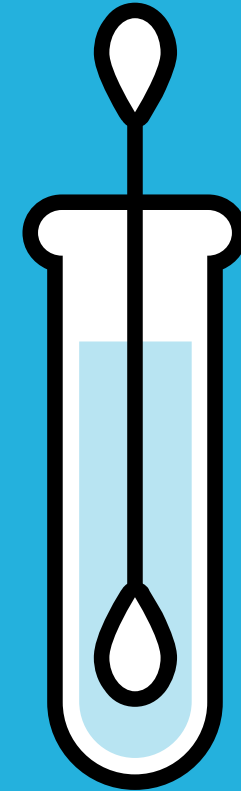


Provincial testing guidance and the implementation of antivirals in Ontario



Ontario's COVID-19 Testing Strategy

- Ontario's testing strategy includes lab-based PCR testing, rapid molecular testing, and rapid antigen testing.
- Since the beginning of the pandemic, Ontario's has continually shifted its testing strategy to ensure everyone has access to the right tests at the right time.
- In response to Omicron, Ontario shifted its strategy again in December to **maximize access to the full range of testing tools**, to help mitigate unprecedented demand for COVID-19 testing:
 - Surges in demand for PCR tests and workforce shortages lead to a backlog in December, prompting Ontario to prioritize PCR testing for vulnerable populations and highest-risk settings.
 - The laboratory network has now stabilized, returning to turnaround times for test results within provincial targets.
 - Ontario's use of rapid antigen tests (RATs) has evolved with the emergence of Omicron and as a result of temporary supply chain disruptions. Ontario is beginning to broadly deploy RATs again, and the approved use cases have expanded.

Prioritization for Molecular Testing

- In consultation with the Chief Medical Officer of Health, Ontario is preserving publicly funded PCR tests for those at increased risk of severe outcomes and those living and working in highest risk settings (e.g., long-term care, patient-facing health care workers, shelters, pregnant people, Indigenous people, etc.). (See Appendix for eligibility list)
- Outside of the eligible groups, symptomatic individuals are presumed positive, and they and their household members should isolate in accordance with guidance.
- Physicians may continue to requisition molecular tests at their discretion but should not be requiring proof of a negative molecular test for in-person consults.
- Rapid molecular point-of-care tests (i.e., ID Now) no longer require confirmatory testing.
- The ministry continues to consult with key stakeholders to ensure all priority groups requiring molecular testing are included and refine molecular eligibility as needed.

Expanded Use of Rapid Antigen Tests

- RATs are now recommended for the following:
 - ✓ **For people without symptoms as screening**
 - Frequent, repeated rapid antigen testing of people who are asymptomatic and without known exposure to someone with COVID-19, with the goal of identifying cases that are pre-symptomatic or asymptomatic.
 - X Not recommended for one-off use (e.g., before social events) due to the risk of false negatives.
 - ✓ **For people with symptoms**
 - A positive RAT is highly indicative that a symptomatic individual has COVID-19, and the individual and their household are required to self-isolate.
 - If two consecutive RATs, separated by 24-48 hours, are both negative, the symptomatic individual is less likely to be infected, and the individual is advised to self-isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms).
 - ✓ **For “test-to-work” purposes to meet critical workforce needs in the highest risk settings**
 - Test-to-work is a strategy to support work-self isolation, in which staff are able to return to work when they would otherwise be on self-isolation at home (for example, after exposure to someone with COVID-19).
- Positive RATs do not require confirmatory PCR/rapid molecular testing or reporting to public health.

Antivirals

On January 17, 2022, Health Canada approved Pfizer's antiviral treatment (Paxlovid) for use in high-risk adults with mild or moderate COVID-19 symptoms. The antiviral medication is an oral treatment that must be taken by COVID-positive patient within 5 days of their first symptoms.

Distribution

- Due to limited supply and the need for close collaboration with pharmacies, antivirals are currently being distributed through 15 sites, including select clinical assessment centres (CACs). Sites were selected based on regional rates of unvaccinated seniors and immunocompromised individuals.
- Each site will be a "hub" facilitating access within their region and through other CACs.
- Clinical assessment centres (CACs) provide assessments, testing, and treatment.
 - Currently over 70 CACs across Ontario.
 - Accept referrals from PCPs/HCPs and self-referrals. **Patients do not have to be eligible for PCR testing to visit a CAC.**
 - CACs will have access to PCR, rapid molecular, and rapid antigen tests.
 - CACs listed at: [COVID-19 testing and clinical assessment centre locations \(ontario.ca\)](https://www.ontario.ca/covid-19-testing-and-clinical-assessment-centre-locations)

Data and reporting

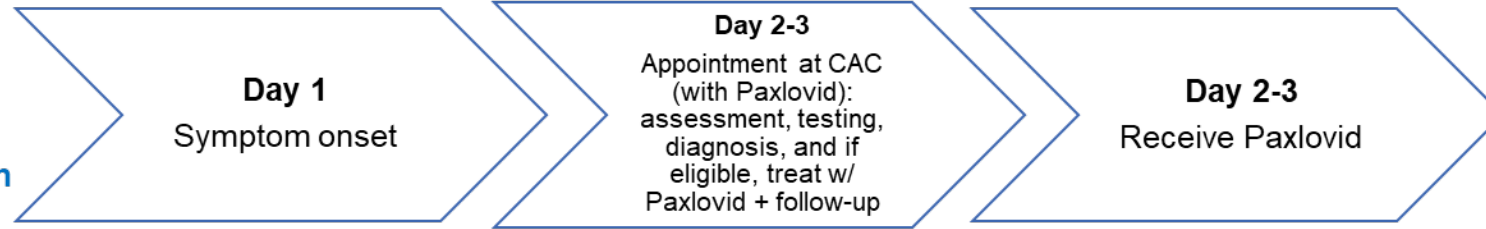
- Sites will report assessment volumes, access, supply and dispensing of Paxlovid.

Eligibility criteria for Paxlovid based on Ontario Science Table's Clinical Practice Guidelines:

- immunocompromised individuals aged 18 and over regardless of vaccine status
- unvaccinated individuals aged 60 and over
- unvaccinated First Nation, Inuit and Métis individuals aged 50 and over
- unvaccinated individuals aged 50 and over with one or more risk factors

Antivirals: Potential Pathways Within 5 Days of Symptom Onset

Site/CAC with direct access to Paxlovid (associated with the 15 sites)



Sites with direct access to antivirals may also facilitate access directly to external sites (e.g., outpatient clinics, cancer centres)

Primary care or Telehealth as first point of contact



CAC with indirect access to Paxlovid



Select Resources

- [Ontario Science Table: Recommended Drugs and Biologics in Adult Patients with COVID-19](#)
- [Centre for Effective Practice: Clinica Assessment Centres Primary Care Providers](#)
- OH guidance for primary care on outpatient therapies, including referral pathways and contact information for sites for antivirals (distribution this week)

Public Messaging for Clinical Assessment Centres



Clinical assessment centres

Clinical assessment centres can assess, test, and provide treatment options for people who know or suspect they have COVID-19 and who meet certain criteria.

You should go if you know or suspect that you have COVID-19 and you:

- have been directed by your primary care provider or another health care professional, or
- are unable to safely monitor your symptoms at home, or
- are at higher risk of severe illness, including:
 - immunocompromised individuals aged 18 and over, regardless of vaccine status
 - unvaccinated individuals aged 60 and over
 - unvaccinated First Nations, Inuit, and Métis individuals aged 50 and over
 - unvaccinated individuals aged 50 and over with one or more risk factors

You should bring a list of your medications and any important medical conditions.

If you have one or more of the following symptoms, you should immediately call 911 or go to the emergency department:

Activate Window

Appendix

Eligibility for molecular testing (1/2)

- Symptomatic people who fall into one of the following groups:
 - Patient-facing healthcare workers
 - Staff, volunteers, residents/inpatients, essential care providers, and visitors in highest risk settings,
 - Highest risk settings include: hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices and correctional institutions
 - Household members of workers in highest risk settings.
 - Temporary Foreign Workers in congregate living settings
 - Patients seeking emergency medical care, at the discretion of the treating clinician
 - Outpatients for whom COVID-19 treatment is being considered
 - Pregnant people
 - People who are underhoused or homeless
 - First responders, including fire, police and paramedics
 - Elementary and secondary students and education staff who have received a PCR self-collection kit through their school

Eligibility for molecular testing (1/2)

- Symptomatic/asymptomatic people:
 - From First Nation, Inuit, and Métis communities and individuals travelling into these communities for work
 - On admission/transfer to or from hospital or congregate living setting
 - Close contacts and people in the context of confirmed or suspected outbreaks in highest risk settings as directed by the local public health unit
 - Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services from the General Manager, OHIP
 - Asymptomatic testing in hospital, long-term care, retirement homes and other congregate living settings and institutions as per provincial guidance and/or Directives, or as directed by public health units
 - With a scheduled surgical procedure requiring a general anaesthetic
 - Receiving specific treatments (i.e. hematopoietic cell therapy, cancer treatment, hemodialysis) and where testing is required.