

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. Depending on the epidemiological context, Ag-RDTs may be used by professionals or individuals (using self-tests) 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>, Oct 2021: <https://www.who.int/publications/i/item/antigen-detection-in-the-diagnosis-of-sars-cov-2-infection-using-rapid-immunoassays> and March 2022 https://www.who.int/publications/i/item/WHO-2019-nCoV-Ag-RDTs-Self_testing-2022.1