



State of California—Health and Human  
Services Agency  
**California Department of  
Public Health**



**GAVIN NEWSOM**  
Governor

May 2, 2020

AFL 20-44.1

**TO:** All Facilities

**SUBJECT:** Expanding Access to Testing: Updated Interim Guidance on Prioritization for Coronavirus Disease 2019 (COVID-19) Laboratory Testing  
(This AFL supersedes guidance provided in AFL 20-44)

**All Facilities Letter (AFL) Summary**

- This AFL informs health facilities of the availability of both Polymerase Chain Reaction (PCR) and serology testing for COVID-19 across California hospital, academic, commercial, and public health laboratories.
- This interim guidance supports the local public health department, health care providers, and laboratories in determining prioritization of specific groups for PCR molecular testing
- This AFL modifies the guidance provided in AFL 20-44, changing the four priority levels to two tiers and provides guidance for quarantine/Isolation.

Testing for Coronavirus Disease 2019 (COVID-19), both PCR and serology, is becoming more readily available at hospitals, academic, commercial, and public health laboratories across California. Governor Newsom and the Testing Task Force are committed to rapidly expanding testing across California, ensuring that more Californians get tested. Expanded testing will help protect all Californians, including racial and ethnic populations known to be disproportionately at risk for severe COVID-19 disease and allow us to better understand the spread of COVID-19 in our communities.

This interim guidance is intended to support public health officials, health care providers, and laboratories in determining prioritization of specific groups for PCR molecular testing when testing availability is limited.

The guidance will be reassessed weekly based on California's evolving situation and input from stakeholders. Please check the California testing taskforce website weekly to keep apprised of the most current prioritization suggestions. The prioritization categories below are suggestions to support sequential expansion of testing availability and should not supersede the recommendations of a clinician or local health officer. As testing capacity increases, testing should expand accordingly at the discretion of the Local Health Officer.

**Tier 1**

Testing Modality: PCR with or without Serology

- Hospitalized patients
- Symptomatic and asymptomatic healthcare workers, first responders, and other social service employees
- Symptomatic persons >65 years of age OR any age with chronic medical conditions that increase the risk of severe COVID 19 illness

- Persons identified for testing by public health contact investigations and disease control activities in high risk settings
- Screening of asymptomatic residents or employees of congregate living facilities including:
  - After positive cases have been identified in a facility
  - Prior to resident admission or re-admission to a facility
- Symptomatic and asymptomatic persons in essential occupations
  - E.g., utility workers, grocery store workers, food supply workers, other public employees

## **Tier 2**

Testing Modality: PCR with or without Serology

- Lower risk symptomatic and asymptomatic persons

## **Community Surveillance**

Test Modality: PCR or Serology

- Surveillance testing of asymptomatic persons as part of community or regional surveillance programs.

**Note:** All testing should be accompanied by a seamless plan for follow-up of disclosure of test results and linkage to care. Testing of asymptomatic persons in health care, occupational and congregate settings is not a requirement, but may be done if needed to control or prevent the spread of COVID-19. Additionally, in congregate settings decisions should be made for how results will be used for infection control, resident placement, staff and resident cohorting, continuity of care when residents are transferred to other congregate settings, and frequency of repeat testing of residents and staff who test negative.

## **Quarantine/Isolation**

Ill persons should stay home and away from others until there has been no fever without the use of fever-reducing medications, there has been improvement in respiratory symptoms (e.g., cough, shortness of breath) for at least 3 days; AND it is at least 10 days since symptoms first appeared, i.e., the minimum length of time will be 10 days.

The above recommendations are current as of the release of this AFL, it is important for facilities to monitor the testing taskforce website for the most up to date testing prioritization recommendations. If you have any questions about this AFL, please contact the CDPH Duty Officer at [CDPHDutyOfficer@cdph.ca.gov](mailto:CDPHDutyOfficer@cdph.ca.gov).

Sincerely,

**Original signed by Heidi W. Steinecker**

Heidi W. Steinecker

Deputy Director

## **Resources:**

- California Testing Task Force website
- Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for COVID-19
- CDPH COVID-19 Guidance Documents
- CDPH Community Outreach Resources & Communications: Coronavirus Disease 2019 (COVID-19)
- CDPH All Facilities Letters



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