QUESTIONS AND ANSWERS
ASYMPTOMATIC TESTING IN PERSONAL CARE HOMES

What is a rapid test for COVID-19 and how does it work?

The rapid test units being used for this pilot, called Abbott Panbio COVID-19 antigen test, can provide COVID-19 results in about 20 minutes. The test is taken with a deep nasal swab and must be done by a trained health-care provider.

It is important to know that rapid tests have limitations and can only be used in certain circumstances. They will help support COVID-19 testing in Manitoba, but will not replace how tests are done in most situations and for most people.

How is this rapid test different from a ‘conventional’ COVID-19 test?

A conventional COVID-19 test detects the genes of the virus from a deep nasal swab and is designed to be able to detect large or small amounts of virus. Rapid tests are designed to detect COVID-19 only when large amounts of virus are present, meaning they are faster but will provide less accurate results.

If this rapid test has to be verified by a second test, why are they being used?

Rapid tests are another tool to help stop the spread of COVID-19. They are being used in a limited capacity in locations where the value of immediate results outweigh the inconvenience of having to conduct two tests.

Why don’t we just use rapid tests only?

At this time, rapid tests will not replace the conventional COVID-19 test. The Abbott Panbio COVID-19 antigen test being used in the pilot program is much faster, but it has other limitations. It is more likely to give false negative results, so everyone who takes a rapid test still has to have a second, conventional test to confirm their diagnosis. If they test negative, they should continue to complete the self-screening questions before coming to work.

With a limited number of units available, rapid testing units must be placed strategically to support the province’s overall public health response. Rapid tests are most accurate when used in a community or setting where viral activity is high.

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What other resources are required?

Having the testing resources in place is only one aspect of the project. Other resources needed include staff to conduct the tests, the development of information and processes for staff to follow, protective personal equipment, a laptop to record results a dedicated on-site testing room and a system to track and report results.

Who conducts the tests?

At this time, plans are for the sites to assign staff to be trained at Cadham Provincial Laboratory and after to conduct the tests at the site.

How are test results tracked and reported?

Positive results are reported to public health as probable cases, which are confirmed by a lab-based test. Negative results are tracked for purpose of tracking success of the program but will not be reported on an individual basis to public health (asymptomatic individuals with no known COVID-19 exposure).

Why were these sites chosen for the pilot project?

The sites were chosen because they have on-site medical staff, which allows the program to be set up without requiring additional staff from outside the facility. In addition, larger facilities have more staff, which provides additional data.

Will the project be expanded to other sites?

Testing is expected to begin on Dec. 21 and will be conducted for four weeks at each site. Following analysis of the results, it is expected the project will be expanded to other licensed personal care homes in the weeks ahead.

Who will be tested? When?

All staff at the sites can volunteer for the pilot project. This includes staff who work with patients and those who work in other areas of the facility. The testing will be completed at variable times in the week based on the facilities resources.

How often will staff be tested?

Staff will be tested using the rapid testing equipment once per week. They may have a conventional lab test done as needed to confirm the results of the rapid test.

How many tests will be done?

The number of tests completed at each site will depend on the number of staff at each site.