9th EUROPEAN CONFERENCE on INFECTIONS in LEUKAEMIA

▶ IN-PERSON CONFERENCE
From September
15th to 17th 2022

Revised Guidelines
slide set
September 2022

Recommendations I

- SCoV2-Nucleic acid testing (NAT) assays are the gold standard for diagnosis of SARS-CoV-2 infection in HM and HCT patients inside and outside of hospitals. AII
- SCoV2-NAT should target at least two distinct viral gene sequences. AIIt
- The performance of SCoV2-NAT should be evaluated for newly emerging variants. AIIt
- Clinical virology laboratories are recommended to document SCoV2-NAT proficiency in external SCoV2 QA programs. AII
- Nasopharyngeal (NPS) and naso-oropharyngeal swab (NOPS) are recommended to diagnose SCoV2 upper respiratory tract infections. AII
- Lower respiratory tract fluid (tracheal aspirate, broncho-alveolar lavage) is recommended to diagnose SCoV2 LRTI in HM and HCT patients with negative NPS-NOPS molecular test. AII
- SCoV2 Antibody assays are not recommended to diagnose a new-onset acute SCoV2 infection AII

Recommendations II

- Testing for SCoV2 RNA in saliva or oropharyngeal gargle may be considered for symptomatic HM and HCT patients. BIIt

- Testing for SCoV2 RNA in saliva or oropharyngeal gargle may have a lower sensitivity in asymptomatic HM and HCT patients, but may be considered for serial (repeated) screening. BIII

- Rapid antigen testing of HM and HCT validated for circulating variants should be reserved for rapid point-of-care diagnosis and be confirmed by molecular NAT assays AIIt

- SCoV2 RNA or antigens in blood is not recommended for diagnosis or management of CoVID19 patients. DIII

- In symptomatic HM and HCT patients with symptoms/signs of LRTI and negative SCoV2 molecular tests, diagnostic testing should be expanded to other pathogens. AI

- Lower respiratory tract fluid sampling (tracheal aspirate, bronchoalveolar lavage) for SARS-CoV-2 is not recommended in HM and HCT patients with positive nasopharyngeal or naso-oropharyngeal swab molecular test, unless there are clinical indications for viral, bacterial, fungal, or parasitic infections in the lower respiratory tract. AII

Recommendations III

- We suggest to perform serial (semi-quantitative) NAT to inform decisions regarding infection control or deferral of HM therapy or HCT BIII

- The role of qualitative SCoV2 E-gene sgRNA for monitoring the virological response of HM or HCT patients treated with remdesivir requires further study.

Recommendations IV

- Antibodies targeting N protein can be considered to ascertain previous SCoV2 exposure. AII
- Antibodies targeting S protein can be considered to ascertain vaccine response or previous exposure to SCoV2. AII
- Antibody to N-protein can be considered in patients with suspected multi-inflammatory syndrome in children (MIS-C). AII
- The role of calibrating quantitative antibody assays to the 1st WHO-*approved* SARS-CoV-2 antibody standard is not defined for clinical-decision making regarding administration of booster vaccine doses or monoclonal antibody therapies. CIII
- We cannot recommend the use of “in house” or commercially-available T-cell assays for the diagnosis or the management of SARS-CoV-2 infection. DIII

Comments on revised guidelines

You can send your comments about the Diagnostic group revised guidelines before Octobre 31st to the group leader:

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