

# Here's who should get priority amid SARS-CoV-2 testing shortages

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The AMA is laying out recommended considerations for physicians' ordering of SARS-CoV-2 polymerase chain reaction (PCR) testing given shortages of key test supplies that are expected to last for the rest of this year.

While the supply of swabs needed has been boosted since the early stages of the pandemic this spring, shortages of reagents, viral transport media, pipette tips and other supplies are continuing to negatively affect the nation's SARS-CoV-2 PCR testing capacity. That comes as demand has risen dramatically, driven by the nationwide surge in cases of COVID-19—the respiratory illness caused by SARS-CoV-2—and by asymptomatic patients who want test results to enable return to work, school, social gatherings or nonessential travel.

All of this has resulted in big delays in return of PCR testing results and hampered the ability of hospital laboratories to meet the needs of patients with symptoms of the deadly disease and those who need non-COVID-19 treatment, testing or procedures.

“Until some form of rapid point-of-care or home-based screening tests with acceptable performance characteristics become available, demand for PCR testing is expected to be exceptionally high,” says the AMA's guidance document, “Considerations for Physicians Ordering SARS-CoV-2 PCR Diagnostic Testing.” The AMA has also prepared a companion guide for the general public.

Many experts last week warmly welcomed news of the Food and Drug Administration's issuing an emergency-use authorization for a Yale School of Public Health saliva-based diagnostic test that can be collected in any sterile container and doesn't require a separate nucleic acid extraction step.

## Prioritize testing in these 4 scenarios

Nevertheless, demand for PCR testing is likely to outpace capacity. Given the reality, the AMA is

recommending that ordering physicians “consider prioritizing testing services for those individuals with a medically indicated need.”

That “medically indicated need” category includes patients who:

- | Exhibit COVID-19 symptoms.
- | Have a known exposure to SARS-CoV-2.
- | Require a negative SARS-CoV-2 test to pursue medical treatment or procedures.
- | Are health care workers.

This list, the AMA notes, “is not exhaustive and other individuals may have legitimate medically indicated needs for testing services.” Such requests “should be considered on a case-by-case basis.”

In addition, there’s a need to test asymptomatic patients as part of public health surveillance efforts. Patients taking part in such efforts should be considered “to have a prioritized need for testing services,” the AMA says.

The AMA and other organizations with expertise in medical testing are urging Health and Human Services Secretary Alex Azar to ensure the nation’s limited testing resources go to patients with medically identified needs or to public health surveillance efforts. [Learn more.](#)

## What to tell other patients

For patients who aren’t at immediate risk of COVID-19, don’t have another medically indicated need for testing, and are not part of a public health surveillance plan, physicians should recommend at-home quarantine to help limit the risk of transmission while easing the demand for testing.

Similarly, for patients wishing to engage in nonessential travel, social gatherings, or get back to work, the AMA is encouraging doctors to “consider recommending at-home quarantine in lieu of testing.”

## You got tested—now stay home

For those patients who do get tested after presenting with a medically indicated need such as COVID-19 symptoms or a known exposure to the disease, the AMA says “it is critical” that doctors “counsel patients on the importance of at-home quarantine until test results are received.”

That’s because “potentially infected patients choosing not to quarantine during this time risk transmission to others and clear counseling to this effect is critical to help limit spread of this disease.” The Centers for Medicare & Medicaid Services has announced it will use existing evaluation-and-management (E/M) payment codes

to pay for such counseling services.

According to the Centers for Disease Control and Prevention (CDC), there's an 86% drop in virus transmission when patients who get tested are quarantined. That compares with a 40% decline in transmission if the person waits for symptoms to show up before self-isolating.

## **Key messages for when result is negative**

The AMA is also recommending that physicians counsel patients about the meaning and impact of a negative SARS-CoV-2 test result. Bottom line—the test is a snapshot in time, not a get-out-of-pandemic-free card.

“It is possible that patients could be infected in the hours or days after receiving the test result or were tested too early during the course of illness,” the AMA notes. “Those with negative test results must continue to follow all public health protocols including physical distancing, employing good hand hygiene practice and wearing face masks in public and/or where physical distancing is not possible.”

Learn more with the AMA about why patients should mask up to stop the spread of COVID-19.

Physicians can track the pandemic with the AMA's COVID-19 resource center, which offers a library of current resources from the JAMA Network™, the CDC and the World Health Organization.