State Recommendations for COVID-19 Antigen Tests

If your state isn't on this list, please send any relevant guidance to executivedirector@paltc.org.

Connecticut
CT strongly favors PCF Test over Antigen Tests
DPH continues to recommend the use of PCR testing for mass testing of asymptomatic individuals, such as the mandatory weekly testing required by the Governor’s Executive Order 7AAA for three reasons:
-First, PCR testing is more sensitive and does not require a second test to confirm a negative result, which enables mass testing of asymptomatic populations and conservation of testing supplies.
-Second, all nursing homes in Connecticut currently have access to PCR testing for asymptomatic staff and residents with testing turnaround times generally between 24 and 48 hours.
-Third, in Connecticut, the current prevalence of COVID-19 is low. This means that the probability of an asymptomatic person having COVID-19 is low, increasing the risk for false positives and also the need to test another specimen for confirmation. For someone with a significant exposure, the probability that they will be infected may be higher; however the best time after exposure to test an asymptomatic individual using an antigen test to optimize sensitivity is not known.
DPH continues to recommend that antigen testing be reserved for testing symptomatic individuals only. Although antigen testing may be a less sensitive for testing asymptomatic individuals, DPH recognizes that antigen testing could offer a more timely way to help control outbreaks when PCR testing is unavailable or the incidence of community spread is growing. Should nursing homes lose access to PCR testing with reasonable turn-around times or should the incidence of COVID-19 increase in Connecticut, DPH will review its recommendations regarding the use of antigen testing.

Maine
According to the State’s CDC Director, POC tests are not approved in Maine at this time. Maine does not prohibit POC testing, but has not taken a formal position yet.

Maryland
POC testing is permitted as long as the facility does not have a single reported case. POC testing is permitted in MD with an alternative testing plan without an outbreak (a single case); most facilities have single cases, thus cannot use POC.

Massachusetts
Currently, the Department of Public Health requires that surveillance testing be completed by COVID-19 diagnostic test methods approved by the FDA, which must be able to detect SARS-CoV-2 virus, with a polymerase chain reaction (PCR) of greater than 95% sensitivity and greater than 90% specificity, within 48 hours of conducting the test. The antigen point of care machines provided by CMS DO NOT use this method to diagnosis COVID-19.

**New Hampshire**
The state’s epidemiologists are not in favor of POC testing in the nursing home setting. They would prefer to continue with the state-paid PCR testing. Epidemiologists have, so far, just encouraged outpatient and ambulatory care facilities to use POC antigen testing for patients with symptoms of COVID-19, but prefer the Quidel Sofia SARS Antigen test because the BD test produces so many false-negatives.

**New Jersey**
As of today, antigen POC tests are not accepted in NJ for weekly routine testing. As discussed during the call, antigen POC tests have EUA from the FDA for use when symptoms are present. While the reliability of antigen testing is evolving, antigen tests should not be used for weekly routine testing for COVID-19 until approved by DOH.

**North Carolina**
The POC antigen tests are appropriate for testing symptomatic/exposed individuals in response to an outbreak, but not appropriate for screening testing.

**West Virginia**
The State of WV has expressed a preference of PCR testing over antigen testing, and it has privately questioned the reliability of antigen testing in comparison to PCR testing of LTC residents/staff. However, there has been no State guidance or decision yet as to the POC antigen testing in WV.