The Utah Department of Health (UDDH) recommends all healthcare providers and COVID-19 sample collection sites test

- Fever
 - Cough
 - Shortness of Breath
 - Myalgia (muscle aches and pains)

individuals presenting with any of the following symptoms:

- Decreased sense of smell or taste
- Sore throat

Based on the availability of additional testing capacity or additional clinical information, the State of Utah and health systems may target additional groups within specific high risk populations or with additional identifying factors.

The primary preferred collection mechanism is a nasopharyngeal (NP) swab. Nasal or mid-terminate swabs are secondarily preferred. An oropharyngeal swab is not a preferred collection mechanism.

If a situation develops where there is limited capacity to conduct COVID-19 testing, UDOH recommends prioritizing testing according to the below rank-ordered epidemiologic risk factors. Testing of asymptomatic persons would not be a priority. When testing resources are limited, testing should be prioritized to Priority 1 in the table below.

If testing resources are limited, testing should be provided to patients with fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) AND:

Epidemiologic Risk Factors

PRIORITY 1:

- Hospitalized patients (to inform infection control)
- Healthcare personnel and first responders providing direct patient care
- Any person who lives or works in a congregate setting such as a nursing home, correctional facility, or shelter
- Individuals who may have other illnesses that would be treated differently if they were infected with COVID-19
 and therefore physician judgement is especially important for this population

PRIORITY 2:

Any person who has had close contact with a laboratory- confirmed COVID-19 patient within 14 days of symptom onset¹

AND the patient meets one of the CDC's defined high-risk criteria²

PRIOIRTY 3:

Any person who has had close contact with a laboratory- confirmed COVID-19 patient within 14 days of symptom onset¹

OR the patient meets one of the CDC's defined high-risk criteria²

PRIORITY 4:

No source of exposure has been identified

If a situation develops where testing resources are limited, household contacts with fever or signs/symptoms of lower respiratory infection (cough or shortness of breath) do not need to be tested unless admitted to a healthcare facility. All bousehold contacts should self-licitate in their homes for 14 days following symptom ones of the last symptomatic.