

COVID FREQUENTLY ASKED QUESTIONS

1. What are my options for testing for the Covid-19 Viral infection?

Answer

You may test in one of 3 ways

- a) A PCR test (nose swab)
- b) An antigen rapid test (nose swab)
- c) An antibody rapid test (finger prick)

2. Which test is best for knowing whether I have it now?

Answer

The PCR test is the best test to know whether you have the Covid acutely but it takes a longer time to get results. The PCR works with the viral RNA

3. When is the rapid antigen test best?

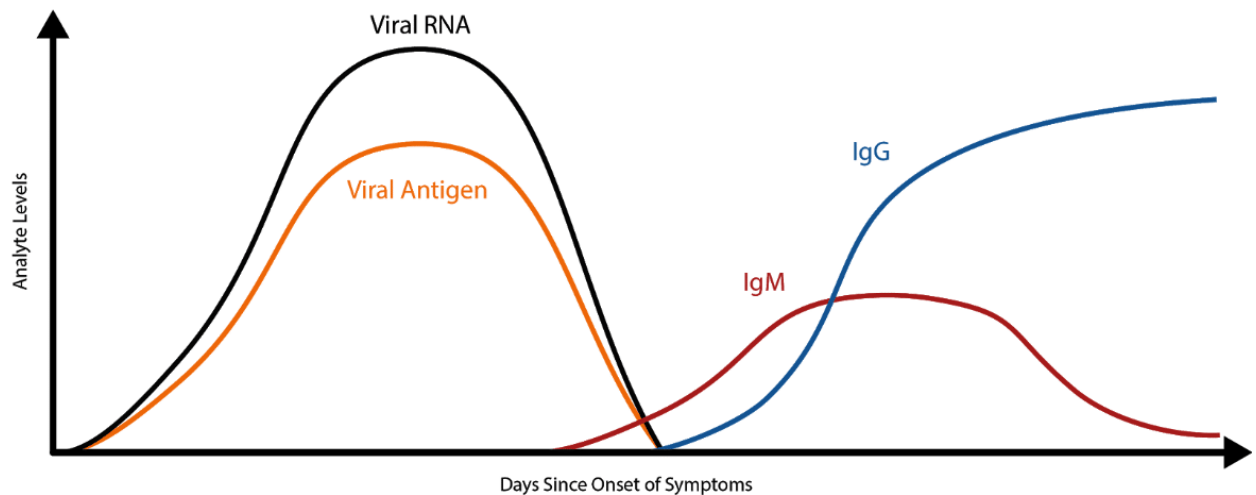
Answer

Because the antigen has to be present in you before the body mounts an antibody response, the antigen test is the best of the rapid tests to detect acute infection. You may get the antigen test first if time is a factor in limiting your exposure to loved ones or colleagues at work especially when symptomatic with positive exposure history.

4. When is it best to get the antibody test?

Answer

The antibody test detects two antibodies the body produces in response to the Covid Virus. It is believed currently that it takes a while for the body to produce antibodies in response to the virus but this is controversial and it varies depending on the immune status or age of the patient and on other variables. The antibody test attempts to detect recent infection (not acute) and past infection (or immunity). [See diagram below](#)



5. What if I have a positive rapid antigen or antibody test, do I need a PCR?

Answer

Antigen: Antigen test are very specific for the virus, but are not as sensitive as the PCR test. Positive results from an antigen test are highly accurate but when negative, it is best to confirm with a PCR because there is a high chance of false negatives with the rapid antigen test. In other words, when the rapid antigen test is positive, it is good enough but when it is negative you may need to confirm with the PCR.

Antibody: Rapid Antibody test are best to check if you have had the Covid Viral infection recently or in the past. Patients who test positive after serological (antibody) testing [Positive IgG but negative IgM,] have built up protection against COVID-19. Antibody tests are useful for determining which individuals can resume their normal activities due to their body's new resistance to SARS-CoV-2.

6. What is "Sensitivity" of a test?

Answer

Sensitivity is the ability of a test to correctly identify patients with disease when disease is present. This means there are few false negative results, and thus fewer cases of diseased individuals missed.

7. What is "Specificity" of a test?

Answer

The specificity of a test is the tests ability to designate a person who truly doesn't have the disease as negative. This means they are a few false positive results, and thus fewer cases mislabeled as diseased when they truly are not.

8. What if I have a positive antibody test?

Answer

Depending on what antibody is positive, you may have a false or true positive result. A false positive antibody test may occur if you have another virus that belongs to the same family as the covid-19 virus, or if too much blood is dropped in the test kit or for other unknown reasons. A true positive result occurs more than 90 percent of the time in EUA or CDC approved test kits.

9. What is the best test to do if I have no symptoms?

Answer

At this point, there are no guidelines on what is best to do. Most PCR test and antigen test that use nose swabs may not test adequately with poor samples, in this case, **the antibody test may be best** because it may test positive for antibodies even when you never had symptoms but were infected.

10. What if I test negative with an antibody, PCR or Antigen test?

Answer

Negative Antibody (IgM or IgG): May mean your sample was collected too early in your infection AND you did not have covid at the time of testing. It can also mean you are truly negative but because of its low specificity and sensitivity compared to the antigen and antibody tests, another method of testing is required, especially if symptomatic.

Negative Antigen: Because of a high false negative rates of this test, it is best to get a PCR next if symptomatic. If asymptomatic and unsure about timelines from an exposure, it may be best to get an antibody next after a negative antigen test that may be falsely negative due to lack of adequate samples in asymptomatic patients.

Negative PCR: If symptomatic, means you are negative because it has a high specificity. But when asymptomatic and unsure about timelines from exposure, it may be best to get an antibody first that can detect antibodies even in asymptomatic individuals.

11. Can I be infected again after a positive result?

Answer

Yes! Depending on which test you did that resulted in the positive result, the sensitivity or specificity of the test or whether or not the positive result is false or true, you can get infected multiple times. If you test positive for the IgG (the antibody that means your body has some immunity to fight off infections), you may stand a better chance of fighting off a recurrent infection later but it is unclear at this point how effective your IgGs will be in fighting subsequent infections. It is also unclear how long the Immunity lasts.

12. When can I return to work?

Answer

This depends on your risk of acquiring or fighting off infection. Younger children who do not have the developmental ability to adequately protect themselves, children with special needs or developmental delays, elderly persons, people with chronic respiratory, kidney, liver or heart disease and patients on steroids and chemotherapy are particularly susceptible and extra-precautions should be taking when considering return to work.

Immune-competent young adults with no risk factors may return to work after a positive covid test result when/if

- ✓ Asymptomatic after a 10 -14 day isolation period
- ✓ IgM if previously present is now negative with IgG present
- ✓ Antigen test negative and PCR negative in symptomatic patients that have obtained clearance from their PCPs or other providers.

13. Can Hydroxychloroquine be used to treat Covid-19 infection?

Answer

There is no scientific studies or evidence in support of using Hydroxy-chloroquine to treat patients with acute or critical Covid-19 viral infection. If anything, this

myth has led to a shortage of Hydroxychloroquine for those who really need it like lupus patients. And moreover, Hydroxychloroquine can cause serious heart problems and thus, should not be used without a doctor's approval.