



## **COVID-19 SEROLOGICAL TESTING QUICK FACTS FROM MISSOURI DHSS**

- There are multiple antibody tests for COVID-19 with variable performance.
- At this time, it is not clear which antibody responses are protective or sustained.
- Antibody tests should not be used as the sole test for diagnostic decisions.
- Until more is known about protective immunity, serology results should not be used to make staffing decisions or decisions regarding the need for PPE.
- Potential public health utility of serology in SARS-CoV-2 could be in detection of PCR-negative cases, especially for patients who present late with a very low viral load below the detection limit of RT-PCR assays.
- Overall, serological tests may be better suited for public health surveillance and vaccine development.
- Some FDA-authorized COVID-19 antibody tests are estimated to have 96-98% specificity, which would make positive test results more likely to be false-positive if the prevalence/pretest probability is 5% or less.
- Missouri SPHL will soon acquire the DiaSorin Liaison SARS-CoV-2 IgG test. This test focuses on the S1/S2 spike protein, and it should be less cross-reactivity with other coronaviruses. The reported test specificity for this test is 99.3%, and that should make it suitable for low prevalence disease setting.
- The DiaSorin Liaison SARS-CoV-2 IgG test will be most useful as surveillance tools to estimate relative proportions of different Missouri populations that have been exposed to SARS-CoV-2.

[Serology/Antibody Test FAQs from the FDA](#)