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BCD 2022-11
Replaces BCD 2021-03

To: Local and Tribal Health Departments, Hospitals, Clinics

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Communicable Diseases

At-Home COVID-19 Antigen Testing Use and Reporting

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Background

This memo updates memo BCD 2021-03 regarding the potential use of at-home tests for public health decision making. Given the increased availability and recommendation of use of at-home COVID-19 testing by the public, the Wisconsin Department of Health Services (DHS) recommends that at-home COVID-19 tests may be used for public health decision making.

At-home COVID-19 tests, also referred to as “self-tests” and “over-the-counter” tests, are easy-to-use test kits designed for use by the public, allowing individuals to self-administer COVID-19 tests in homes or other non-traditional settings. They are available over-the-counter, without a prescription, and do not require a Clinical Laboratory Improvement Amendments (CLIA) certificate or supervision by trained personnel. These tests are widely available at retailers and through federal government programs, which increases access to the public. At-home tests can provide rapid results for the identification of individuals with COVID-19.

Local and Tribal health departments (LTHDs) may consider at-home COVID-19 test results to inform certain public health decisions, such as determining if someone has COVID-19 for the purposes of returning to [school](#) or work. In certain scenarios, positive at-home test results may require a confirmatory PCR test per local protocols. Additionally, people who work with high-risk groups or in congregate settings (health care settings and confinement settings, such as prisons and jails) must follow the guidance outlined for those settings. DHS encourages people who test positive for COVID-19 to contact their health care provider to discuss whether COVID-19 treatment is indicated. For free, confidential support finding health care and community resources, Wisconsinites should dial 211 or 877-947-2211, or text their ZIP code to 898-211. Additional resources can be found online at 211Wisconsin.org.

Historically, at-home test results have not been accepted for travel clearance or as the basis for proof of recovery letters for travel or other purposes. Therefore, DHS continues to encourage travelers to check on the acceptance of at-home testing as a means of travel clearance by their travel destination.

Guidance for Health Departments and Clinicians

Health department personnel and healthcare providers should strive to ensure that all individuals who are interested in using an at-home COVID-19 test are aware of the need to precisely follow all instructions for performing the test and what to do if their test is positive.

LTHDs

LTHDs are not required to request or collect COVID-19 at-home test results. However, LTHDs should provide isolation and quarantine guidance for individuals who seek that information after their positive at-home test result. LTHDs may choose to request or collect at-home test results at their discretion.

Although universal case investigation and contact tracing are not routinely recommended for LTHDs as part of the COVID-19 response, they can be useful strategies in response to a confirmed or suspected outbreak. LTHDs should encourage those who test positive for COVID-19 on an at-home test to contact their health care provider to discuss whether COVID-19 treatment is indicated. LTHDs should encourage those who need free, confidential support finding health care and community resources to dial 211 or 877-947-2211, or text their ZIP code to 989-211. Additional resources can be found online at 211Wisconsin.org.

Clinicians

When a clinician is notified by a patient that they had a positive at-home COVID-19 test, the clinician should use their judgment to determine whether a second, confirmatory test is needed to determine the appropriate clinical and public health actions. Consider confirmatory testing with a Nucleic Acid Amplification Test (NAAT) or serial antigen testing in the following situations:

- A positive antigen test result in a person with a low likelihood of infection (e.g., in an area where the COVID-19 community level is low and the individual has no known close contact with someone infected with SARS-CoV-2).
- A negative antigen test result where the person has symptoms of COVID-19 or has a higher likelihood of SARS-CoV-2 infection (e.g., in an area where the COVID-19 community level is high, or the person has had close contact with or suspected exposure to someone infected with SARS-CoV-2).

Confirmatory NAAT testing should take place as soon as possible after the antigen test, and not longer than 48 hours after the initial antigen testing. If the results are discordant, the confirmatory test result should be interpreted as definitive for the purposes of clinical diagnosis. If performing serial antigen testing, wait 24-48 hours between tests. See [Centers for Disease Control and Prevention's \(CDC's\) guidance on Quarantine and Isolation](#).