NATIONAL ASSOCIATION® OF ADDICTION TREATMENT PROVIDERS

MENTAL HEALTH FIRST AID NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

*The **National Association of Addiction Treatment Providers** and the **National Council for Behavioral Health** jointly developed the following guidelines.*

# SCREENING AND TESTING FOR COVID-19

Screening and testing for COVID-19 has taken on new urgency as discussions of relaxing distancing and reopening businesses become a reality. While they are often discussed in the same context, they are distinctly different processes with different goals. It is important to understand these differences.

The screening process for COVID-19 consists of a series of questions that an individual is asked to determine if they have symptoms of an infection. The testing process involves collecting a specimen via nasal swab, saliva or blood, which is tested to establish a COVID-19 diagnosis. All addiction treatment providers should have already developed clear policies and procedures regarding their screening and testing processes, which should be regularly reviewed with staff and clients.

**SCREENING**: Addiction treatment providers should screen all potential and current clients for COVID-19. The American Society of Addiction Medicine (ASAM) provides screening questions and procedures for both outpatient and residential addiction treatment programs.

**TESTING**: The Centers for Disease Control (CDC) regularly updates their recommendations for individuals who should be prioritized for testing — such as hospitalized patients, health care workers, individuals who have symptoms of COVID-19 and individuals in communal living settings. People without symptoms may also be tested at the discretion of the provider, in collaboration with the local health department. Decisions about who should be tested should be made considering the availability of tests for high-priority individuals and the nature of the treatment setting. The National Council for Behavioral Health provides guidance specific to the unique needs of individuals in residential behavioral health facilities.

Providers should use discretion in their marketing regarding COVID-19 testing, due to widespread confusion around what tests are available, approved and in sufficient supply for high-risk populations. For example, providers should refrain from marketing that they are using any tests that have not been approved by the Food and Drug Administration (FDA).

There are currently two primary types of tests available to diagnose COVID-19. Antigen tests are also referred to as molecular or RNA tests and test for the presence of the actual virus in the test specimen, and antibody tests, also called serological tests, which detect the antibodies produced by the body to fight the virus. Both of these tests have risks and benefits, and within the broader categories there are multiple variations. Here, we will summarize the tests currently available and generally discuss the considerations for their use. For more detailed information, please consult the CDC website or your local health department for guidance on who should be tested and the types of test that should be used.

## ANTIGEN/MOLECULAR/RNA TESTS

Antigen/molecular/RNA tests are used to identify the presence of the COVID-19 virus in a sample by detecting the virus' genetic material (RNA). These tests detect actual, current infection and can be used even before the body has produced antibodies to fight the virus and before the individual has developed symptoms.

**RELIABILITY**: Because they can detect infection prior to symptom and antibody development, antigen tests can detect COVID-19 infection earlier than antibody tests. According to research, these tests have an overall accuracy of approximately 75% (separate studies have reported anywhere from 66% to 98% accuracy for various tests in various patient groups). This means that the test will fail to detect an actual infection approximately 25% of the time.

**AVAILABILITY**: The FDA has officially authorized more than 20 manufacturers to make antigen tests. While these tests are generally performed in person by a medical worker, the FDA authorized the first test with at-home collection using a short swab. Other companies recently received approval for tests using saliva and other fluids, which should become available in the coming weeks.

**ADMINISTRATION**: Collecting the sample for these tests typically involves inserting a 6-inch long swab into the back of the nasal passage through one nostril and rotating the swab several times for 15 seconds. This process is repeated through the other nostril. The swab is then inserted into a container and sent to a lab for testing. This is uncomfortable for the person being tested; however, if not done completely and properly, it can result in a negative test result when the person actually does have virus genetic material present — a false negative. Antigen tests can take anywhere from a few hours to a few days to get results, but new rapid diagnostic tests for COVID-19 show promise of results in less than an hour.

## ANTIBODY TESTS

Antibody tests identify who has been infected by detecting antibodies in a person's blood, not by looking for the virus itself. There are two different types of antibodies that can be tested for COVID-19. The presence of immunoglobulin M (IgM) antibodies indicate recent exposure to COVID-19, while the presence of immunoglobulin G (IgG) antibodies indicate later-stage infection. Current data suggest that IgM antibodies develop in our body's circulation after the first week of infection, while IgG antibodies become detectable sometime after 14 days of infection.

Because it takes the body's immune system time to produce antibodies once a person is exposed to a virus, these tests do not identify all individuals who are currently infected. These tests are valuable in identifying or confirming that an individual has been infected, but because they cannot always detect

current infection, they should not be used as a primary means of screening. Unfortunately, it is not yet clear whether the presence of antibodies against COVID-19 implies that a person is protected from reinfection by this virus — that is, has immunity.

**RELIABILITY**: Antibody tests have very low rates of giving a false negative or a false positive result — between 3 and 5%.

**AVAILABILITY**: More than 40 manufacturers offer antibody tests, making them the most commercially available type of COVID-19 test.

**ADMINISTRATION**: Antibody tests are serologic, which means that it is a blood test. This involves getting blood drawn by a medical worker, either in a laboratory or other medical setting such as a physician practice. The blood is drawn into a tube, which is then immediately processed if it is drawn in a laboratory or sent to a lab for testing. Antibody tests are typically much faster than standard antigen tests. The FDA has authorized several antibody tests, including one by Cellex that delivers results in about 15 minutes.

Visit the SLAS website for an infographic on how diagnostic tests work.