

What is changing?

Asymptomatic individuals no longer require routine COVID-19 testing prior to admission to hospital or before undergoing surgery.

Are there exceptions?

Yes, there are a limited number of situations where we will still test asymptomatic individuals for COVID-19:

- Hospital unit outbreaks
- Pre-operative patients who have had a recent high-risk exposure to someone with COVID-19
- Patients being admitted to an oncology unit, ICU, psychiatric or addiction services

What about patients being transferred between facilities?

The new testing strategy will apply to patients being transferred to another facility/service. **A patient scheduled for transfer will only be tested if they have symptoms.** Patients with a recent high-risk exposure who are being admitted or transferred require Droplet/Contact isolation, not testing. **Testing or the requirement for isolation should not delay delivery of appropriate care or patient transfer.**

Has the definition of symptomatic changed?

Yes, most jurisdictions that have stopped asymptomatic testing have simultaneously enhanced the definition of symptomatic COVID-19. The definition of symptomatic will now be based on either one 'Category A' symptom or two or more 'Category B' symptoms.

ONE SYMPTOM (CATEGORY A)

- FEVER/CHILLS/SWEATS
- LOSS OF TASTE/SMELL
- COUGH
- SORE THROAT
- DIFFICULTY BREATHING
- VOMITING/DIARRHEA
- RUNNY NOSE/SNEEZING

OR

TWO OR MORE SYMPTOMS (CATEGORY B)

- MUSCLE ACHES
- LOSS OF APPETITE
- HEADACHE
- UNEXPLAINED SKIN RASH
- FATIGUE

Is there a simplified way to ensure that the new testing protocol is being followed appropriately?

Yes, the new testing strategy is outlined in the revised [COVID-19 Screening Form for All Transfers and Admissions form \(HHN-1067\)](#) and will apply to patients undergoing admission or transfer from another facility, Emergency Department assessment or Surgery. The new testing strategy was developed to ensure that testing occurs in a simple, standardized fashion when patients meet the defined criteria and in accordance with the revised [COVID-19 Testing \(DIR-IPC-40041\)](#) directive.

Why are we making this change now?

Testing all patients at admission or prior to surgery was recommended during the acute stage of the pandemic, when there was a high rate of community transmission and a low level of immune protection. This testing strategy no longer applies now that we are in the transitional phase of the pandemic and is being replaced across Canada with testing focused on patients with symptoms or other high-risk exposures. Horizon is revising its testing strategy for the following reasons:

- We now have a high level of hybrid immunity against COVID-19 given that >70-75% of New Brunswickers have had natural infection with COVID-19 and >50% have received at least three doses of vaccine.
- The benefit of testing asymptomatic patients is unclear when added to the other multiple infection prevention and control measures in place.
- Symptomatic patients with COVID-19 are more likely to transmit infection than asymptomatic patients.
- A negative COVID-19 test in an asymptomatic patient with a recent high-risk exposure has significant potential to create false reassurance (isolation is more important than testing).
- A positive COVID-19 test in an asymptomatic patient is often associated with an old infection in a patient who is no longer contagious (PCR can remain positive for 12 or more weeks after an acute infection).
- AGMP's performed in the OR tend to be associated with low bioaerosol concentrations and transmission of COVID-19 in the OR setting has been exceptionally low.
- Universal testing for all admitted or surgical patients has been associated with multiple unintentional adverse consequences including:
 - Delays in patient placement
 - Delays in patient transfer and transition of care
 - Postponement of necessary procedures and worsening surgical backlog
 - Strain on health care workers
 - Increased costs associated with minimum benefits