Position Statement on Antigen Testing in Asymptomatic Post-Acute and Long-Term Care Healthcare Staff


CMS released phased reopening guidelines on May 18, 2020, instructing nursing homes to test staff and residents at regular intervals. On July 14, 2020, CMS announced it would begin shipping rapid antigen testing supplies and kits to all nursing homes in the US. As of August 20, 2020, approximately 14,200 facilities are set to receive either the Quidel Sofia® 2 Instrument or Becton, Dickinson and Company (BD) Veritor™ System by September 30, 2020. Accompanying guidance emphasizes use in symptomatic individuals but does not adequately highlight the lack of data to support the use in cohorts with lower pre-test probability, specifically individuals who are asymptomatic or presymptomatic.

Testing support for symptomatic residents in PALTC facilities is welcome but evidence indicating how to effectively screen asymptomatic individuals is still lacking. While antigen testing may serve as an important diagnostic tool in prompt identification and isolation of symptomatic residents and staff, its use as a screening tool, that is for testing asymptomatic residents and staff, is not established. The potential for false positives has direct consequences to residents and staff. Residents may be placed on isolation precautions, require additional testing, experience notable worry and further isolation from their loved ones. Staff may be unnecessarily excluded from work, worsening existing staffing shortages. All of these unintended consequences can decrease resident quality of life and worsen quality of care. Furthermore, false positive tests will increase repeat testing, reducing turnaround time and potentially causing delays in permitting visitors into the building.

The critical decisions involved in effectively using antigen tests rests with the people most familiar with residents, staff, and resources—the clinical leaders managing the care of the patients and residents in these facilities. Medical directors, clinicians, and PALTC leadership should work collaboratively with local health departments to develop and implement evidence-based testing strategies while simultaneously identifying opportunities for ongoing research and data-sharing practices. CMS should not be overly prescriptive but rather empower individual facilities and localities to make decisions based on local conditions and evidence.

We urge all federal, state, local governments, and public health authorities to highlight the limitations of current antigen testing platforms in populations with low pre-test probability, such as asymptomatic healthcare staff.