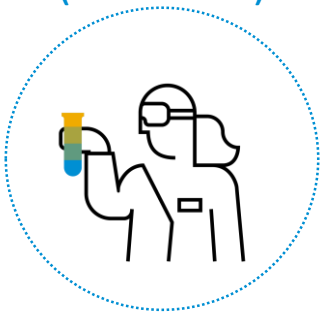
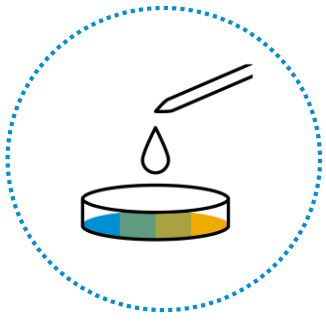
Factsheet: COVID-19 Testing

Currently there are two types of tests

As of April 17, 2020

	COVID-19 virus testing (PCR tests)	Antibody blood testing ('Immunity' tests)
		
WHAT?	▪ Test for who HAS the virus ▪ RNA virus fragments	▪ Test for who HAD the virus ▪ Antibodies towards SARS-CoV-2 virus
WHY?	▪ Identify, isolate and treat COVID-19 case and track contacts	▪ Reveal if a person has developed antibodies after an infection
HOW?	▪ Swabs from the nose and throat	▪ Small blood sample
WHEN?	▪ Suspected infection	▪ Ideally 3-4 weeks after infection
Advantage	▪ High accuracy rate ▪ Highly specific to SARS-CoV-2	▪ Helps to understand real infection rate in population (incl. asymptomatic cases) and possible immunity on a personal level
Limitations	▪ No use as test cannot detect infection in early stage of disease ▪ False negative testing occurs ▪ Testing capacity is still limited in most countries – usage only in persons with symptoms or suspected infection	▪ No use in acute diagnostics ▪ Severe inaccuracies yet: false positive, false negative results ▪ No gold standard test available yet ▪ False sense of personal safety ▪ False sense of not being able to infect others by behavior

Summary: Workplace Relevance and Recommendation

- Virus testing PCR (Swab): Unless legally required or capacity is ensured testing should be limited to persons with symptoms. Testing cannot be mandatory unless legally required.

- Antibody testing (Blood): Severe limitations in existing tests. With missing evidence of immunity no relevance in business context. Main value is epidemiological understanding of the infection rate within a population.

- No recommendation to establish wide-scale virus (PCR) or antibody testing in the workplace at this point in time. Assessment might change in the future when more data and better tests become available.