COVID-19 Preparedness & Response

Frequently Asked Questions for NCHC Employees

May 11, 2020

Covid-19 Testing

Q: What laboratory tests are used to detect COVID-19?

A: There are 2 major types of tests for COVID-19 – **Polymerase Chain Reaction (PCR**) and **Antibody Testing**. PCR testing is diagnostic and assists with identifying an active infection. Antibody testing can identify that someone has had the infection, but not when it was active.

PCR Testing

Q: What is PCR testing and how does it work?

A: Polymerase chain reaction (PCR) testing is used to diagnose COVID-19 by detecting the presence of viral RNA. A positive PCR test suggests an **active infection** and the possibility of spreading the disease. A respiratory sample is typically collected via the throat or nasal swab and test results can be generally available within a few hours.

Q: How accurate is PCR testing?

A: PCR testing has a high specificity, which means a positive test generally means you have the disease, but a slightly lower sensitivity. This means a negative test is likely negative, but testing technique, stage of illness, and processing may affect the ability for the test to pick up on Virus that is present. Because of this, repeat testing, or additional quarantine time may be asked of someone that shows symptoms consistent with COVID-19, but registered a single negative test.

Antibody Testing

Q: What is an antibody test and how does it work?

A: An antibody test does not look for the COVID-19 virus itself, but rather looks to see if your immune system has responded to the infection by searching for two kinds of antibodies – IgM antibodies (develop early in an infection), and IgG antibodies (more likely to show up after you have recovered). Antibody tests are not able to determine if someone has an active COVID-19 infection, but may help determine if they were previously infected. Unlike PCR tests, which commonly use swabs to detect Covid-19, blood samples are usually used for antibody tests.

Q: Are the antibody tests accurate?

A: The sensitivity and specificity of these tests are variable, and the results should be interpreted with caution. It has been reported that the sensitivity of these tests in early infection is low which makes antibody testing unhelpful in ruling out COVID-19 in symptomatic patients.

Q: Are these tests FDA-approved?

A: The FDA can make tests available under an Emergency Use Authorization (EUA) and not all tests on the market are FDA approved at this time. The FDA is approving tests as they are able, and request that companies marketing antibody tests submit data showing accuracy of their test. Non-compliance with this request will result in their tests being removed from the market.

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Q: Should I be tested?

A: If you are actively showing symptoms consistent with COVID-19, you may be asked to have PCR testing performed to see if you are infected by the virus. Antibody testing is generally not requested at this time, but may be requested in the future to assist with contact tracing, which helps to map the path of infection, and/or determining the prevalence of the COVID-19 infection on a population level.

Q: What if I want to be tested?

A: You may discuss test availability and necessity with your healthcare provider.

Q: Will NCHC cover the cost of an elective COVID-19 test?

A: No, but if your health care provider agrees testing is a good idea, please check with your insurance provider to see what tests they will cover.

Q: If I am tested, do I have to report my results?

A: All PCR tests should be reported to Employee Health whether positive or negative. Any positive antibody test result should also be reported to Employee Health. Negative antibody test results should not be reported at this time. Your doctor's office will report required results to Public Health.

Q: If I have antibodies does that mean I'm immune to COVID-19?

A: It is not currently known whether or to what degree the presence of antibodies confers protection from future infection.

Q: Do I need to continue to practice social distancing and wear PPE if I have antibodies?

A: Yes. At this point in time, we do not know whether or not the presence of detectable antibodies equates to immunity, and even if it does, what level of antibody is needed or how long immunity lasts. Until these questions are answered, WI Department of Health Services recommends that these tests not be used as a gate-keeper for employment, and should not be used to modify any practices related to PPE.

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