



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

MEMORANDUM

Date: June 10, 2020

To: Health Care Providers, Healthcare Facilities, Infection Prevention and Control Specialists, Laboratory Administrators, and Local Health Departments

From: Joneigh Khaldun, MD, MPH, FACEP
Chief Medical Executive and Chief Deputy for Health
Michigan Department of Health and Human Services (MDHHS)

Executive Summary

- The Michigan Department of Health and Human Services (MDHHS) is issuing recommendations regarding the cadence of repeated testing for high-risk populations and/or settings, in an ideal scenario where sufficient testing capacity available.
- To help meet the level of testing envisioned in these recommendations, MDHHS is also publishing information regarding:
 - COVID-19 test sites that provide services at no cost to the patient and have capacity to serve more people; and
 - Laboratories with COVID-19 testing capabilities, supplies, and capacity to partner with new entities for specimen collection
- MDHHS provides this information to help ensure maximal use of COVID-19 testing resources and to facilitate connections between available laboratory capacity, test site capacity, and groups of individuals that may need testing.
- MDHHS is also using simplified messaging to promote testing among the public:
 - If you feel sick, get tested
 - If someone close to you feels sick, get tested
 - If you work outside the home, get tested

Guidelines on Repeated Testing for High-risk Populations

(Nucleic acid or antigen tests)

To inform the planning of local health departments, employers, congregate care facilities, and the general public, MDHHS is issuing recommendations for the ideal frequency of testing in key populations based on risk of exposure to COVID-19 and risk of severe outcomes.

These guidelines reflect an ideal scenario where needed supplies are fully available and are intended to provide broad coverage of testing to rapidly identify cases, including asymptomatic cases. This guidance, and related guidance from the Centers for Disease Control and Prevention

(CDC), may be adapted by local health departments to respond to local circumstances and testing availability. Clinicians should continue to use their judgment to determine whether a patient should be tested.

These guidelines do not change or supersede MDHHS's current testing prioritization criteria (reproduced at the end of this memorandum). Rather, they provide additional information on how frequently testing may be prudent for individuals in various criteria categories.

Testing Recommended Statewide

One-time testing, as needed

- Anyone with COVID-19 symptoms, including mild symptoms
- Case contacts without symptoms
- At intake to any group living or congregate care setting, even without symptoms
- At intake to a hospital in preparation for surgical procedures, even without symptoms, as deemed necessary by treating clinician
- Testing for public health monitoring purposes (e.g., sentinel surveillance testing)
- Testing to increase rates per million per day in communities facing inequity in access (i.e., areas with higher proportion of racial/ethnic minorities, rural communities)

Recurring testing

- In any group living or congregate care setting with one or more associated COVID-19 cases (weekly testing recommended until 14 days after last new positive case identified)

Post-symptomatic testing

- Anyone with symptoms: two tests, separated by 24 hours, if a testing-based strategy is used to leave isolation

Repeated Testing Recommended Only in Areas of Medium or High Risk

(as indicated by [MI Safe Start Map](#). All groups below reference asymptomatic individuals)

Weekly testing

- Congregate care staff (e.g., skilled nursing facilities, nursing homes, adult foster care)
- First responders

Biweekly testing

- Homeless shelters
- Jails
- Health workers
- Workers with high risk of exposure, including:
 - Repeated close and prolonged contact with the public¹
 - Working in a high-risk profession where clusters of infections have been identified (i.e., migrant workers, food processing facilities, animal husbandry, etc.)
 - Working in person during a period of strict social distancing (i.e., Stay Home, Stay Safe)

Test Sites Providing Services at No Cost to Patients

¹ Please see CDC guidelines on defining exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

To help individuals and organizations access testing as needed, MDHHS has compiled a list of test sites offering services at no cost to the patient, including individuals without insurance. Many of these sites have capacity to serve more patients each day.

Please visit michigan.gov/coronavirustest for a [list of test sites offering no cost testing](#) that will be updated as conditions evolve over time.

Laboratories with Capacity to Conduct More Tests

MDHHS is regularly in touch with laboratories with capability to conduct COVID-19 testing. Several laboratories in Michigan can conduct COVID-19 testing and have the supplies and laboratory capacity to process more tests per day than they currently do.

These laboratories may be willing to partner with new medical providers or congregate care facilities to accept COVID-19 patient specimens. Please note that laboratories typically provide specimen collection materials as part of such an arrangement and medical providers typically face no cost for sending specimens to these laboratories (rather, laboratories bill patient insurance for remuneration).

Please visit michigan.gov/coronavirustest for an up-to-date [list of laboratories with COVID-19 testing capabilities and capacity to partner with new entities](#) for specimen collection.

COVID-19 Test Prioritization Criteria

Please find below the COVID-19 test prioritization criteria currently in effect.

High Priority:

- Hospitalized patients with symptoms
- Any healthcare worker, first responder, or congregate care facility worker with symptoms
- Residents in any congregate care facility, including prisons and shelters, with symptoms

Priority:

- Asymptomatic patients in preparation for surgical procedures, as deemed necessary by the treating clinician
- Asymptomatic people with known exposure to a person with confirmed COVID-19 or symptoms of COVID-19
- Asymptomatic people living or working in a congregate care facility or other high-risk setting (i.e. nursing home, jail, prison, homeless shelter, assisted living facility, etc.) that:
 - Had a confirmed case among residents or workers
 - Is located in a region of medium risk or higher, or
 - Is receiving patients from an area of medium risk or higher

- Asymptomatic people who work in a profession that puts them at high risk of exposure, including:
 - Repeated close contact of prolonged duration with the public²
 - Working in a high-risk profession where clusters of infections have been identified (i.e., migrant workers, food processing facilities, etc.)
 - Working in person during a period of strict social distancing (i.e., Stay Home, Stay Safe) or, in areas with some sectors re-opening, having worked in person during the period of strict social distancing

Permissible:

- Persons without symptoms who are prioritized by local health departments or clinicians, for any reason
- Asymptomatic people living or working in a congregate care facility or other high-risk setting (i.e. nursing home, jail, prison, homeless shelter, assisted living facility, etc.) in any region
- Asymptomatic people leaving their home for work

For the latest information on Michigan's response to COVID-19, please visit www.michigan.gov/coronavirus. You may also email our Community Health Emergency Coordination Center at: checcdeptcoor@michigan.gov.

Attachment

Testing Priority Strategy Grid (provides additional detail on testing priorities and cadence by population summarized above)

² Please see CDC guidelines on defining exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>