

FROM THE DOCTORS OF OUR COMMUNITY

Reaffirmation of Current Social Distancing Practices in NY/NJ

Several new blood tests and kits for COVID-19 antibodies are emerging daily and becoming available to the community. Many people are wondering if these test results change the current recommendations for social distancing and the current guidelines on protecting the elderly/high-risk populations.

Unfortunately, at this time the answer is unequivocally... **NO!**

One should especially be wary of any “rapid” or “home” test kits. They are NOT intended to be used to make any individual determinations. At the time of this publication (04/21/2020) they show very poor accuracy and cannot be relied upon, though we hope to see progress and refinement in the future.

There are several reasons that we cannot rely on any test results to make decisions about Social Distancing.

- Most importantly, any decision about change in policy must be made by the CDC and Departments of Health. Until such a time as the policy is changed by the government, NO test may allow a person to disregard current social distancing recommendations.
- The accuracy of the antibody tests, including those approved by the FDA for emergency use, has not yet been thoroughly studied. These tests have NOT been approved for decision-making regarding social distancing or isolation policies. Even if you test positive for antibodies, it does not necessarily mean you are immune - we simply do not have that information yet.
- Most of the current tests only look for the *presence* of antibodies but not at the *function* of the antibodies to see if they actually provide immunity. Furthermore, even if you assume the antibodies do provide immunity, we do not know how much antibody is needed or for how long the immunity lasts. Other countries are now reporting cases of re-infection.
- It is important to realize that the virus may be passed through contact with theoretically immune persons who can still carry the virus on their hands, clothes, etc.
- If you previously tested positive on a PCR test (nasal swab), have recovered from illness, and now test negative on that same test, this does NOT mean you are immune. It also does not mean you are guaranteed to no longer be contagious.
- Testing will eventually be a large part of helping to re-open society. However, there is no one size fits all test. *Please* do not self-interpret the results of any test. The meaning of any test result MUST be discussed with your doctor and be based on guidance from the CDC.

We would like to reaffirm the policy from the NYS Department of Health which is currently in effect through May 15th. This includes the current recommendations regarding social distancing, hygiene, closure of non-essential businesses, restricting gatherings or events of any size, and limiting outdoor exposure to non-contact activity only.

If you have been living with a specific group of people and avoiding contact with elderly/high risk persons please *continue* to do so. There is still not enough data to support relaxing the current social distancing practices. All social encounters outside your immediate household could still put them, and you,

Please note that this letter was composed in an expedited fashion as a response to the current quickly changing situation. We apologize in advance for any errors or omissions. We also welcome comments and any other doctors who would like to have their name added to future versions and updates. Please email us at info@scaupdates.org

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at unnecessarily increased risk. Any gathering including minyanim, semachot, and outdoor gatherings are still STRICTLY PROHIBITED.

This can, and hopefully, will change as we learn more, but as of now it is imperative to continue as we have been. We understand how difficult this is, however, we must wait until the medical and scientific community can gather more information. As the weather improves and we all feel the effects of cabin fever, our discipline and vigilance are more important than ever. Furthermore, as always, decisions to change our current practices can only be made at the discretion of the state and national health officials.

Respectfully,
Your Community Doctors

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2020 Health Alert #11: Current Status of SARS-CoV-2 Serologic Testing

April 22, 2020

Dear Colleague,

Although there is interest in identifying individuals who may be immune to SARS-CoV-2 due to previous infection, significant voids remain in our scientific understanding of the pathophysiology of SARS-CoV-2 which make interpreting serologic assays challenging for clinical and public health practice. Given the current lack of evidence that detection of SARS-CoV-2 antibody on any serologic test is indicative of durable immunity, it **should not** be used for that purpose.

Serologic tests should not be used to diagnose acute or prior SARS-CoV-2 infection, nor should they be used to determine immune status to SARS-CoV-2. They may produce false negative or false positive results, the consequences of which include providing patients incorrect guidance on preventive interventions like physical distancing or protective equipment. Serologic tests do not have a role in diagnosing acute infection in symptomatic individuals since antibody responses to infection may take days to weeks to be detectable. A negative serology would, therefore, not exclude SARS-CoV-2 infection in a patient with recent exposure to the virus. Cross-reactivity of antibody to other common coronavirus proteins may also occur, so a positive serology may either reflect infection with SARS-CoV-2 or past infection with other human coronaviruses.

Dr. Jennifer Rakeman, Director of the NYC Public Health Laboratory, recently sent [a letter](#) to NYC health care providers cautioning against using unvalidated serology test kits that are currently being marketed. The New York City Health Department cautions health care providers and clinical laboratories from assuming that any of the SARS-CoV-2 serology test kits now being marketed, some advertising falsely that they have been approved by the Food and Drug Administration (FDA), are reliable enough for use in routine clinical practice. As of April 14, 2020, only three serology assays have received FDA Emergency Use Authorization (EUA), and all three tests must be performed in a moderate or high complexity setting. The "Instructions for Use" documents for all three tests include disclaimer information regarding possible and demonstrated cross reactivity with common human coronavirus antibodies. Other tests may be coming online soon that do not cross react with commonly circulating coronaviruses. **Availability of such tests without cross reactivity would not change guidance on how to interpret a positive or negative antibody result as a test to prove or disprove immunity to SARS-CoV-2.**

The development of reliable serologic assays that accurately assess prior infection with SARS-CoV-2 will be essential in the future for epidemiologic studies, ongoing surveillance, vaccine studies, and potentially for risk assessment of health care workers. The NYC Health Department recommendations on the reliability of available serology assays for SARS-CoV-2 infection may change as more data become available, at which time further guidance will be issued.

Sincerely,

A handwritten signature in black ink, appearing to read "Demetre C. Daskalakis".

Demetre C. Daskalakis, MD, MPH
Deputy Commissioner, Division of Disease Control
New York City Department of Health and Mental Hygiene