



**POSITION STATEMENT OF THE PHILIPPINE COLLEGE OF PHYSICIANS AND THE
PHILIPPINE SOCIETY FOR MICROBIOLOGY AND INFECTIOUS DISEASES ON RAPID
ANTIBODY TESTS FOR COVID-19.**

11 April 2020

After a thorough review of the evidence, we forward the following recommendations on the use of rapid antibody tests for COVID-19. Our recommendations are based on the reported sensitivity 43% and specificity of 71% on the first 14 days of illness, and the reported sensitivity of 100% and specificity of 64% after 14 days .

1. Clinical care during acute illness – we do not recommend clinical use in the first 14 days of illness because of the high false positive rates and false negative rates. False negative rates are particularly worrisome, because they may lead to false reassurance and inadvertent exposure. They pose a threat to healthcare workers, the patients themselves and the households they belong to. In addition, pending results of ongoing trials, management remains the same for COVID-19 and non-COVID-19 respiratory illnesses.
2. Triage during acute illness – we do not recommend use for triage in the first 14 days of illness. This is worrisome because a huge number of COVID-19 cases will end up quarantined with non-COVID-19 cases. This may become an inadvertent source of further disease transmission.
3. Disease surveillance at the height of the pandemic – we do not recommend use for disease surveillance at this stage of the pandemic, when efforts should focus on contact tracing. Use of antibody tests will lead to wastage of precious human resources to track a huge number of false positive cases. Mass testing is also not recommended because of the huge costs, and the poor performance of the test, leading to false negatives and false positives.
4. Disease surveillance as the pandemic declines - we recommend use of antibody testing for seroprevalence surveys as the pandemic declines, to monitor the emergence of herd immunity and possibly, to clear people for return to work. However, many different antibody tests are available (rapid tests and ELISA). Before they are used, the specific tests need to be validated as soon as possible, through well-designed studies.

We support the statement of the World Health Organization that these point-of-care immunodiagnostic tests should only be used in a research setting. We hope that policymakers will take heed of warnings from medical experts that use of these tests in any other setting are not only of questionable value, but are also potentially harmful to individuals, to the general public, and most of all, to our healthcare workers in the frontlines.

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