


POSITION STATEMENT on COVID-19 TESTING IN NAGALAND

| Sl. | TEST | FINAL INTERPRETATION |
|-----|-----------------------------------|--|
| 1 | Truenat E-Gene | |
| | <i>Negative</i> | True negative, no need for further confirmatory test |
| | <i>Positive</i> | To be confirmed by RT PCR or TRUENAT RdRp gene |
| 2 | TrueNat RdRp | |
| | <i>Positive</i> | True Positive, No need for further confirmation |
| | <i>Negative</i> | True Negative, No need for further confirmation |
| 3 | Rapid Antigen Test | |
| | <i>Positive</i> | True Positive, No need for confirmation |
| | <i>Negative</i> | If symptomatic, confirm by RT PCR |
| 4 | RT-PCR | |
| | <i>Positive</i> | True Positive, No need for confirmation |
| | <i>Negative</i> | True Negative, No need for confirmation |
| 5 | Rapid Antibody Tests (IgG) | <i>(To be used only for studies / surveillance in specified settings and not as a diagnostic tool nor for clinical guidance)</i> |
| | <i>Positive</i> | Indicates possible infection in the past (More than two weeks old) |
| | <i>Negative</i> | Indicates no infection in the past / patient did not develop an immune response/ The antibody developed but did not last. |

N.B:

1. There is an urgent need for rational and scientific use of available resources for sustainability in the long run.
2. Further tests after being confirmed as 'true negative' will be only on grounds of clinical suspicion and correlation in symptomatic cases.
3. Some cases will show positivity up-to 37 days, or beyond 3 weeks but that doesn't indicate the patient is infectious. This is likely due to the presence on non-viable viral particles in mild / asymptomatic cases.
4. For asymptomatic and mild cases, virus is not viable to cause infection after 10 days of sample collection or onset of symptom. The GOI guideline does not mandate a negative result before discharge for such cases. The state policy of testing once after 14 days in only an added precautionary measure.
5. It should be remembered that any COVID-19 test anywhere in the world is neither 100 % specific nor sensitive. Variation in test results could be linked to the timing of sample collection and other variables.
6. The policy of testing between 5 to 10 days of exposure is once again strongly reiterated.
7. **The logical sequence of confirmatory test following a screening test should be planned. In a point-of-care setting where prompt result is required, Rapid Antigen Test is the preferred first test. If result is positive, it is a true positive which requires no confirmatory test. If negative, further testing using TrueNat screening assay will show if it is truly negative. In case the test turns out positive, TrueNat confirmatory assay, or if not available, RT-PCR (Gold Standard) test should be used to make the final confirmation.**
8. The districts should immediately minimize wasting resources on retest of positive cases. Rather, the same resources can be focused on detection of undetected cases in the population.


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NAGALAND : KOHIMA**

NO. DHFW/COVID-19/2019-20/ 5180-84

Dated Kohima, the 6th August, 2020

CIRCULAR

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There are various types of COVID-19 confirmation and screening tests such as RT-PCR, TrueNat / CBNAAT, Rapid Antigen Test, and Rapid Antibody Test. Each test has its own interpretation and usage. It is important to use the right kind of test for the right setting. Also the interpretation should be done correctly so that there is no misconception or spread of false information. For example, TrueNat screening test result should not be reported as a COVID-19 positive result unless the confirmatory assay is available for TrueNat or confirmed by RT-PCR test.

Therefore, enclosed is the position statement on COVID-19 testing in Nagaland. The scientific and rational use of various tests is crucial for a low resource setting like ours in the combat against COVID-19 which is poised to be a protracted battle.


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Copy to:

1. The Deputy Secretary to the Chief Secretary, Government of Nagaland for information
2. The Home Commissioner, Government of Nagaland for information
3. The Commissioner and Secretary to the Government, Health and Family Welfare Department for information
4. The District Task Force, all districts for information
5. The CMO / MS of all districts for information and necessary action
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