What are the different types of tests available for COVID-19?

PCR Testing for a current infection

- Checks samples from the respiratory system for genetic material of the virus to diagnose a current COVID-19 infection.
- Results are only valid for the day the individual was tested.
- A negative test result means the individual did not have the virus at the time of testing or the individual was recently infected, and the sample was collected too early. Individuals can also be exposed to, and get COVID-19, after a test. If symptoms develop later, individuals may need to be tested again.
- Administered via a nasopharyngeal swab, nasal swab or saliva sample:
    - Nasopharyngeal swab involves passing a small swab through the nose and into the space behind nose for 15 seconds. The swab is placed in a sterile container and sent to a lab for testing. This is the most accurate way to be tested.
    - Nasal swab involves placing a 6-inch long swab into each nasal cavity and rotating for 15 seconds. The swab is placed in a sterile container and sent to a lab for testing.
    - Saliva testing involves collecting an individual's saliva in a sterile container and sending it to a lab for testing.

Rapid Antigen Testing for a current infection

- Checks samples from the respiratory system for the presence of proteins associated with the virus to diagnose a current COVID-19 infection.
- Antigen tests can provide results in approximately 15 minutes, but these tests may not detect all infections, as they work differently than PCR tests.
- A negative test result could mean:
    - the individual did not have the virus at the time of testing, or the individual was recently infected, and the sample was collected too early. Individuals can also be exposed to and get COVID-19, after a test. If symptoms develop later, individuals may need to be tested again, or,
    - the test result was a false negative (i.e., a negative result when a person is actually infected). Antigen tests are not as sensitive as molecular viral (PCR) tests, meaning there is a higher chance of false negative results. Thus, it may

be necessary to conduct a PCR confirmation test, especially when the symptoms do not match with the result.

- A positive test could mean:
    - the test reacted with something in the sample and caused a positive result. This happens in about 3-5% of all rapid antigen tests run in patients who are not infected.
    - the patient is infected with COVID-19.
- Results are only valid for the day the individual was tested.
- Employers should work closely with their state or local health department and healthcare providers to determine when follow-up testing using PCR tests is warranted.
- Administered via nasopharyngeal swab or nasal swab:
    - Nasopharyngeal swab involves passing a small swab through the nose and into the space behind nose for 15 seconds. The swab is placed in a sterile container and sent to a lab for testing.
    - Nasal swab involves placing a 6-inch long swab into each nasal cavity and rotating for 15 seconds. The swab is placed in a sterile container and sent to a lab for testing.
    - Saliva is not currently FDA approved for antigen testing.

Antibody Testing for a past infection

- Checks the blood for antibodies, which may tell if an individual had a past infection.
- Cannot identify whether an individual is currently infected.
- A positive result likely means an individual was infected with COVID-19 at some point within the last 3 months.
- Can take 10-14 days after symptoms occur for the body to make antibodies.
- Antibody levels have been found to drop significantly within 2-3 months.

How long does it take to get test results to find out if an individual currently has COVID-19?

Some viral tests are point-of-care tests with results available at the testing site in less than an hour. Other tests must be sent to a lab and results are available in 1-3 days. Some areas experience a high demand for testing, which can cause a delay in results.

How can employers determine the best option for testing their employees?

Employers can direct employees to their healthcare provider for testing. If employees do not have a healthcare provider, they can call 211, go to a local community testing site, or establish care with a healthcare provider. Testing at these sites is provided at no cost. Some locations may require a doctor's note or appointment to receive a test. Individuals who are

insured should be encouraged to seek testing through their healthcare provider. Visit your state or local health department's website to look for the latest local information on testing.

What type of employees should be prioritized for routine testing?

Decisions about testing are made by state and local health departments or healthcare providers. Determinations for testing are continuously evaluated.

Anyone with symptoms of COVID-19 should be tested. Additional considerations for who should get tested may include:

- People who have had close contact (within 6 feet of an infected person for at least 15 minutes) with someone with confirmed COVID-19

- People who have been asked or referred to get testing by their healthcare provider, or state and local health department.

- People who work with the elderly in nursing homes.

If you get tested, you should self-quarantine/isolate at home pending test results and follow the advice of your healthcare provider or a public health professional.

Should an employee who tested positive be required to re-test and have a negative test result prior to being allowed to return to work?

No. Most people do not require testing to determine whether they can return to work. According to the Centers for Disease Control and Prevention, employees who had COVID-19 symptoms can return to work when it has been:

- 10 days since symptoms first appeared **and**

- 24 hours with no fever without the use of fever-reducing medications **and**

- Other symptoms of COVID-19 are improving*

Loss of taste and smell may persist for weeks/months after recovery and alone are not a reason to extend isolation

People who tested positive but **never** developed symptoms can return to work 10 days after a positive test.

These recommendations **do not** apply to individuals with a severe case of COVID-19 or with severely weakened immune systems. Please note, there may be cases when a healthcare provider recommends repeat testing. The local health department will advise on return to work.

Are there enough tests available in Wisconsin?

COVID-19 testing capacity differs by location. Decisions about testing are made by state and local health departments or healthcare providers. Visit your [state](#) and [local](#) health department's website for the latest information on testing.

Should employees get a seasonal flu vaccine?

Influenza, also known as the flu, and COVID-19 are both contagious respiratory illnesses caused by different viruses. COVID-19 is caused by a new coronavirus called SARS-CoV-2. The flu is caused by any variety of different types and strains of the influenza virus. Both viruses spread through respiratory droplets made when ill individuals cough, sneeze, talk or sing. These droplets can be transmitted through the air and can collect on surfaces. Both can be prevented by wearing masks, maintaining hand hygiene, staying home when sick, physical distancing, and limiting contact with sick individuals.

A flu vaccine is the best way to lower an individual's chances of getting the flu and spreading it to others. People are encouraged to get vaccinated every year. If more than 40% of Wisconsinites received the vaccine each year, communities would see less transmission of the flu and fewer serious complications. Employees should consider getting a flu shot in the fall as soon as it is available.