



Joint Information Center – JIC Release No. 939
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DPHSS Issues COVID-19 Screening Guide Memorandum

Diagnostic testing for SARS-CoV-2, the virus that causes COVID-19, remains a critical component to the overall strategy for COVID-19. Recent testing has put enormous strain on laboratory supplies and the Department of Public Health and Social Services (DPHSS) has faced unprecedented testing demand to detect and respond to all suspected and confirmed cases in a timely manner.

DPHSS continues to support diagnostic testing for COVID-19 but will be prioritizing COVID-19 testing to target individuals with a likelihood of severe disease, hospitalization, or death due to COVID-19.

DPHSS’s [Screening Guide Memorandum](#) further adjusts the criteria for who may get tested for COVID-19 using a checklist:

1. Are you experiencing COVID-19 Symptoms? If YES, PROCEED to test

Symptoms may include:

Fever or Chills	Headache	Shortness of breath	Muscle or body aches
Cough	Sore Throat	Difficulty breathing	Congestion or runny nose
Fatigue	Diarrhea	New loss of taste or smell	Nausea or vomiting

If individual reports any of the following symptoms, seek emergency care immediately or call 911:

- a. Trouble breathing
- b. Persistent pain or pressure in the chest
- c. New confusion
- d. Inability to wake or stay awake
- e. Pale, gray, or blue-colored skin, or nail beds, depending on skin tone

2. Are you a High-Risk Close Contact? If YES, PROCEED to test

High-Risk Close Contacts
Pregnant individuals; or
Age 65 and older; or
Age 50 and older, unvaccinated or partially vaccinated, with at least one comorbidity (see COMORBID CHART)

COMORBID CHART

Chronic Kidney Disease (kidney failure, dialysis)	Heart Disease or high-blood pressure
Obese or overweight	Diabetes
Dependance on medical technology (tracheostomy, gastrostomy, pacemaker, etc.)	Chronic Lung Disease (COPD, asthma, etc.)
Immunosuppressive condition or treatment (such as cancer)	Chronic Liver Disease (cirrhosis, hepatitis, etc.)
Substance Abuse (Current or Former)	Smoker (Current or Former)
Mental Health Condition	Neurological disorder (down-syndrome, cerebral-palsy, dementia, Alzheimer's)

NOTE: Individual must simply reply YES and is **not required** to state their medical condition.

3. Are you a Government of Guam employee submitting for testing pursuant to Executive Order 2021-17? If YES, PROCEED to test (refer to DOA Circular 2021-025D)

This memorandum applies to DPHSS Community Test Sites, Community Health Centers funded in part by Health Resources and Services Administration (“HRSA”) under the Health Center Program, and Community Testing Partners in the use of testing supplies provided by DPHSS.

The use of testing supplies provided by DPHSS for the intended purpose of travel clearance is not authorized unless administered to individuals who are referred for off-island medical treatment or by Community Health Centers under the HRSA Health Center Program.

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