COVID-19: Antibody testing FAQs for providers. What you need to know:

UCHealth is actively monitoring current data and national and international recommendations on the accuracy and utility of COVID-19 antibody tests as the demand for the test increases within our community. Based on the current evidence, UCHealth is following recommendations from organizations such as the Centers for Disease Control, World Health Organization and the Infectious Diseases Society of America and does not recommend antibody testing at this time for diagnostic decisions or assessments of immunity. While the tests can help us better understand the level of SARS-CoV-2 (the virus that causes COVID-19) exposure in the community (prevalence), they are not useful in guiding clinical decisions (i.e. whether a patient is immune or has an active infection).

The following document has been developed to assist UCHealth providers navigate frequently asked questions regarding antibody testing and deciding for which patients SARS-CoV-2 antibody tests should be obtained.

Q: What is an antibody test, and should patients get one?
A: The antibody test looks for IgG antibodies in the blood produced in response to SARS-CoV-2. We are still learning more information about the best use of these tests. Currently, antibody tests do not help us provide any information about current infection status, immunity or one’s risk of getting the virus in the future and can only provide information about whether someone has been infected in the past. If your patient currently has symptoms concerning for COVID-19, antibody testing is not the appropriate test for diagnosis. They should have a PCR test ordered and performed by nasal swab to determine if their current symptoms are due to COVID-19.

Q: What diagnosis should I use when ordering an antibody test?
A: Providers should order the test using the diagnosis code "Encounter for antibody response examination" when ordering this test.

Q: What are some of the specific issues related to the tests?
A: The vast majority of tests available lack the specificity to safely distinguish COVID-19 (SARS-CoV-2) antibodies from other common coronavirus antibodies. UCHealth is using commercial methods for serology testing for antibodies to COVID-19 (SARS-CoV-2) with 99% specificity.

Q: Does a reactive antibody test mean that someone is immune?
A: No. The antibody response in infected patients remains largely unknown, and there are different antibody tests with variable performance. According to the World Health Organization (WHO) there is currently not enough evidence to suggest that people who have recovered from COVID-19 and have antibodies are protected from a second COVID-19 infection.

Q: What commercial antibody tests are available?
A: There are a variety of different antibody tests, ranging from fingerstick tests to more comprehensive enzyme-linked immunosorbent assay (ELISA) serum tests that require a blood draw. UCHealth is currently utilizing only (ELISA) serum tests that require a blood draw. UCHealth is currently using both the Abbott and Ortho tests. At this time, we do not believe there is a rapid (finger prick) test available which is sufficiently sensitive or specific. We emphasize that although the Abbott and Ortho tests are very good at detecting SARS-CoV-2 IgG antibodies, results should not be used to determine immunity or active infection, only prevalence in the community (number of people with past infection). Patients should not change the safety measures they are taking, including physical distancing and masking.
Q: Are the Abbott and Ortho tests being used by UCHealth authorized for use by the FDA?
A: Yes. Both of these tests have been evaluated by the FDA and meet the agency’s accuracy requirements. These are among the few antibody tests authorized for emergency use by the FDA. Tests selected for use by UCHealth exceed the FDA’s minimum requirements.

Q: Which patients should receive an antibody test?
A: The following types of individuals may benefit from knowing if they have had exposure to SARS-CoV-2:
- Any patient who has had a positive COVID-19 RNA PCR test (nasal swab) and is considering donating plasma.
- Any patient who has risk factors for severe disease and has a close contact diagnosed with COVID-19.
- Health care workers.
- Those who work in a nursing home or prison.

Q: What do I tell my patient if his/her result is reactive for IgG antibodies to SARS-CoV-2 (COVID-19)?
A: Emphasize to the patient that although it is likely that they had a past infection with SARS-CoV-2 (COVID-19), they should not presume that they have immunity or that they cannot become ill from COVID-19 in the future. Most importantly, patients with positive results should continue to practice physical distancing and masking.

Q: What do I tell my patient if their test result is non-reactive for IgG antibodies to SARS-CoV-2 (COVID-19)?
A: Because of the sensitivity of the tests used by UCHealth, most likely your patient did not have COVID-19. If your patient was recently sick with COVID-19 or with symptoms that could have been from COVID-19, it is possible that they were either tested too soon after their infection or that their immune system did not respond. If you choose to repeat antibody testing, wait at least two weeks before doing so. If the test remains non-reactive, there is no utility in continuing to repeat the test.

Q: How much does the antibody test cost?
A: The self-pay cost is $100. Under current guidance from the Centers for Medicare and Medicaid Services (CMS), patients with insurance should have coverage for antibody testing at no cost. However, patients should check on the details for his/her specific insurance plan.

For additional information, please see the FDA’s Serology/Antibody Test FAQs.