

Covid Antibody Screening Guidelines

May 5, 2020

Covid antibody screening is in the early stage of development and there are many unknowns about the significance of antibody screening.

The quest antibody screen by Abbot has FDA expedited approval and has good sensitivity and specificity in a lab test environment. There is no data as to how the test will perform in the real world over time.

Limitations of the test:

1. In locations like Hampshire and Franklin County where the overall incidence of covid is relatively low in the general population even small numbers of false positive test can mean that a positive test is more likely to be a false positive rather than a true positive.
2. There is no data as of yet as to whether a positive antibody test indicates immunity to covid.
3. It is clear at this time that no decisions about immunity to covid and decisions about discontinuing the use of social distancing can be made based on covid antibody testing. Certainly **antibody testing at this point cannot be used to provide immunity clearance.**
4. If a patient had very significant (classic) symptoms for covid and a negative np test it may be that a positive antibody test would be more likely to be a true positive.
5. Covid antibody testing should be performed at least 4 weeks after illness. There is no role for covid antibody tests in the diagnostic work up of symptoms.
6. A negative covid test does not necessarily mean the patient did not have covid - either the patient may not have developed antibodies or the antibodies they did develop were not picked up on the test.

At VMG antibody testing if done should be based on individual patient needs and clinical decision needs and not necessarily larger public health decision making. Ultimately if the public health department decides a population based screening is needed they will organize it.

VMG screening criteria:

1. Antibody testing should be done only if it has clinical decision making value.
2. Antibody testing should not be done on patients with previous low risk symptoms, or symptoms which had occurred at a time period in which covid was unlikely to be present in the community. (Test may be false positive if positive)
3. Antibody testing is appropriate in a situation where a known covid positive patient needs antibody test to be able to donate plasma for treatment of covid.
4. Antibody testing may be appropriate where a patient had high presumption of having covid and pcr test was negative at the time the patient had symptoms.
5. The test costs about \$90 and while the presumption is insurance will cover, that is not presently known.

6. VMG's maximum ability to draw tests is limited by how many blood draws our drive by phlebotomy can perform. We do not want to make it difficult for our patients with acute and chronic diseases to get blood draws by ordering large number of covid antibody tests the results of which are unlikely to provide patients with the answers they are seeking (am I immune , was my fever in early January covid, was the prolonged cough I had in Dec covid, can I work in the front lines without risk)

Please use the following ICD10 codes:

U07.1 previous positive test for covid

Z20.828 known exposure and high presumptive diagnosis of covid

Ordering the Test in Athena

SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay testing is now available to be performed by Quest Diagnostics.

IN ATHENA ORDER SET:

SARS COV 2 AB, QL, SERUM OR PLASMA - QUEST #39504