

مركز الأمراض الإنتقالية
Communicable Disease Center

عضو في مؤسسة حمد الطبية
A Member of Hamad Medical Corporation



Memo

ATTENTION	All HMC Facilities	DATE	20 th April 2020
THRU	Dr. Saad Al – Kaabi Chairman of System Wide Incident Command and Control (SWICC) Committee Changes	Approved Saad 20/04/2020	
FROM	Dr. Muna Al Maslamani Medical Director, CDC and Medical Director of All COVID-19 Cases across State of Qatar	Dr. Muna Al Maslamani Medical Director Communicable Disease Center / CDC, HMC 008813 REF NO.	057CDC/MD/MM-20-GV
SUBJECT	HMC COVID-19 Rapid Diagnostic Testing Criteria		
<input type="checkbox"/> URGENT	<input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> PLEASE PROCESS	<input type="checkbox"/> FYI

In reference to the above- mentioned subject kindly see attached Rapid Diagnostic Testing Criteria for your kind reference.

Thank you

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Rapid Diagnostic Testing Criteria

	Category	Timing	Rationale
1	Staff Exposure	At baseline if symptomatic do PCR ,if asymptomatic RDT at 7 and 14 days	In window period test may be false negative , symptomatic patients PCR test most likely will be positive
2	Close Contact	PCR baseline if negative do RDT after 14 days	Close contact would have continuous exposure to index case which most likely will result in positive PCR test
3	Screening for Health Care Workers: HMC healthcare workers in direct contact with Suspected or confirmed COVID-19 patients	Baseline RDT and then every 2 weeks if positive do PCR	<ul style="list-style-type: none"> •To establish baseline prevalence •To establish rate of seroconversion over time to inform prevention & diagnostic strategies (e.g. need for, timing and frequency of PCR screening)
4	HMC Healthcare workers in direct contact with biological samples from patient with suspected or confirmed COVID-19	Baseline RDT and then every 2 weeks if positive Do PCR	<ul style="list-style-type: none"> •To establish baseline prevalence •To establish rate of seroconversion over time to inform prevention & diagnostic strategies (e.g. need for, timing and frequency of PCR screening)
5	Clinically suspected COVID-19 with 2 negative PCR tests on upper airway sample	RDT after 7 days from the last negative PCR or onset of the disease , if applicable repeat PCR from lower respiratory sample	Help exclude COVID-19 in individuals with strong clinical suspicion without PCR confirmation. This is only applicable to those with negative PCR tests on upper airway samples
6	Clinically suspected COVID-19 with symptoms more than 7 days	Initial RDT if IgM positive need to do PCR, If negative clinically suspected can do PCR	After 7 days test most likely will be positive

NB: For categories 1-4 , any one who becomes symptomatic during the the two weeks period then to do PCR

PCR and Rapid Diagnostic Antibody Test

Test result			Interpretation	Action
qPCR	IgM	IgG		
+	-	-	IgM,IgG may be negative because Patient may be in the window period	Isolate
+	+	-	Patient maybe in the early stage of Infection	Isolate
+	+	+	Patients in the active phase of Infection	Isolate
+	-	+	Patient may be in the late or recurrent stage of infection	Isolate
-	+	-	Patient may be in the early stage of infection or false positive IgM, qPCR result maybe false negative	Isolate, repeat PCR after 2 weeks if negative discontinue isolation
-	-	+	Patient may have has a past infection, and has recovered	No Isolation
-	+	+	Patient maybe cured from the infection or the qPCR result may be false negative	Repeat PCR after 24 hours, if negative discontinue isolation
-	-	-	COVID-19 infection is excluded	No Isolation

