

**Interim Ambulatory COVID-19 (SARS-CoV-2) Testing Guidelines
for Patients and Symptomatic Healthcare Personnel (HCP)
May 15, 2020 (replaces guidelines published 4/10/20)**

The primary approach for diagnosing patients with COVID-19 is based upon PCR-based nasopharyngeal swab* testing. Guidance below expands criteria for testing ambulatory patients by SARS-CoV-2 PCR and provides instruction on the use of **serological testing** in outpatients.

In general, **nasopharyngeal PCR** testing is most useful **early** in the course of disease, while **serological** testing is most useful **weeks after symptom onset**. Please see separate testing guidelines for [preprocedural](#) and [admitted patients](#).

At this time, serological testing for SARS-CoV-2 may be ordered for all patients. However, it is important to remember that because development of antibodies lags the onset of symptoms by a number of days, the results of **antibody testing early in the disease course are of limited utility**. Serological testing may provide information regarding past infection, but it is currently **unknown** whether the presence of antibodies to SARS-CoV-2 confers immunity to COVID-19. Individuals with a positive antibody to SARS-CoV-2 should still wear a face covering in public when social distancing is not possible. Healthcare workers with a positive antibody test must still wear **appropriate personal protective equipment**.

Symptomatic outpatients not known to have COVID-19:

Common symptoms of COVID-19 include fever, chills/rigors, cough, shortness of breath, and sore throat.

Less typical symptoms of COVID-19 include myalgia, diarrhea, fatigue, nasal congestion, headache, anosmia (loss of smell), and altered sense of taste.

Many patients with mild symptoms do not require in-person evaluation for COVID-19 or PCR testing for SARS-CoV-2 and can be managed at home. SARS-CoV-2 PCR testing via nasopharyngeal swab may be considered for any ambulatory patients with symptoms consistent with COVID-19, but testing should routinely be performed in situations in which the results would substantially affect the patient's management. Thus, **PCR testing is strongly recommended for symptomatic patients** with any of the criteria listed below:

- Patients presenting for emergency room care who do not require admission and are being discharged
- Patients for whom results would impact their ability to get urgent clinical care (e.g., chemotherapy or radiation oncology)
- Immunocompromised individuals (e.g., transplant recipients or pregnant individuals)
- Individuals working, residing, or receiving care in skilled nursing facilities or other congregate settings (e.g., dialysis)
- Healthcare workers and first responders (NYP employees should also contact WHS hotline)

Because the detection of measureable antibody lags the onset of symptoms by a number of days, **SARS-CoV-2 serology is not likely to be useful in this clinical setting.**

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Patients previously diagnosed with COVID-19 OR with previous symptoms consistent with COVID-19:

For most patients, obtaining a **repeat nasopharyngeal swab for PCR** to assess for clinical cure is **not necessary** in the ambulatory setting. In certain situations, repeat swabs may be obtained in order to discontinue transmission-based precautions (e.g., transplant recipients) or to facilitate transfer to a nursing home (see [Interim Guidance for Hospital Discharge, Discontinuing Home Isolation, and Transmission Based Precautions in the Ambulatory Setting for Patients with Confirmed or Suspected COVID-19](#)).

Serological testing of outpatients may be considered for individuals who have recovered from suspected or confirmed COVID-19. Patients should be counseled that if the test is sent too soon after symptom onset, it is possible that a negative result may represent a false negative result because antibodies have not developed yet. Additionally, it is currently not known whether the presence of antibodies to SARS-CoV-2 confers immunity to COVID-19.

Asymptomatic outpatients:

SARS-CoV-2 PCR testing is **NOT** recommended at this time prior to, or during, routine office and clinic visits. SARS-CoV-2 PCR screening via nasopharyngeal swab is recommended for patients undergoing ambulatory procedures in which aerosols may be generated (see [Interim COVID-19 Testing Guidelines for Surgical and Other Pre-procedural Patients](#)).

Serological testing of outpatients may be considered for individuals who do not have a history of suspected or confirmed COVID-19. Patients should be counseled that it is currently not known whether the presence of antibodies to SARS-CoV-2 confers immunity to COVID-19.

*See [COVID-19 Testing: Nasopharyngeal Swab Specimen Collection](#) for instructions on specimen collection.