



Specimen Collection for Suspected COVID-19

Pathlab has been receiving many queries regarding the appropriate specimen to collect for COVID-19 following the release of the recent MOH guidelines on 14th July which states “*either nasopharyngeal and/or oropharyngeal swabs are appropriate for the collection of specimens for COVID-19 testing.*”

(<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals/covid-19-primary-care#testing>).

Nasopharyngeal swab is still the preferred sample type

A subsequent message released by Dr Ashley Bloomfield on 23rd July has also clarified this. It is important to note that **detection rate, sensitivity and viral load of an nasopharyngeal swab (NPS) is significantly higher than that of an oropharyngeal swab (OPS)** (Wang H, Hu J, Zhou M et al, (2020), *Nasopharyngeal swabs are more sensitive than Oropharyngeal swabs for COVID-19 Diagnosis and Monitoring the SARS-CoV-2 Load. Front. Med. 7:334*).

OPS for COVID-19 testing can be considered in the community setting in those patients with acute symptoms who refuse an NPS. Due to the decreased sensitivity, OPS for COVID-19 testing **should not be routinely offered** to patients. However, a well collected OPS can be used if a NPS cannot be taken for any reason.

Recommended Specimen types in different contexts:

Context	Swab site
Symptomatic people < 7 days from onset from the community (General practice, Urgent care facilities, Community based assessment centres and designated COVID testing practices)	NPS recommended OPS accepted
Symptomatic people ≥ 7 days from onset from the community	NPS only
All asymptomatic people	NPS only
Managed Isolation facilities	NPS only
Emergency departments, Hospital wards and clinics	NPS only
Suspected outbreaks and Contact tracing	NPS only
Work and Travel clearance	NPS only

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Please ensure all members of your institution receive a copy of this clinical update.