

The Utah Department of Health (UDOH) recommends all healthcare providers and COVID-19 sample collection sites **test individuals presenting with any of the following symptoms:**

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

PRIORITY 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

¹ 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 household contacts should self-isolate in their homes for 14 days following symptom onset of the last symptomatic