The Global Health Network
COVID-19 Diagnostics Working Group

Team Leaders meeting
Zoom call
09/10/2020

Nicole: Last time we clarified every 2 weeks having a call to see how we are proceeding on the paper. My idea on today's call was to focus on how to unite the different parts. I wanted to see if we would develop as a paper or a guideline – at the moment it looks like a guideline. It's more of a guideline with recommendations in comparison with a discussion.

Vasu: Is it too late into the pandemic to put it up as a guideline?

Oscar: It would be better to keep it as a guideline, even though we are deep into the pandemic there is a lot of misinformation and therefore this works well as a guideline. We are in an evolving situation, and this might work/ be transferable to other diseases. If we have a similar pandemic, we can still use this as a guideline.

Linzy: I showed my sections to my manager and he said if you put it in a paper where are you aiming for. Not many journals accept many situational reports so might end up as a guideline anyway. Might be different because of COVID, but will probably have to be a guideline.

Nicole: We could potentially send it to the WHO bulletin.

Damaris: I think we should try to keep it as a discussion paper rather than a guideline because it is more reporting what has been done based on observations and experiences.

Nicole: My point is that we are going step by step, bullet point by bullet point on how it should be done. So if we want to put it as a discussion need to frame it differently. The information is there but we need to decide on how it should be framed.

Damaris: I am more inclined to have it as a discussion paper because things are different in each country, so not sure it would work as a guideline.

Abel: Sorry I haven't been active recently, had lots to do in the lab. Yesterday I sent a version I am still working on, there are some sections that still need to be referenced. I will make sure I'll finish it after this meeting. From the initial guideline we talked step by step. We can make it a discussion if we base it on regions instead of countries.

Vasu: It could be a discussion paper later on but if the need of the hour is a guideline, we can start with that. We can suggest it to bodies like WHO (as Nicole said) – since its already formatted like a guideline. We can always change it to a more discussion-based paper later.

Nicole: Even if you wanted to do both we could do the guideline first, and then apply to a guideline in a specific region. My other question was perhaps its worth for everybody to start reading it all and making comments on the side. I know originally we said first sample collection and then sample types. Perhaps worth it having types first, and then… Have the samples first and then concentrated on the SWABs – perhaps when you read it, you will read it differently as you are the experts. Also think we need to start linking the different parts - some transition between the parts. Finally, if we are doing it as recommendations, we need to all check each other's parts to make sure it is applicable to other contexts.

Vasu: Also need to address the availability of the tests. Take into account the settings, population, what are the options for rapid antigen testing and PCR etc.

Nicole: Does that not fit more in the discussion?

Damaris: Just for me to be more informed on the Rapid Antigen tests, I would like to hear more about it because we don't have them here in Kenya

Vasu: In about half an hour the ASLM are talking about rapid antigen tests. But yes they are POC tests with poor sensitivity. If you do it with a window of 5-7 days it might be good, but a negative test does not rule out the person doesn't have COVID. They are much quicker – but you must interpret it with caution. Has also been misused for asymmetric screening – a negative really doesn't mean anything.

Damaris: For Kenya now, we have some many cases that are asymptomatic, so a positive you are very sure they have COVID

Vasu: If you have the resources to test often then Rapid Antigen testing is very good – you can test regularly.

Abel: I just want to chip in that in most of the African Countries I discourage the use of Rapid Diagnostic Testing.

Linzy: Have you approved Rapid Diagnostic Kits because I know a while ago they were for research only.

Vasu: I can speak for my country that one was approved but it was with low sensitivity – if you have the resources you can continue doing the tests every few days – if you want to screen a population for example.

Abel: Rapid testing was quite sensitive in the study done here, the Rapid Diagnostic tests are discouraged for now, but they are still hoping over time they will be improved

Damaris: In Kenya we cannot use Rapid Diagnostic Kits. Even research is being discouraged – they are not sensitive enough.

Vasu: I can share a presentation on Rapid Antigen Testing, and if we are done we could attend the Africa CDC. Also a course by FIND on molecular diagnostics. Can share that also.

Kelvin: Once we have decided which route (recommendation vs discussion paper). If we are doing recommendation, we should take a more general route that is applicable to more countries. More universal approach with what most/ all countries are doing.

Nicole: The discussion of POC it is interesting – for all other diseases it is pushed in all regions. Damaris it's interesting that you are discouraged to even do research on POC tests, especially when there is high sensitivity in POC tests for other diseases.

Damaris: It was more that we were advised to put it on hold, because if other countries haven't managed it, then our focus should be on other things, eg in house PCR kits. I think they will give us the leeway later to continue.

Oscar: The majority of our testing in Zimbabwe is using PCR, but we're trying to decentralize the testing. Rapid tests are being used as POC, in major hospitals, they are using the rapid tests as a POC when there is no time for the PCR tests. Big companies are being encouraged to do testing, but because of the high cost of PCRs (50-100$), they are saying Rapid test is also acceptable and available as an alternative. At this point, there has not been a ban/ hold for POC diagnostics.

Vasu: It's the same here as Oscar said to get the tests quickly in hospitals, for women in labour for example. Despite the low sensitivity, the rapid tests could be used in a particular way.

Kelvin: Perhaps Linzy you could tell us what challenges we may face when applying for as a discussion paper to reduce the time spent applying

Linzy: Didn't give me a huge amount of information, but we tried to publish a situational report on Tuberculosis but found it difficult to find a journal to accept it. As I said it may be better because it's based on COVID.

Nicole: I have actually read a lot of situational papers – one has just come out. I think what makes it strong is saying this is the gap and we should focus on this, not just an outline of what is happening. But we need to reach a consensus on how we are using the rapid tests. We can have a conversation with Trudie – work a little bit more on the paper and then see with her which side it suits better.

Ryan: Yep I think that's a good idea, Trudie will have good experience and be able to guide us with this. Also agree with what Damaris said earlier that we all need to cross check if we are doing the recommendation instead of guideline approach. Presenting them as recommendations would be good but we need to make sure it's a global consensus.

Nicole: Linzy if you could ask your line manager more about what went wrong. Abel you still have to work on your part right. There are just 5 lines on POC, so perhaps Vasu, Oscar can add to this.

Oscar: I am happy to expand that, but I agree with Ryan that we need to give it a more global perspective.

Nicole: Can you work on the online version now Abel? I have modified that, if you could work on that version that would be great. Kelvin and Damaris, I don't know if you were missing any parts.

Kelvin: we were missing the part on number 5: genome sequencing. We will work on that over the next few days.

Nicole: Would it be helpful for the teams to finish and then everyone reads over it and we go from there?

Vasu: Would it be possible to do it in one week instead of two? (Everyone agrees)

Nicole: So I think everyone can try and finish their sections and read over it. And I can set a meeting for the same time next Friday.