45 days?

- Yes: No COVID-19 test needed
- No: Is Flu prevalent in the community?
  - Yes: Test for Flu
  - No: Consider Alternative Diagnosis

Is Flu prevalent in the community?

- Yes: Test for Flu and COVID-19
- No: Test for COVID-19

Note: Please follow your local/state requirements for testing if they are more stringent