

	
<b>Produced for</b>	NHS GGC
<b>Date Produced</b>	15 April 2021 Updated 3 August 2021
<b>Subject</b>	Unexpected positive/assumed false positive – IPCT Guidance
<b>Situation/Background</b>	
<p>In recent weeks there has been a number of occasions when for various reasons patients have tested positive for COVID 19 and after review the clinical consensus is that this is a clinical picture that may not support the diagnosis of clinical COVID 19. There are several reason for this including:</p> <ul style="list-style-type: none"> <li>• False positives can occur as a result of the parameters of the test used and it is possible that the sample could be contaminated either at the point of collection or within the laboratory.</li> <li>• Patients tested within 90 days post COVID infections and in some instances even longer that 90 days as we now know that patient probably shed intermittent virus for long periods of time.</li> </ul> <p>During of time of high prevalence single cases of nosocomial COVID 19 resulted in ward closures for extended periods of time with the resultant pressures on EDs and patient flow. Better understanding of the virus and what influences transmission in a time of low prevalence has prompted this SBAR.</p> <p><b>Unexpected positive/assumed false positive Actions</b></p> <ul style="list-style-type: none"> <li>• For a single case, isolate in a SSR and repeat PCR x 2 at intervals of no less than 24 hours.</li> <li>• Pause admissions until we have a decision (normally 48hrs).</li> <li>• Terminally clean bed space/bay. If a nightingale ward the entire ward will require a terminal clean.</li> <li>• Collect contact information (IPCT) but do not screen patients.</li> <li>• If subsequent tests are positive – assume genuinely positive and continue with all the precautions</li> <li>• If subsequent tests are negative-&gt; discuss with virology and clinical team if safe to assume false positive and if yes continue as normal and no restrictions for the ward. Virology colleagues will issue a further report stating “following discussion with clinical and infection control teams this result is considered a likely false positive”.</li> </ul>	

- When the decision has been made to change a positive result, the clinical virology team should perform the following steps to enable ECOSS to capture the change automatically and feed this into relevant systems:
  - 1) Change the result and reauthorize in the LIMS with the comment "Amended Report: Following discussion with clinical and infection control teams this result is considered a likely false positive".
  - 2) After changing a result in the laboratory LIMs please ensure that PHS are informed of the details of the change. The email is outlined below. Provide the laboratory number, patient details and the change of the result. They will ensure the information is updated in all the relevant national and regional databases that they access (e.g. ECOSS and CMS). If the patient is a NHSGGC patient then please also inform NHSGGC Public health and NHSGGC Infection control. This will ensure infection control databases are updated and any community actions are informed by the laboratory change.

The email addresses are below:

For PHS - [nss.ecoss@nhs.scot](mailto:nss.ecoss@nhs.scot) (copying in [phs.hpscovid@nhs.scot](mailto:phs.hpscovid@nhs.scot))

For PHPU - [PHPU@ggc.scot.nhs.uk](mailto:PHPU@ggc.scot.nhs.uk)

For NHSGGC infection control - [ICDataTeam@ggc.scot.nhs.uk](mailto:ICDataTeam@ggc.scot.nhs.uk)

- 3) Finally please also ensure the laboratory sample notepad is updated.
  - ICP advice out of hours can be obtained by contacting the on call microbiologist.

### **Low Level Positive Patients**

- Any patient who test positive should be isolated in a single side room regardless of symptoms prior to further testing.

### **Action**

Note the above guidance.

### **References**

<http://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-infection-prevention-and-control-addendum-for-acute-settings/>