

## Molecular Test

**This is currently the standard test for COVID-19 infection, recommended by the Centers for Disease Control and Prevention (CDC).** This type of test looks for SARS-CoV-2 viral RNA in the upper respiratory tract, collected using a “swab.”

If you test positive using the Molecular Test, you should self-isolate until the following three things happen:

1. No fever for 24 hours without fever reducing medicine
2. Symptoms improved
3. At least 10 days passed since symptoms first appeared

Even if you had COVID-19 and recovered, this test may continue to be positive for weeks afterward. See our [guidelines](#) for when it is safe to be around others.

False negative results are possible. If the level of virus present is low due to being tested very early or very late in your illness, levels of the virus may not be high enough to be detected by this test. If you have been exposed and have symptoms, but your test was negative, consider re-testing a couple days after your first test.

## Antibody Tests

**Antibody tests cannot diagnose COVID-19.** These tests look for the presence of COVID-19 antibodies in a person’s blood. Unlike the molecular tests, antibody tests *may* detect those who were infected and have now recovered – this is still under investigation by the CDC.

### Two Types of Antibody Tests:

1. “Rapid Antibody Tests” – obtained by a “finger-poke” blood sample. None of these tests are currently Food and Drug Administration (FDA) approved for routine clinical use. Commonly offered by urgent care clinics and pharmacies. Rapid antibody tests have not proven to be reliable.
2. Quantitative Serological Antibody Titers – obtained by blood draw. These tests *may* be reliable, but all are currently for investigative use only. The only way to have this test is to participate in an official clinical trial.

Currently, there is not enough information on the antibody levels during the clinical course of COVID-19 infection to make conclusions on the use of these tests.

## Antigen Test

Antigen tests look for certain proteins specific to SARS-CoV-2 virus in the upper respiratory tract. Faster and less expensive than molecular (PCR) tests, antigen tests may be useful in screening and surveillance testing for the virus; however, they are less sensitive than PCR tests, and should not necessarily be used for diagnosing SARS-CoV2 infection. Proper interpretation of antigen test results is important for accurate clinical management of patients with suspected COVID-19. ([CDC Guidance](#))

This is an evolving situation and information/resources will be updated as available at [www.oakgov.com/covid](http://www.oakgov.com/covid). Our Nurse on Call is available at 800-848-5533.