The Global Health Network
COVID-19 Diagnostics Working Group

Team leaders meeting
23/10/2020
Location: Zoom

Nicole: I have seen you have been working on the document today Linzy. Were you working on your areas or also adding to other parts of the document?

Linzy: I have been working on my part but also adding questions to other parts. I have noticed we all use PCR, RTPCR, QRT PCR interchangeably, so we'll have to agree on that. I still think it makes more sense to have it as a protocol instead of a summary of what's happened.

Nicole: Yes, I agree, I think the WHO bulletin could be a good place for it. I guess we might need to state why we are choosing one way over another, and why we are making it a set of recommendations. And if we do that we don't need to discuss of all Point of Care.

Linzy: In terms of validation of these tests, we haven't specifically said that these should be done over others. We could mention which is the best or most appropriate test. There are many different tests so it might be worth referencing more different types of tests.

Nicole: Ok so that's the part Kelvin and Damaris were doing. Do you mean which tools should other labs be using to validate their own diagnostic tests.

Linzy: Well we haven't said you should use a specific test, maybe we should reference all the different tests.

Nicole: Yes and then it could be a tool kit, and you could click to get recommendations about different types of tests.

Linzy: In fact, we've already got that on our PANDORA hub (COVID-19 Diagnostic tools). It is research based instead of focused on diagnostics. So you could potentially do one on specifically diagnostics. With diagnostics there are even more validation principles you need to adhere to, so while the information is on the whole the same you might need to approach it slightly differently.

In terms of collecting samples, each country will have their own guidelines, and then you can also refer to WHO guidelines, CDC guidelines etc. So, in theory the ethics and collection is very similar if not identical, it's more about how you then use the samples. We could use all the sections we've got and have a decision tree – if you can't get a sample for whatever reason, you could use this method (which may not be quite as sensitive but it is a good alternative. And then you could compare regionally (access to swabs for example).

Nicole: Yes then you could have a decision tree for your region

Linzy: Yep so a lot of the diagnostic kits haven't been approved, but you could have a guideline saying if you don't have X kit you could use Y as an alternative. And maybe create a top 10.

The availability will have hopefully increased in comparison to the start of the outbreak. Of course, a lot of these things are produced in Europe and America so it can take months to get them sent to Africa for example.

Nicole: We can put this idea to the rest of the group, and I will ask Trudie and Sam and we can all talk to them. We are working on something similar with Study Materials (see Malawi protocol, for example). We could do something similar to this or the Quality Management one. Once we have a good first draft we can talk to Sam and see what's best.

We could also put videos in the tree. And then this part you wrote Linzy is really good, because you explain the gap between the collection of the samples and the lab.

Linzy: Yep the information just did not get through to everyone, having simple and easy visual aids will help enormously. Usually the lab does the faffing and fixing things.

Nicole: Next we need to talk with Kelvin and Damaris about the validation part.

Linzy: I wouldn't say its validation as much but we need to say 'based on this research X are the best tests, but if you can't get access to X, Y should be used'. IMPORTANCE OF FIND website.

Nicole: The last thing is that I don't know where the Point of Care section should go. I put it at the end

Abbas: I have been working on the Point of Care diagnostics. Rapid Diagnostic Tests in Nigeria there were not any that met validation specifications.

Nicole: Last week Damaris was explaining it was similar in Kenya so they stopped doing research on PoC tests, but it was different in India for example. So, we need to make clear how the use of tests and research of tests is different in different regions. There is a video on our COVID hub (in webinars of Diagnostics) by ALSM which I will send by email and I think it will help the discussion. I'm just wondering where it will fit in in the guideline. Point of Care is not just a sample, but it embeds the whole cycle in one device.

Abbas: I think the best place for it is prior to the Serological tests.

Linzy: If we're going to make some kind of interactive thing, we could always separate the tests into where they are used. PoC tests are usually used at airports and upon entry, whereas it's not used for hospitalized patients/ test and tracing.

Nicole: We can just continue writing it and then when its more developed we can find a better place for it. My problem is that we jump between the testing and the laboratories. So, I will let the others know about this idea of the tree map and see what they think, and then I call talk to Trudie and Sam and we can try and develop that.