

WBG Country Office Protocol for COVID-19 Self-Test Kits

Return to Office

(This will continue to be updated as new information on rapid antigen testing strategies becomes available.)

COVID-19 rapid antigen self-test kits are a tool available to Country Offices upon request that may be used as part of a layered approach to COVID-19 mitigation. This is being offered to provide a level of equity with HQ, where surveillance testing is required weekly for all staff returning to HQ offices regularly.

Self-testing is only one layer that may contribute to COVID-19 mitigation. It is not meant to be used as a stand-alone measure and should be part of a strategy that includes vaccination, masking, and distancing.

Used as an added mitigation measure, self-testing kits may indicate potential breakthrough infections among those who are vaccinated and may be used as a tool in locations experiencing changes in local guidance on COVID-19 mitigation measures, where community vaccination rates are low, or where COVID-19 case counts are variable. Self-tests may also provide some added assurance in the context of Country Offices activities such as meetings with external clients/government officials or field visits.

When to Consider Rapid Antigen Self-Testing

CMTs may consider implementing a self-testing program as an additional layer of support in the following circumstances:

- For staff returning to the office when moving from Tier 4 → Tier 3, or from Tier 3 → Tier 2, to determine whether tier changes may lead to increased transmission.
 - To monitor impact of loosened local COVID-19 mitigation measures on transmission among staff.
 - Where an office proceeds with reopening when local vaccination rates remain low.
- On an ad hoc basis for meetings, field visits, or hosting missions.
- In other circumstances as additional information on performance of these tests regarding different variants becomes available.

Process for Self-Testing

When considered for staff returning to office-based work, self-testing may be done as follows:

1. According to a cadence set by the local regulatory authority where guidance for self-testing or surveillance testing exists.
2. According to guidance from the UN if there is no national requirement.

3. According to a timing set by the CMU based on technical advice from HSD if there is no UN program, with a recommended frequency outlined below.

Any staff members who are symptomatic should seek medical care and testing through their doctor and **should not** use the rapid antigen test.

Tests should be distributed by the CMT focal point to staff who will meet testing requirements. The CMT must determine how and to whom staff will report their test results. Since this is a self-test for which staff will not receive any official result from a medical provider, reporting of results will need to be done on an honor system. The CMT should consider whether a self-declaration questionnaire should be used, or whether a focal point is designated to collect the results from all staff participating in the program. The tests results are considered confidential medical information and therefore should be handled as such with limited distribution (i.e., one focal point collecting results – and any positive results only reported to the CD/CM or manager).

How to Use Rapid Antigen Self-Test Kits

It is important to understand the scope and limitations of using COVID-19 self-testing. Rapid antigen tests may be used as a surveillance or screening measure with the understanding that results are less reliable than PCR tests for diagnosing COVID-19 infection. This means they may potentially give a false positive or false negative result. Any positive result on a rapid antigen test requires the user to follow up with their doctor and get a PCR test to confirm whether s/he is infected with COVID-19 or not. Any staff member with a negative result who is experiencing any symptoms of COVID-19 should not go to the office and should follow up with his/her doctor.

The medical system in the Country Office location should have the capacity to allow staff to access follow up medical review and confirmatory PCR testing.

As a reminder, this test is not suitable for and **CANNOT** be used for official COVID-19 testing required for airline travel or for COVID-19 testing requirements mandated by countries for entry.

Please follow the instructions for administration of the test included within the test kit.

NEGATIVE RESULTS

A negative test result means the proteins from COVID-19 were not found in your sample. Because this is an antigen test and not a PCR test (which cannot be self-administered), there is a possibility that you may get either a false positive or false negative result. If you are experiencing COVID-19 like symptoms such as: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea, you should seek the advice and direction of the Medical Duty Officer on call at +1 (202) 458-8888, and a local health care provider.

POSITIVE RESULTS

If you test positive, you **should self-isolate** and **seek follow-up care with a healthcare provider to determine your next steps**, which will likely include a confirmatory PCR test. If you are unaware where to obtain a PCR test or medical care in your current location, please reach out to

the Country Office MERC (Medical Emergency Response Coordinator) and the Medical Duty Officer on call at +1 (202) 458-8888 for further guidance.

If a confirmatory PCR test returns a positive result, this means you will have to isolate to prevent transmission to others. Follow local guidelines for isolation. If local guidelines are unknown or unclear, follow [WHO guidelines](#): If no symptoms, isolate for 10 days from the time of your positive test. If you have/develop symptoms, isolate for 10 days after the start of symptoms, and be symptom free for an additional three days before you can end your isolation (isolation may be longer than this if symptoms last longer). You should also contact HSD (via travelhealth@worldbank.org) to let them know of the positive result. If you have any questions or doubts about when your isolation period can end, you should consult with your doctor and request a doctor's note to clear you from isolation. **Reference:** *COVID-19 Quarantine Guide for Health Travelers: Maintaining Your Physical & Mental Wellbeing* [[English](#) | [French](#) | [Spanish](#)].

How to Request Rapid Antigen Self-Test Kits

Country Office Crisis Management Teams (CO CMTs) should initiate their request with the EMT Secretariat (EMT_Secretariat@worldbankgroup.org). This can be done in conjunction with requests for approval of tier movement.

Calculating Number of Tests Needed

CMTs should plan to request a **one-month supply** in association with a tier change from Tier 4 to 3, or Tier 3 to 2, to cover the number of staff expected to return to office-based work being tested one time per week, plus an additional supply to cover ad hoc needs. A frequency of more or less than once a week testing should be calculated per the factors outlined below. Additional supplies may be requested after the initial month, but ability to fulfill requests will depend on existing stock available. Each test kit contains 2 tests, and staff members should be allocated one test kit for every 2 weeks, unless more frequent or ad hoc testing is needed.

Frequency of testing

Once per week testing for most staff returning to the office in Tier 3 or Tier 2 should be considered as the baseline unless there are national or local UN guidelines for surveillance testing in workplaces. Conditions to consider in determining a different frequency of testing include:

1. local incidence of COVID-19 cases and whether cases are increasing or decreasing
2. level of community vaccination
3. tier status of the office (i.e., how many staff are physically present in the office)
4. number of external events (field visits/external meetings)

As additional information about the performance of these tests regarding different variants becomes available, other circumstances may change recommendations on the frequency of testing.

The following considerations should guide a change in frequency of testing that may vary from the once per week baseline:

- **More frequent:**
 - **Staff in office as part of the return to office process:** When a surge in COVID-19 cases is occurring in the community (for example, a steady upward trend in cases for two weeks, accompanied by an upward trend in hospitalizations with limitation of hospital bed / ICU capacity), the frequency should increase to twice per week, and should be used only for those individuals who must come into the office. In the instance of a surge, the number of staff coming into the office should be limited via the tier-to-tier movement guidelines.
 - **Staff attending multiple ad hoc events/meetings/field visits per week:** Testing should be done twice per week at an interval of testing every 3 to 4 days.¹
 - **Drivers with regular or multiple weekly assignments:** Testing should be done twice per week at an interval of testing every 3 to 4 days.¹
- **Less frequent:** When community vaccination rates approach herd immunity (an exact percentage is indeterminate, but herd immunity is typically a minimum of 70% and may be higher than 90% population immunity) and new cases of COVID-19 are dropping precipitously, testing may only be necessary on an ad hoc basis (prior to specific meetings/events/field visits).

HSD can be contacted for further advice.

Tests will be sent via diplomatic pouch. When received, it is important to note the expiration date of the test to ensure that these will remain viable for the entire testing period.

About Rapid Antigen Self-Test Kits

What is a rapid antigen COVID-19 test?

A rapid antigen test is designed to detect viral proteins from a nose or throat swab and give results within 15 minutes. This is not a molecular (PCR) test, which tests for viral genetic material and must be done in a lab. A rapid antigen test kit includes nasal or throat swabs, a test reagent, and test cards or tubes. No additional instruments are needed. The individual administering their test adds extraction reagent and inserts the swab into the card or tube after collection. In 15 minutes, the client can expect to see one control line on the card if the result is negative, and one control line and one additional line if the result is positive.

Why should we use this test?

¹ Studies indicate that twice per week antigen testing is highly sensitive in identifying COVID-19 infections. This approach is recommended for those having multiple potential exposures in a week through offsite event or meetings, events where staff do not control gathering size, or higher risk occupational exposure such as drivers in enclosed vehicles.

This test allows for a rapid test result for symptomatic individuals. A quick positive test allows for more rapid medical intervention and may influence a person's behavior to immediately follow prevailing isolation guidelines.

For more guidance, please refer to [CDC: Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#).

Types of rapid antigen test kits

There are various brands of rapid antigen test kits. Each kit will have its own instructions for use, and these should be followed carefully. Below are links to instructions for two of the commonly used antigen tests in the U.S.:

[Abbott BinaxNOW COVID-19 Antigen Self Test](#)

[Quidel QuickVue SARS Antigen Test](#)

COVID-19 Rapid Antigen Test Calculator for WBG Staff: number of tests for one month

| | | (A) | (B) | (C) | (D) | (E) |
|------------------------------------|--|---------------------------|-----------------------------------|---------------------------|--|---------------------------|
| | | # of individuals per week | # of times per week testing (1-2) | # of tests per week [A*B] | # of kits per week (2 tests per kit) [C/2] | # of kits per month [D*4] |
| Regular | 1. Staff/STs/contractors on an in-office schedule | | 1 (default) | | | |
| | 2. Drivers driving daily or multiple times/week | | 2 | | | |
| Ad hoc | 3. Staff/STs attending ad hoc events/meetings with external partners. <i>If these are staff also in the "regular" count (1.) above, remove that number from the regular count</i> | | 2 | | | |
| | 4. Drivers driving only one time per week | | 1 | | | |
| Total number of kits needed | | | | | | SUM [E] |

How to use this calculator:

(A): # of individuals per week:

Regular –

- **Staff/STs/contractors:** Include *all who are scheduled for office-based work for the week*. In instances of a daily rotating schedule (such as a 24/7 coverage schedule) count each individual.
- **Drivers:** Include *all drivers who are regularly scheduled or driving for multiple assignments in a week*. In instances of a daily rotating schedule (such as a 24/7 coverage schedule) count each individual.

Ad hoc –

- **Staff/STs:** Count *all staff/STs who attend multiple ad hoc events/meetings/field visits with external partners in a given week*. **If these include staff who are otherwise on a regular office schedule**, remove that number of individuals from the "regular" count.
- **Drivers:** Count all drivers expected to drive for *one specific assignment in a given week only*.

(B) # of times per week testing:

Regular –

- **Staff/STs** on a regular in office schedule *should test 1 time per week as a default*. Testing frequency of 2 times per week may be considered with high levels of local transmission, low level of community vaccination, and higher tier (3) status.
- **Drivers** who drive regularly (multiple days per week or daily) *should test 2 times a week*.

Ad hoc –

- **Staff/STs** attending multiple ad hoc events/meetings/field visits with external partners *should test 2 times a week*.
- **Drivers** driving only for a specific event in a given week *should test once in that week prior to the assignment*