

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

**June 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 [October 8, 2021](#). Facilities should continue to use viral tests (including point-of-contact tests) immediately upon identification of a symptomatic resident or staff person.

Testing recommendations are as follows:

Residents:

- Residents, regardless of vaccination status, should be tested immediately 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).
- If negative, they should be tested again 5-7 days following return to the facility.
- Asymptomatic residents who are close contacts of people with SARS-CoV-2, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection:
 - One test immediately (but generally not earlier than 24 hours after exposure)
 - If negative, test again 5-7 days after the exposure

Staff:

- Perform routine surveillance testing of **asymptomatic staff who are not up to date** with their COVID-19 vaccinations based on the level of [community transmission](#) (do not use community levels) for the county in which they are located.

COVID-19 Community Transmission	Minimum Testing Frequency
Low (blue)	Not recommended
Moderate (yellow)	Once a week
Substantial (orange)	Twice a week
High (red)	Twice a week

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.

- Any staff who are **symptomatic** should be tested immediately.
- Staff who have **individual close contact exposures** and are:
 - **Up to date** on their COVID-19 vaccinations should test immediately (but not earlier than 24 hours) after first close contact exposures and, if negative, again 5-7 days after the exposure.
 - **Not up to date** on their COVID-19 vaccinations should be excluded from work when indicated using the Health Department's [Guidance for Exclusion of Health Care Workers](#). According to the exclusion criteria, if the staff member was wearing full, task-appropriate PPE for the duration of the exposure they do not need to be excluded from work but should be tested immediately (but not earlier than 24 hours) after the first close contact exposure and, if negative, again 5-7 days after the exposure. If excluded, the staff member may return to work after day 7 following exposure if a viral test collected within 48 hours before the time of planned return to work is negative, or after day 10 following the exposure if they do not develop symptoms.
- Staff who have **ongoing close contact exposures** and are:
 - **Up to date** on their COVID-19 vaccinations could be excluded from work during their ongoing exposure, subject to the facility's needs. If these staff are not excluded, increased frequency of testing for these staff is recommended, for example, testing every 2-3 days for the duration of the ongoing exposure.
 - **Not up to date** on their COVID-19 vaccinations should be excluded from work for the duration of the exposure. Staff may return to work after day 7 following the last date of exposure if a viral test collected within 48 hours before the time of planned return to work is negative, or after day 10 following the last date of exposure if they do not develop symptoms and have not tested.
- In general, testing is not necessary for **asymptomatic people who have recovered from SARS-CoV-2** infection in the prior 90 days. However, if testing is performed, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.

If your facility has an exposure, please consult with the Health Department to develop a testing plan for your 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.

REQUESTED ACTIONS:

1. Follow the new recommendations regarding testing for COVID-19 delineated above.
2. If your facility is regulated by CMS, be familiar with CMS guidance regarding COVID-19 testing.

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.