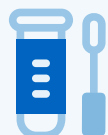


When **capacity is limited**, who should be tested for SARS-CoV-2?

Prioritization



Strongly recommend to test*.



Recommend to test*.

If testing is not available, register as a suspected case and isolate.



Test* a subset of the cases.

Consider all other symptomatic individuals as probable cases and isolate.



Testing* is lowest priority / not required.

Population Groups



- Symptomatic health or care worker with no known COVID-19 contact
- Individual meeting case definition for COVID-19, requiring admission to health care facility
- Symptomatic health or care worker identified as a contact
- Individual meeting case definition for COVID-19 with mild disease without underlying health conditions.
- Increased number of suspected cases in a specific group (potential cluster)
- Symptomatic individuals in closed settings, including schools, hospitals and long-term living facilities
- Asymptomatic contacts of confirmed or probable cases
- Recovering patients
- Other asymptomatic individuals

*Testing can be done using nucleic acid amplification test (NAAT) or Ag-RDTs. NAAT is the reference standard but Ag-RDTs are a crucial tool used to increase access to testing. Ag-RDTs may be used to test for SARS-CoV-2 without the need to confirm the result using NAAT.

WHO isolation recommendations:

<https://www.who.int/news-room/commentaries/detail/criteria-for-releasing-covid-19-patients-from-isolation>

WHO considerations for quarantine of contacts: <https://www.who.int/publications/i/item/WHO-2019-nCoV-IHR-Quarantine-2021.1>

For more information see WHO guidance June 2021: <https://www.who.int/publications/i/item/WHO-2019-nCoV-lab-testing-2021.1-eng> and Oct 2021: <https://www.who.int/publications/i/item/antigen-detection-in-the-diagnosis-of-sars-cov-2-infection-using-rapid-immunoassays>