

# COVID-19 Serological (Antibody) Testing

## Information for Clinicians



### Accuracy of Serological Testing

COVID-19 serological testing is in its early stages with many unknowns. Many of those who are developing assays (analyses), especially under Emergency Use Authorization (EUA) granted by the Food and Drug Administration (FDA), are proceeding with limited knowledge. Low specificity assays run significant risks of large numbers of false positive tests, especially when run on large populations.

### Scientific Evidence on COVID-19 Antibodies

There is not yet scientific evidence that having antibodies after a COVID-19 infection conveys immunity from subsequent infection. Our understanding of COVID-19 will continue to grow and needs to evolve quickly. However, despite the unknowns, there is still intense interest in serological testing.

### COVID-19 Serological Testing Strategy

Some Health Ministries may decide to conduct testing that supports ongoing research and learning. They will begin with groups/populations (including consideration of both colleagues and patients) with medium or high prevalence of previous infection to minimize false positives.

### Serological Testing will Initially Focus on Key Populations

All Trinity Health colleagues and clinicians can receive serological testing, over time. Initially, testing will be prioritized for key populations including:

- Patients and health care workers who have recovered from confirmed COVID-19 infection.
- Health care workers who have worked in COVID-19 units and FURI clinics.
- Emergency department health care workers.
- Senior community colleagues and patients/residents in communities that have experienced outbreaks.

### Operational Considerations of Serological Testing

- PPE guidance will not change because of the test results.
- Care assignments will not change because of the test results.
- Results will not be used in the determination of assigned patients, or assignments to COVID or COVID-free zones.