



MEMORANDUM

DATE: AUGUST 26, 2020
TO: ALL SF HEALTH CARE FACILITIES & PERSONNEL
FROM: COVID COMMAND CENTER, INFORMATION & GUIDANCE BRANCH
RE: RAPID ANTIGEN TESTING FOR PRE-OPERATIVE SCREENING FOR COVID-19

San Francisco Elective Surgery Order C19-08b (available on the SFDPH Health Orders page at <https://www.sfdph.org/healthorders>) outlines when a patient must be tested for current SARS-CoV-2 infection via a test that detects SARS-CoV-2 nucleic acids to be performed between 0-7 days before the scheduled surgery. SFDPH recognizes the essential need for surgical procedures and limited capacity to provide testing within feasible turn-around times. **SFDPH neither prohibits nor endorses the use of antigen tests for pre-operative testing at this time.**

The position of the SFDPH is that there is currently not enough information to determine whether the available rapid antigen tests for COVID-19 are appropriate for pre-operative testing. [The FDA reports](#) that two rapid antigen tests with EUAs are very specific for the virus (100%), but are not as sensitive (84% and 97%) as molecular PCR tests. Currently, these rapid antigen tests are [limited to diagnostic testing on symptomatic persons](#) within the first five days of symptom. Concerns over lower sensitivity have led [the Association of Public Health Laboratories to advise against the use of antigen testing for screening asymptomatic](#) individuals. Further, a joint statement of the American Society of Anesthesiologists and the Anesthesia Patient Safety Foundation advise that patients should [undergo nucleic acid amplification testing \(e.g., PCR\)](#) prior to undergoing non-emergent surgery.

If a physician judges that rapid antigen testing is necessary for optimizing patient care, a single negative result should be considered presumptive and full PPE and precautions should be exercised under an assumption of infection. CDC recommends confirming negative antigen test results with a PCR test when pretest probability is relatively high. Ideally, confirmatory PCR testing should take place within two days of the initial antigen testing. If more than two days separates the two tests, or there have been opportunities for new exposures between the two tests, the PCR test should be considered a separate test – not a confirmatory test. If critical patient care or infection control decisions depend on accurate COVID-19 results, a PCR test should be performed.

SFDPH is examining the emerging data, following the development of new testing technologies, and staying alert to any changes in policies and guidance from the CDC, the CDPH, and other public health authorities concerning COVID-19 testing. Health advisories, alerts, and updates are posted at [here](#). This memo and additional COVID-19 information and guidance for San Francisco health care providers are posted at www.sfdcp.org/covid19hcp.



References

American Society of Anesthesiologists, American Patient Safety Foundation: The ASA and APSF Joint Statement on Perioperative Testing for the COVID-19 Virus, available at: <https://www.asahq.org/about-asa/newsroom/news-releases/2020/04/asa-and-apsf-joint-statement-on-perioperative-testing-for-the-covid-19-virus>

Association of Public Health Laboratories (APHL): Considerations for implementation of SARS-CoV-2 Rapid Antigen Testing, available at: <https://www.aphl.org/programs/preparedness/Crisis-Management/Documents/APHL-SARSCov2-Antigen-Testing-Considerations.pdf>

Centers for Disease Control and Prevention (CDC): Interim Guidance for Rapid Antigen Testing for SARS-CoV-2, available at: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>

Food and Drug Administration (FDA): Coronavirus (COVID-19) Update: FDA Authorizes First Antigen Test to Help in the Rapid Detection of the Virus that Causes COVID-19 in Patients, available at: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-antigen-test-help-rapid-detection-virus-causes>