

## Testing for COVID-19 in Long Term Care

Testing continues to be a significant point of concern for LTC providers. Providers are either reporting long lags in turnaround times for tests (7-10 days), or lack of access to testing at all. There are several key issues in obtaining reliable access to testing, including:

- **CDC Guidance:** LTC residents fall into priority category two for testing, according to [CDC guidance](#). While not required, some state and local health departments and/or individual clinicians may use this guidance to prioritize testing.
- **State prioritization:** State and local health departments are often directing priority for testing, so your access to testing is likely be dependent on policies at the state level.
- **Backlog of tests among commercial labs:** Many commercial labs are overwhelmed and that is leading to a backlog of tests and longer turnaround times for results.
- **Shortage of supplies:** We are also hearing that labs themselves are facing a shortage of testing supplies, such as nasal swabs, which may be adding to existing delays and/or limiting tests to help conserve supplies.

There has been a great deal of press around new rapid Point-of-Care (POC) COVID-19 tests, such as the Abbott ID NOW COVID-19 test. At this point, it does not appear that they are widely available for purchase/distribution. In addition, most [emergency use authorization](#) (EUA)-authorized tests for COVID-19 are authorized for use by laboratories that meet the Clinical Laboratory Improvement Amendments (CLIA) waiver for either moderate or high complexity testing. It is unclear whether these new POC tests can be performed in a setting without this waiver. New information is being released daily and AHCA/NCAL will continue to investigate whether these tests can be performed in and made available to the LTC setting.

There has also been a lot of activity around antibody blood tests. Several companies have already received an EUA from the FDA for their antibody tests, while some are still pending approval. It's important to understand that antibody tests are NOT the same as a Polymerase Chain Reaction (PCR) test. The PCR test is looking for genetic material from the virus, while an antibody test is looking to see if a person has antibodies from COVID-19 present in their system. Antibodies generally develop about 5-14 days after contracting the infection and can remain for months after an infection. If a person has these antibodies, they can offer short-term (weeks to months) protection against contracting COVID-19. Whether these antibodies provide long-term protection is not yet known. The antibody test, unlike the PCR test, cannot tell you if someone is currently infected and sick with COVID-19. Antibodies start to become positive for some people when they still have virus in the body, but antibodies will stay positive after virus is gone. A complete comparison of the two tests is shown on the next page.

AHCA/NCAL continues to press on this issue including developing a list of credible [vendors](#) that can provide COVID-19 testing with reasonable turnaround times.

AHCA/NCAL also strongly recommends that providers, regardless of testing, **assume that COVID-19 it is already in their surrounding community and may be in their facility**. AHCA/NCAL has developed a resource on what to do when COVID-19 enters your building [here](#). Linked in this document is also a guide on [cohorting](#) residents within your building, which CMS also recommends in [guidance](#) released on April 2.

## COVID-19 PCR vs Antibody Testing

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	PCR	Antibody (IgM/IgG)
<b>What it measures?</b>	Genetic material from the virus, usually measured from respiratory secretions on a nasopharyngeal swab	Antibodies (immune proteins) made by the body to help recognize the virus, almost always measured from the blood
<b>When is it positive?</b>	When the virus or genetic material from the virus is in the body	After the body has been infected with the virus and had time to make antibodies. IgM usually positive by about 5 days after symptoms have started, IgG may take longer to become positive (the body starts making IgM first). We do not know how long COVID-19-related antibodies will stay positive in the blood. For some infections, IgG can last for years and for others it may start to go away after months.
<b>When could you get a 'false positive'?</b>	False positives are very rare because you are looking for specific genetic material from the virus. COVID-19 tests do not cross-react (turn positive) in the presence of other coronaviruses.	COVID-19 antibody tests may be positive if a person's body has made antibodies to some other virus or protein in the past and if those antibodies are very similar to the COVID-19 antibodies. The Specificity of test can give you an estimate of how often you might see false positives. If Specificity is 100%, then 100% of positive results mean you have COVID-19 antibodies. If Specificity is 90%, then 90% of positive results mean you have COVID-19 antibodies, and 10% of positive results mean something else (ie 10% are 'false positives').
<b>When could you get a 'false negative'?</b>	False negatives can happen if there is too little virus in the sample to be detected. This can happen if you don't get a good sample from the patient (not enough secretions on the swab, not swabbed deep enough into the nose) or if the sample degrades over time (long transport to the lab). Immediately after a person is exposed to someone else with COVID-19, they may have only a small amount of virus in their body. The amount of virus increases initially and is highest in the first few days of symptoms, then the amount of virus in the body decreases around day 5-7. Someone may still be sick and having symptoms even when the amount of virus in their body is decreasing. If you send PCR test on someone very early before symptoms or later after 5-7 days of symptoms, their test may be negative because there is not enough virus in their body to detect.	It takes the body time to make antibodies, so you may get a negative tests if you test someone too early in the course of their infection. IgM antibodies start to show up in some people after about 5 days of symptoms and are present in almost all people who have had COVID-19 disease by 14 days after their start of symptoms. IgG antibodies take longer to show up and are seen in some people who have had COVID-19 disease by 14 days and almost all people by 1 month.  Testing antibodies cannot tell you if someone is currently infected. Testing for antibodies tells you if someone has been exposed to or infected with something before and has made antibodies in response.
<b>What is it helpful and not helpful for?</b>	PCR tells you if someone is currently infected and sick with COVID-19 and if they have virus in their body still. It may be helpful for determining whether someone is contagious, so long as you are able to get a good specimen for testing.  PCR cannot tell you if someone had COVID-19 last week or last month. Even in someone who is still sick, their PCR may become negative after about a week of illness as the amount of virus in the body decreases even before they start to feel better.	Testing antibodies can tell you if someone has had COVID-19 before, and antibodies will be positive even in some people who have been exposed and not gotten sick. We don't know if having antibodies offers long term protection against getting COVID-19 again, but they probably offer at least short-term (weeks to months) protection.  Testing antibodies cannot tell you if someone is currently infected and sick with COVID-19. Antibodies start to become positive for some people when they still have virus in the body, but antibodies will stay positive after virus is gone.