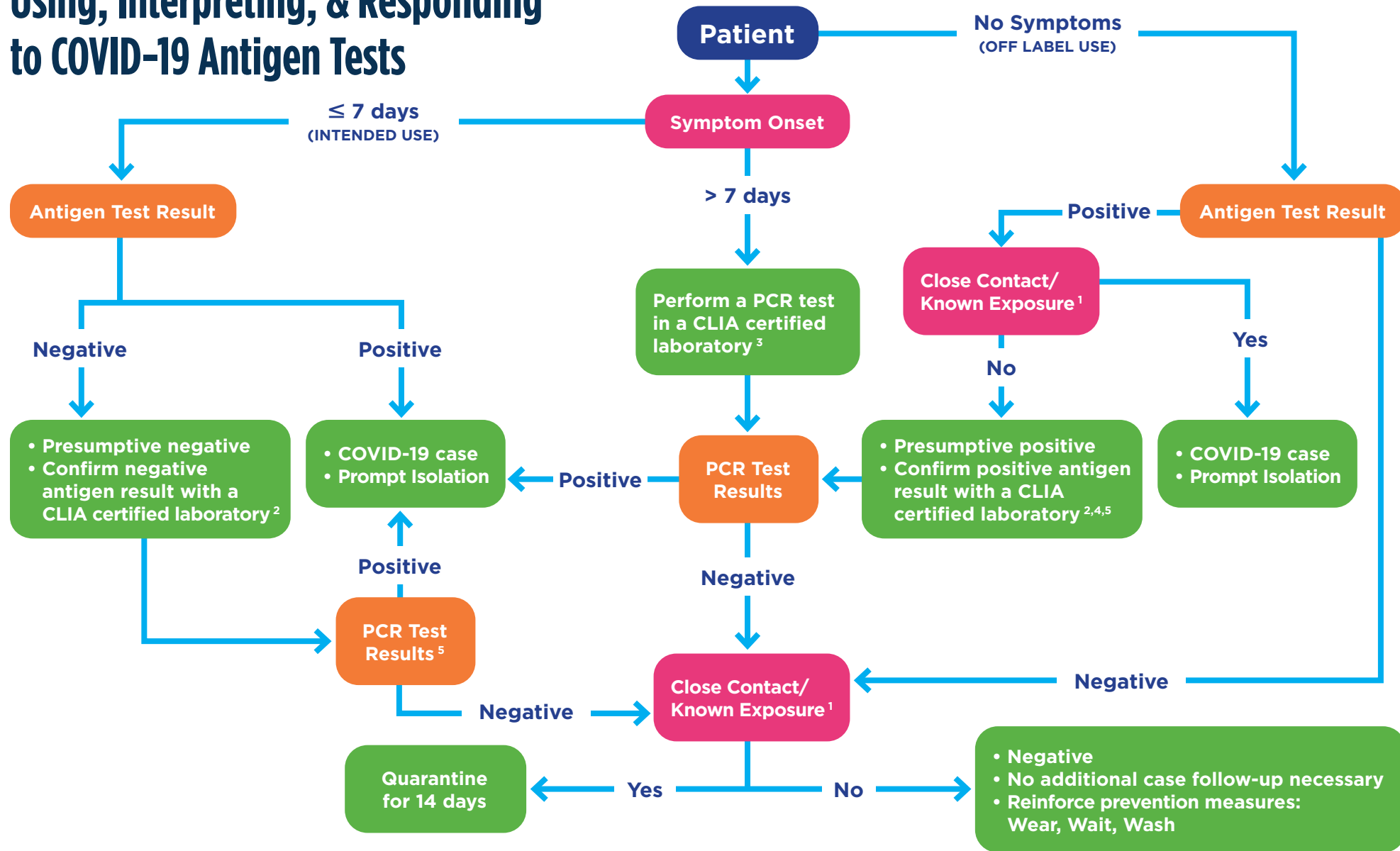


Using, Interpreting, & Responding to COVID-19 Antigen Tests



¹ Close contact/known exposure is defined as within 6 feet of someone known to have COVID-19 for 15 minutes or longer over a 24-hour period.

² While multiple specimen types may be acceptable, if possible, confirmatory tests should be performed using specimens with evidence of the most sensitivity, such as nasopharyngeal or mid-turbinate swabs.

³ A PCR test in a CLIA certified laboratory is recommended for individuals whose symptom onset is greater than 7 days. A negative result on an antigen test performed on a symptomatic individual greater than 7 days from onset should be confirmed with a PCR test. A positive antigen test result on a symptomatic individual greater than 7 days from onset does not require PCR confirmation.

⁴ A positive antigen result in an asymptomatic, unexposed individual should be immediately followed by a PCR test in a CLIA certified laboratory to verify the positive result. This follow-up specimen should be collected within 24 hours of the original test, if possible; and no more than 48 hours after the antigen test. Specimens collected greater than 48 hours after the initial test may lead to discordant results. If the confirmatory PCR is negative on an appropriate specimen collected in the proper timeframe and the individual has remained asymptomatic, the antigen test would be considered a false positive and the individual not counted as a COVID-19 case.

⁵ If confirmatory PCR testing is not performed, the individual should isolate per [NCDHHS guidance](#).

NOTE: For antigen tests performed in the nursing home setting, see CDC's [Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes](#).



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