



SARS-CoV-2 (COVID-19) Testing Outline

February 9, 2021

Diagnostic Testing for PHC Patients and Long-Term Care (LTC) Residents:

SARS-CoV-2 (COVID-19) nucleic acid amplification test (NAT or RT-PCR):

- Detects the presence of viral RNA
- Highly sensitive test, can remain positive for months after initial infection in some cases
- Nasopharyngeal (NP) swabs are the recommended specimen type
- Expected turnaround time is less than 24 hours after sample receipt in the laboratory

Rapid SARS-CoV-2 (COVID-19) NAT or RT-PCR test:

- Approved for NP swabs only
- Expected turnaround time is less than 1.5 hours after sample receipt in the laboratory
- Request for rapid PCR must be communicated to the laboratory:
 - Direct verbal request to technologist when NP swab is **hand-delivered** to Microbiology Laboratory (not Main Accessioning) from 7:00-22:00 weekdays (8:00-19:00 weekends); or
 - Contact Medical Microbiologist on-call
- Use of this test is currently limited to urgent clinical scenarios (potential/active outbreaks, critical care, or other scenarios at discretion of Medical Microbiologist)

SARS-CoV-2 (COVID-19) serology test:

- Detects antibodies in serum specific to the SARS-CoV-2 virus
- Please refer to the <u>September 2020 laboratory bulletin</u>

Surveillance Testing as directed by Public Health:

SARS-CoV-2 (COVID-19) point-of-care rapid antigen test:

- Detects the presence of viral protein
- Less sensitive than NAT/RT-PCR; may detect individuals with high viral load, potentially correlating with period of transmissibility
- Use of this surveillance test is directed by Public Health only
- Not used for individual patient care; not ordered in Cerner
- For more information, please refer to:
 - COVID-19 testing: One size does not fit all
 - Test sensitivity is secondary to frequency and turnaround time for COVID-19 screening

