

Date: February 9, 2022
From: Assistant Under Secretary for Health for Operations (15)
Subj: COVID-19: Home Testing for Veterans
To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
VISN Chief Medical Officers
VISN Chief Nursing Officers
Associate Directors for Patient Care Services

1. Home antigen and nucleic-acid amplification (NAAT) self-tests for COVID-19 have been [authorized by the Federal Drug Administration \(FDA\)](#) and are available to the general public through existing public and private avenues of distribution. Veterans Health Administration (VHA) clinicians will encounter situations in which Veterans perform home self-tests, guidance is needed regarding circumstances under which proctored, or unproctored Veteran home self-test results may be accepted. This memorandum provides guidance for home self-test performed by Veterans.
2. Testing should be performed in accordance with the FDA Emergency Use Authorization instructions. The decreasing order of preference for **confidence in self-testing technique** is listed below:
 - a. The test is performed under direct observation (**proctored**), e.g., during a VA Video Connect (VVC) telehealth visit.
 - b. The test is not performed under direct observation (unproctored), but an **image** of the test result is made available to the provider, e.g., by secure messaging or during a VVC telehealth visit.
 - c. The test is unproctored and an image is not available, but the result is **verbally reported** to the provider.
3. COVID-19 home tests are generally adequate to:
 - a. Provide an initial screening for Veterans with symptoms suggestive of COVID-19 or high-risk exposures in the community. A positive test under these circumstances is generally reliable, while a negative test does not exclude infection and should be confirmed with Polymerase Chain Reaction (PCR).
 - b. Guide infection control precautions, including isolation and quarantine decisions in the community following the Centers for Disease Control and Prevention ([CDC](#)) [guidelines](#).

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- c. Assist Veterans in decisions regarding travel and attendance to community social events.
 - d. Attendance to school or work under “test-to-stay” protocols as endorsed by [CDC](#).
4. COVID-19 home tests are generally not appropriate for:
 - a. Pre-procedural screening (although a **positive** antigen home test may be sufficient cause to postpone an elective procedure while confirmation is pursued).
 - b. Pre-admission screening.
 5. Clinical discretion is needed in the interpretation of COVID-19 home tests when prescribing COVID-19 therapeutics for patients with barriers to access to a VA medical center. Factors taken into consideration include the **confidence in testing technique**, the **clinical scenario** (pretest probability), and the benefit/risk tradeoff of the **clinical decision** being made.
 - a. If possible, a home test used for purposes of clinical decision-making should be confirmed with a test in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory (ideally within VA, but a non-VA CLIA-certified laboratory-based test is an alternative).
 - b. In Veterans who are **symptomatic** and perform a home self-test, a **positive** result may be accepted for **authorizing EUA therapy** if it meets conditions for use for the therapy described by VHA Pharmacy Benefits Management (PBM), available on the [PBM SharePoint EUA folder](#).
 6. Accepted home self-test results should be **documented** using the VA COVID-19 OUTSIDE TEST RESULTS template, selecting the result and method, selecting the “Patient self-reports” option, and specifying “Home” as the location, in congruence with [current guidance](#). This action will affect the CPRS COVID-19 banner.
 7. Further updates to this guidance will be provided in future versions of the [VHA COVID Testing Guidebook](#).
 8. For questions concerning this memorandum or employee testing guidelines, please contact: vhacovidtestingguidanceworkgroup@va.gov



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