

COVID-19

EU recommendations for testing strategies¹

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#COVID19

Timely and accurate laboratory testing is an essential part of the management of COVID-19. Robust testing strategies have shown to be an important tool in slowing down the epidemic, supporting decisions on infection control strategies at the health care facilities and improving the knowledge of virological aspects of COVID-19.

Testing allows treating patients more efficiently, while also providing information for monitoring the epidemiological situation and increasing the available evidence to design better containment and mitigation measures. Testing also helps detecting asymptomatic cases that could spread further the virus if not isolated.

As the epidemiological situation evolves, testing strategies must adapt in order to ensure an optimal use of resources and alleviate pressure on laboratories. Priority should be given to invest in research and development for point-of-care diagnostics and serological tests in the guidelines for testing. The WHO has called to increase the testing capacity everywhere.



WHO TO TEST IN THE EU?

The precise situation differs from one Member State to another. However, all Member States have local transmission at this stage², it is therefore suggested to prioritise testing in decreasing order of priority:

- 1 Testing of **hospitalised patients with Severe Acute Respiratory Infections (SARI)** in order to inform appropriate clinical management, including isolation and Personal Protective Equipment measures.
- 2 Testing any cases of **acute respiratory infection in hospitals or long-term care facilities** in order to guide infection control and Personal Protective Equipment use to protect both vulnerable persons and healthcare staff; testing of **symptomatic healthcare staff**, even with mild symptoms, to guide decisions on exclusion from and return to work; the aim is to protect health and social care services.
- 3 Testing of **patients with acute respiratory infections or influenza-like illnesses in sentinel outpatient clinics** and among **patients admitted to sentinel hospitals with Severe Acute Respiratory Infections** in order to assess virus circulation in the population.

¹ The European Commission updates constantly its website on COVID-19 https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en

² The recommendations are based on the scientific advice of the European Centre for Disease Prevention and Control (ECDC) and feedback from the European Commission's COVID-19 advisory panel. More detailed information can be found on its latest [Rapid Risk Assessment on COVID-19](#) as well as on its publications page <https://www.ecdc.europa.eu/en>

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Elderly people with underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, hypertension, diabetes, and immunocompromising conditions exhibiting signs of acute respiratory illness, given that they may more rapidly need respiratory support. Particular attention should be given to **vulnerable populations**, for example people living in homes for elderly persons.

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If the epidemic is local and resources allow, testing of all patients with respiratory infection. This can inform contact tracing especially in the containment phase. Testing of asymptomatic patients which have been identified as contacts to a COVID-19 case may be considered as part of the contact tracing.

If necessary, Member State specific changes can be introduced to better adapt to their epidemiological situation and resources.



WHAT TO DO AND WHAT NOT TO DO?

The countries should consider their testing algorithms based on existing and foreseen resources, based on both testing materials and personnel resources.

Some suggestions that will save resources are:

- To prioritise testing based on the above criteria and de-prioritise testing of mildly symptomatic patients or patients who are not in risk groups
- To discharge patients based on their clinical status and not to retest patients in order to discharge them from hospital³
- When laboratory resources are very limited, the positive test results should not be confirmed with second viral gene target
- Sampling of patients by one swab per patient including throat and nasopharynx should be performed
- Testing of multiple swabs from one patient pooled in one diagnostic assay should be done
- Patients who have already been confirmed positive, should not be re-tested
- Testing should be channelled through the GPs or hospitals and therefore no testing should be performed without referral from GP or hospital



SHOULD DRIVE-IN FACILITIES BE INSTALLED?

Impact and benefits of drive-in clinics need to be assessed when evaluations become available. This type of sampling stations may be beneficial, practical, and quick. If they are organised outdoors and with easy access for sampling through an opened car window, they will reduce the risk of infection of health-care staff or other patients.

³ <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-Discharge-criteria.pdf>