

# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

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## Coronavirus Disease 2019 (COVID-19) Outbreak, Update # 23 *Antigen Testing Updated Recommendations*

### Key Points and Recommendations:

- NH DPHS continues to recommend that schools and businesses exclude persons with new or unexplained symptoms of COVID-19, even mild symptoms (e.g., rhinorrhea, nasal congestion, etc.), and that such persons be tested for COVID-19 using a PCR or antigen test.
  - NH DPHS has released a [letter for healthcare providers](#) which discusses NH data on symptoms in children and teenagers with COVID-19, and explains the rationale behind our exclusion and testing guidance.
- Multiple [antigen-based tests](#) are available for rapid diagnosis of COVID-19 under the Food and Drug Administration (FDA) Emergency Use Authorization (EUA). See the **updated table** below for a summary of the different tests and characteristics, including links to manufacturer instructions.
- We continue to recommend that antigen testing be used primarily in outpatient/ambulatory persons with [symptoms of COVID-19](#) for diagnostic purposes in order to minimize the risk of false-positive results. For symptomatic people tested with an antigen-based test within the appropriate time frame (as shown in the table):
  - A positive antigen test result in a symptomatic person should be treated as true-positive and does not require PCR confirmation.
  - Because antigen tests have lower sensitivity than PCR, clinicians should use clinical judgement when deciding whether to confirm a negative antigen test in a symptomatic patient with a PCR-based test. We recommend reflexing to PCR:
    1. In high-risk or high-consequence settings (e.g., hospitals, long-term care facilities, etc.). This is consistent with CDC's [considerations for use of antigen testing in nursing homes](#).
    2. When there is high suspicion for COVID-19, particularly in symptomatic individuals reporting close contact to someone with COVID-19 or who report specific symptoms of COVID-19 (e.g., loss of taste or smell).
  - A negative antigen test result in a symptomatic person in low-risk outpatient settings such as school or non-healthcare work does not require PCR confirmation, and the individual can return to school or work once they are also fever-free (off fever reducing medications) and other symptoms are improving for at least 24 hours (i.e., typical pre-pandemic exclusion recommendations).
- We do not recommend routine use of antigen diagnostic testing for asymptomatic persons due to limited data and presumed lower sensitivity and specificity (resulting in false negatives and positives). However, there are settings where antigen testing in asymptomatic individuals may occur as organizations work with public health to control spread of COVID-19, including in LTCFs (due to federal roll-out of antigen tests to these organizations); State-sponsored screening/surveillance programs; sports-related testing requirements (e.g., hockey); and outbreak/exposure response. For asymptomatic people tested with an antigen-based test:

- Any positive test should be confirmed with a PCR-based test as soon as possible after the positive result, ideally within 24 hours, but no longer than 48 hours after the initial positive. Any positive antigen test should be immediately reported to public health and the individual should be instructed to isolate pending PCR confirmation.
- A negative test does not need PCR confirmation, especially if serial testing is being conducted.
- Most point-of-care tests are not automatically reported to NH DPHS. See NH [HAN Update #22](#) for new antigen test reporting requirements and processes.

**Updated Table:** Comparison of Antigen Diagnostic Tests for SARS-CoV-2 which Have [Received Food and Drug Administration \(FDA\) Emergency Use Authorization \(EUA\)](#)

Test Name	Manufacturer	Specimen Types	Maximum Time Frame to Test After Symptom Onset	Positive Agreement (compared to RT-PCR)	Negative Agreement (compared to RT-PCR)	Manufacturer Instructions
CareStart COVID-19 Antigen Test	Access Bio, Inc.	NP Swab	5 days	88.4%	100%	<a href="#">Package Insert</a>
BinaxNOW COVID-19 Ag Card	Abbott Diagnostics Scarborough, Inc.	Nasal Swab	7 days	97.1%	98.5%	<a href="#">Package Insert</a>
LumiraDx SARS-CoV-2 Ag Test	LumiraDx UK Ltd.	Nasal Swab	12 days	97.6%	96.6%	<a href="#">Package Insert</a>
BD Veritor System for Rapid Detection of SARS-CoV-2	Becton, Dickinson (BD) and Company	Nasal Swab	5 days	84%	100%	<a href="#">Package Insert</a>
Sofia 2 Flu + SARS Antigen FIA	Quidel Corporation	NP or Nasal Swab	5 days	95.2%	100%	<a href="#">Package Insert</a>
Sofia SARS Antigen FIA	Quidel Corporation	NP or Nasal Swab	5 days	96.7%	100%	<a href="#">Package Insert</a>

**NP:** nasopharyngeal; **RT-PCR:** reverse transcription polymerase chain reaction

**Communication and Partner Engagement:**

- Webinar for **long-term care facilities (LTCFs)** and **congregate living settings** every **Wednesday** from **11:45 – 1:00 pm**:
  - Zoom link: <https://zoom.us/j/511075725>
  - Call-in phone number: (929) 205-6099
  - Meeting ID: 511 075 725
  - Password: 092020
  
- Webinar for **school partners** every **Wednesday** from **3:30 – 4:30 pm**:
  - Zoom link: <https://nh-dhhs.zoom.us/j/98062195081>
  - Call-in phone number: (646) 558-8656
  - Meeting ID: 980 6219 5081
  - Password: 197445
  
- Webinar for **healthcare providers** and **local partners** every **Thursday** from **12:00 – 1:00 pm**:
  - Zoom link: <https://zoom.us/s/94841259025>
  - Call-in phone number: (646) 558-8656
  - Meeting ID: 948 4125 9025
  - Password: 003270

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to [DHHS.Health.Alert@dhhs.nh.gov](mailto:DHHS.Health.Alert@dhhs.nh.gov).

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From: Benjamin P. Chan, MD, MPH, State Epidemiologist  
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

**Attachments:** None