

Scale-up of Community Testing for SARS-CoV2 using Ag RDTs

20 May 2021

The roll-out of SARS-CoV-2 Antigen Rapid Diagnostic Tests (Ag RDTs) should be a key component in any National COVID-19 Strategic Preparedness and Response Plan (NSPRPs), considering its many benefits such as rapid Turnaround Time (TAT), ease of use, lower cost, not requiring instrumentation, and the opportunity to increase access to COVID-19 testing services. The lists of Ag RDTs eligible for procurement under Global Fund support can be found on the [Global Fund website](#).

The Global Fund's COVID-19 Response Mechanism (C19RM) can support countries to scale-up Ag RDT use, especially at community level, as part of their national responses.

WHO issued interim guidance (Sept 2020) (link) on use of Ag RDTs recommends the following use scenarios:	Settings in which Ag RDTs are <u>not recommended</u> include:
<ul style="list-style-type: none"> • Response to outbreaks in remote settings, semi-closed communities, and areas where PCR is not available, or TAT is prolonged. • Outbreak investigations to monitor trends in disease incidence within communities. • Instances of widespread community transmission, to inform case detection, isolation, and screening of contacts (with or without symptoms). 	<ul style="list-style-type: none"> • Ports of entry or border crossings, to make decisions about discontinuing isolation or quarantine. Lack of global and regional consensus are regarding requirements for confirmatory testing by PCR, or by repeat testing using an alternative brand of Ag RDT. This responds to a low-prevalence of infection among the target population. • Patients undergoing aerosol-generating non-surgical interventions. • Screening before elective surgery. • Screening for blood donation.

Community-based testing

Countries are strongly encouraged to focus Ag RDT deployment through community-based interventions that target case detection amongst individuals with symptoms or known exposures, with the goal of decentralizing COVID-19 testing services. Support systems are also critical to maximize the impact of Ag RDT testing services.

Plans for introduction and scale-up of Ag RDT testing should include:

- Development of National COVID-19 Testing algorithm: National Testing Algorithms should establish clear roles for both Ag RDTs and RT-PCR and continuously learning and updating testing strategies based on information gained from both domestic and international response efforts.
- Task-shifting of COVID-19 rapid diagnostic testing to Community health workers/Lay cadres. While there are currently no WHO guidelines on task-shifting of COVID-19 rapid diagnostic testing to non-laboratory professionals, including Community Health Workers and /or Village Health workers successful implementation requires a national policy allowing for task-shifting (or sharing) of SARS COV-2 Ag RDT-based testing services to non-laboratory professional and /or lay cadres.
- Provisions for comprehensive training and supervision especially at community level, on safe collection, handling of samples, testing and interpretation of test results.
- Availability of adequate and appropriate biosafety including waste management and infection prevention and Control (IPC) measures.
- Engagement in quality assurance activities which can include site supervision, mentorship, inter-laboratory (inter-facility) comparisons and post market surveillance (PMS) activities
- Capturing and integrating testing data within health information management systems (HMIS).