



THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS

# AAP News

## AAP updates interim guidance on SARS-CoV-2 testing, PPE

by Melissa Jenco, News Content Editor



**Editor's note:** Both guidance documents have been updated since this story was published. Visit <https://bit.ly/357KU3Z> for testing and <https://bit.ly/36kjk51> for PPE. AAP interim guidance is based on current evidence and best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children and adolescents. For the latest news on COVID-19, visit <https://www.aappublications.org/news/2020/01/28/coronavirus>.

The AAP is providing more detailed guidance on when and how to test children for SARS-CoV-2 infection, as well as the necessary personal protective equipment (PPE) and how to interpret results.

The updated **interim COVID-19 testing guidance** also includes new charts to guide pediatricians' decision-making around testing

### Whom to test

Children may need testing for SARS-CoV-2 infection if they have symptoms, were in close contact with a person with confirmed or probable infection, or are scheduled for an invasive medical procedure such as elective surgery.

Close contact is defined as within 6 feet of someone with confirmed or probable SARS-CoV-2 infection for at least 15 minutes, but clinicians can consider other contact scenarios on a case-by-case basis.

SARS-CoV-2 testing also is recommended for patients who are suspected or confirmed to have illnesses with similar symptoms such as influenza. It is possible to have both infections at the same time.

In some settings like schools, sports, work and travel, testing can be considered in conjunction with local health departments to detect asymptomatic infections. The AAP recommends that pediatricians help groups in their community develop reasonable testing practices and educate them about the risks of both false positives and



false negatives.

## Timing for tests

Patients with COVID-19 symptoms should be tested as soon as possible using either polymerase chain reaction (PCR) or antigen tests. People who are asymptomatic but have been exposed to someone with a confirmed or probable infection should not be tested until at least four days after exposure to limit false-negative results.

## Types of tests

Three types of tests are available - PCR, antigen, and antibody (serology). The updated AAP guidance contains a chart with pros and cons of all three test types.

PCR tests that have received Food and Drug Administration approval are the "gold standard" and typically are performed on respiratory samples.

Antigen tests may have shorter turnaround times for results than PCR, but may have decreased sensitivity. Antibody tests provide evidence of previous infection but should not be used for diagnosing an acute infection.

## Testing in pediatric offices

In-office specimen collection and testing provides convenience for patients and fewer potential lapses in data, but there may be hurdles like less accurate tests, delayed payments, inadequate supplies, and reporting requirements.

Clinicians may consider collecting specimens but having them processed at a reference laboratory, which also provides patient convenience along with access to better testing. However, there may be additional costs and turnaround time.

Patients also could be sent to another location for both specimen collection and testing, which would provide better testing, less risk of in-office virus transmission and not use any practice space or equipment. But families would have to travel to a testing location and test results may not be returned directly to the pediatrician.

The guidance includes a detailed pro/con list for all three scenarios.

## PPE

The AAP recommends clinicians wear gloves, a face mask and eye protection when collecting and handling specimen. They also are encouraged to wear gowns and N95 masks when collecting samples using nasopharyngeal swabs, testing patients who are likely to gag or cough, and those with a high suspicion of being infected.

AAP interim guidance on PPE is available at <https://bit.ly/36kjk51> and includes updates on PPE reuse.

## Test results

When interpreting test results, consider the sensitivity and specificity of the test, the level of virus spread in the community and the conditions that prompted the test.

Patients and household contacts should stay in isolation until all test results are final. Patients with symptoms or a positive test will need additional isolation that is detailed in the guidance.



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## Resources

- [Centers for Disease Control and Prevention testing overview](#)
- [Food and Drug Administration information on SARS-CoV-2 diagnostics](#)