Kaleida Health Laboratories

FACT SHEET FOR HEALTHCARE PROVIDERS
Antibody Testing

The IgG antibodies are generally detectable in blood several days after initial infection, although the duration of time antibodies are present post infection is not well characterized. Individuals may have detectable virus present for several weeks following seroconversion.

When IgG antibodies are present, it often indicates a past infection but does not exclude recently infected individuals who are still contagious. It is unknown how long IgG antibodies to SARS-CoV-2 will remain present in the body after infection and if they confer immunity to infection.

A positive result for IgG may not mean that an individual's current or past symptoms were due to COVID-19 infection. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions.

The SARS-CoV-2 IgG assay has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to individuals could include the following: risk of infection by exposure to persons with active COVID-19. If a recent infection is suspected a false positive result may lead to a recommendation for isolation of the individual, monitoring of household or other close contacts for symptoms, isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19-infected individuals, limits in the ability to work, or other unintended adverse effects.

All laboratories using this test must follow standard confirmatory testing and reporting guidelines according to their appropriate public health authorities.

What does it mean if the specimen tests negative for IgG antibodies against virus that causes COVID-19?
A negative test result with this test means that SARS-CoV-2 specific antibodies were not present in the specimen above the limit of detection. However, a negative result does not rule out COVID-19 and should not be used as the sole basis for treatment, patient management decisions, or to rule out active infection.

Individuals tested early after infection may not have detectable IgG antibody despite active infection; in addition, not all individuals will develop a detectable IgG response to SARS-CoV-2 infection. The absolute sensitivity of the SARS-CoV-2 IgG assay is unknown.

When testing is negative, the possibility of a false negative result should be considered in the context of an individual's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. The possibility of a false negative result should especially be considered if the individual's recent exposure or clinical presentation indicate that COVID-19 is likely and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative. Direct testing for virus (e.g., PCR testing) should always be performed in any individual suspected of COVID-19, regardless of the SARS-CoV-2 IgG assay result.

What is an EUA?
The United States FDA has made this test available under an emergency access mechanism called an Emergency Use Authorization (EUA). The EUA is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics (IVDs) for the detection and/or diagnosis of the virus that causes COVID-19.

An IVD made available under an EUA has not undergone the same type of review as an FDA-approved or cleared IVD. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives, and based on the totality of scientific evidence available, it is reasonable to believe that this IVD may be effective in the detection of IgG antibodies to the virus that causes COVID-19.