9th EUROPEAN CONFERENCE on INFECTIONS in LEUKAEMIA

COVID Group

Viral biology and diagnosis

▶ VIRTUAL CONFERENCE
From September
16th to 17th 2021

Final revised slide set
post-ECIL meeting

SARS-CoV-2 Diagnostics I

- SCoV2-Molecular assays are recommended for diagnosis of HM and HCT patients inside and outside of hospitals AII
- SCoV2-Molecular assays should target at least two distinct viral gene sequences AIIt
- Clinical virology laboratories are recommended to document proficiency in external SCoV2 QA programs AII
- Nasopharyngeal (NPS) or naso-oropharyngeal swab (NOPS) are recommended to diagnose SCoV2 upper respiratory tract infections AII
- Lower respiratory tract fluid (tracheal aspirate, broncho-alveolar lavage) is recommended to diagnose SCoV2 LRTI in HM and HCT patients with negative NPS-NOPS molecular test AII
- Testing SCoV2 RNA in blood is not recommended for diagnosis or management of CoVID19 patients AIII
- In symptomatic HM and HCT patients with symptoms/signs of LRTI and negative SCoV2 molecular tests, diagnostic testing should be expanded to other pathogens AI
- Antigen detection should be reserved for rapid point-of-care diagnosis AII and be confirmed by molecular testing AII

SARS-CoV-2 Diagnostics II

- SCoV2-infected HM and HCT patients should be re-tested by molecular assays for decisions regarding deferral of treatment and/or infection control measures AII
- SCoV2 genome quantification of Ct-values >35 is associated with low/absent risk of transmission provided adequate sampling quality BII
- For repeat SCoV2 screening of asymptomatic non-infected HM and HCT in-patients, oropharyngeal gargle samples can be considered BII
- SCoV2 Antibody assays are not recommended to diagnose a new-onset acute SCoV2 infection AII
- Immunocompromised persons such as HM and HCT patients may have mitigated antibody responses BII
- Antibodies targeting N protein can be considered to ascertain previous SCoV2 exposure AII
- Antibodies targeting S protein can be considered to ascertain vaccine response or previous exposure to SCoV2 AII
- Antibody to N-protein can be considered in patients with suspected multi-inflammatory syndrome in children (MIS-C) AII