

Role of Diagnostics in the COVID-19 Outbreak Response

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Role of Diagnostics in an Outbreak Response

“The right test for the right patient in the right place and at the right time”

4 main use cases for diagnostics:

- **Confirm** infection in patients fulfilling the COVID-19 clinical case definition
- **Rapid triage** of suspected cases
- **Screen** for infection in asymptomatic contacts of confirmed cases
- **Determine exposure** (current and past) to the SARS CoV-2 to understand the true extent of the outbreak, map the pandemic, monitor trends and for contact tracing

Use Case 1: Confirm Infection in Patients fulfilling the COVID-19 Case Definition

- What type of test is needed?

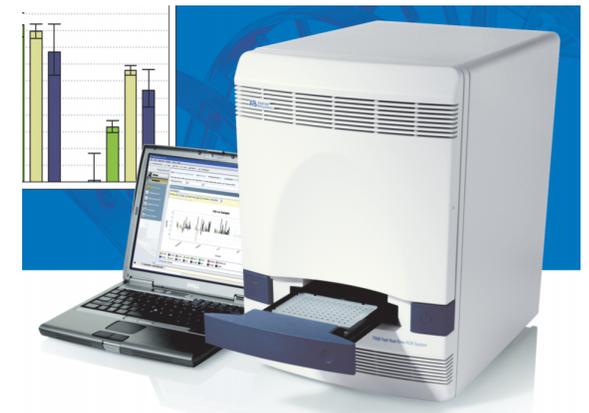
Molecular tests with high sensitivity and specificity to detect viral RNA (optimally within 5-7 days post onset of fever)

- Where can it be done and by whom?

Typically in a laboratory by trained laboratory staff using specialised equipment

- How long does it take?

1-2 hours before the results are available



Use Case 2: Rapid Triage of Suspect Cases

- What type of test is needed?

Rapid tests for detecting viral RNA or proteins



- Where can it be done and by whom?

Tests performed at the point-of-care (POC) by anyone who can follow simple instructions



- How long does it take to get results?

5-45 minutes for POC molecular tests and 15-20 minutes for POC antigen tests



Use Case 3: Screen Asymptomatic Individuals who are contacts of COVID-19 Cases

- What type of test is needed?

Depends on timing of exposure:

Within 7-14 days: use lab or POC assays to detect viral RNA or antigen

More than 7-14 days: use serology (IgM/IgG/IgA) tests to detect antibodies to SARS CoV-2 as a marker of exposure

OR

a combination of molecular + serology tests

OR

a combination of antigen + serology tests



Use Case 4: to Determine Current and Past Exposure

- What type of test is needed?

Tests for detecting antibodies specific to SARS CoV-2

- Where can it be done and by whom?

Enzyme immunoassays performed in the laboratory by technologists or rapid tests in POC settings by health care providers or as self- or home tests

- How long does it take to get results?

2-3 hours for laboratory tests (high-throughput immunoassays) and 10-20 minutes for rapid POC tests

- What type of specimens are needed?

- Enzyme immunoassays need serum but rapid POC test can use finger pricked whole blood, plasma and serum



IgM/IgG duo test

Testing Strategy depends on the stage of the epidemic and laboratory capacity in country

WHO has defined the 4 Cs as:

- No cases
- Sporadic cases
- Clusters of cases
- Community transmission

Africa CDC Testing Strategy -1

in early outbreak, test:

- Anyone with fever and acute respiratory symptoms who have been in a place in the last 14 days where COVID-19 is transmitting
- All symptomatic contacts of a confirmed/probable cases of COVID-19
- All cases of Severe Acute Respiratory Infection (SARI) surveillance systems and selected Influenza-like illness (ILI) samples reported through National Influenza Sentinel Surveillance System
- Healthcare workers with symptoms consistent with COVID-19 disease regardless of exposure

Africa CDC Testing Strategy -2

When community transmission is established, prioritise testing:

- All cases of SARI and ILI reported through the Influenza Sentinel Surveillance System to identify undetected transmission areas
- Severe acute respiratory infections presenting to hospitals
- Healthcare workers with symptoms consistent with COVID-19 disease regardless of exposure

See Africa CDC's "Step up to Control COVID-19": guideline for timing COVID-19 interventions
See Africa CDC's "Protocol for Enhanced ILI/SARI Surveillance for COVID-19 in Africa"

Discussion: What use cases might be considered for serology tests?

- All cases of SARI and ILI reported through the Influenza Sentinel Surveillance System to identify undetected transmission areas
- map the extent of the epidemic to inform public health measures?
- Determine at risk populations and attack rate?
- Discharge of COVID-19 cases from hospital when PCR is not available?
- Infected person who test IgM/IgG positive can return to work, esp. health care workers?