Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

result for SARS-CoV-2 using RT-PCR. Of the latter, 5 had a positive result using the antigen-based RDT, whereas the other 4 had a negative result (ie, false negative), resulting in a sensitivity of 55.6% (95% confidence interval [CI], 21.2−86.3). Among the 9 women who had a positive result for SARS-CoV-2 using RT-PCR, all those who also had a positive result by the antigen-based RDT had a cycle threshold (Ct) value below 30 (16, 25, 28, 28, 29), whereas the 4 women with a negative antigen-based RDT result had a Ct value equal or higher than 30 (30, 31, 31, 33). None of the women who had a negative result using the RT-PCR had a positive antigen-based RDT result, resulting in a specificity of 100% (95% CI, 99.7−100.0).

CONCLUSION: The use of point-of-care antigen-based RDT for universal SARS-CoV-2 screening among asymptomatic parturients was shown in this study to have moderate sensitivity and high specificity. The potential benefits of a universal testing approach using RDT among women admitted for delivery may allow timely determination of COVID-19 status that will guide the utilization of proper protection measures and inform neonatal care. ■

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Institutional protocols for coronavirus disease 2019 testing in elective gynecologic surgery across sites for the Society of Gynecologic Surgeons' Surgical Outcomes during the COVID-19 pandemic (SOCOVID) study

OBJECTIVE: As of January 2021, severe acute respiratory syndrome caused by the novel coronavirus 2 has resulted in over 87 million confirmed cases and 1.9 million deaths worldwide.[1] In the United States, coronavirus disease 2019 (COVID-19) has overwhelmed healthcare resources and caused suspension of elective surgical care. To better understand the impact of the pandemic on surgical outcomes of women undergoing gynecologic surgeries, the Society of Gynecologic Surgeons (SGS) developed an ongoing multicenter prospective cohort study—Surgical Outcomes during the COVID-19 pandemic (SOCOVID). Despite surgical societies creating recommendations for triage of urgent and emergent gynecologic conditions during the pandemic,[2,3] there remains limited guidance surrounding COVID-19 preoperative testing. This study aimed to summarize existing protocols for preoperative COVID-19 testing across SOCOVID-participating institutions to identify patterns and discrepancies.

STUDY DESIGN: Active SGS members from large and geographically diverse teaching institutions in urban settings were approached to participate in the SOCOVID study. A total of 12 institutions joined the research group. Ten institutions received institutional review board approval by the

TABLE

Summary of preoperative COVID-19 testing protocols for elective gynecologic surgeries across 10 institutions participating in the Society of Gynecologic Surgeons' SOCOVID study

	Institution (region)										
Testing parameter	A (west)	B (west)	C (midwest)	D (midwest)	E (south)	F (south)	G (northeast)	H (northeast)	I (northeast)	J (northeast)	Range
Timing of preoperative test	1–3 d	—	—	2–3 d	2–3 d	—	—	2–5 d	—	2–5 d	1–5 d
Length of test validity	3 d	—	4 d	3 d	4 d	3 d	—	5 d	5 d	5 d	3–5 d
Minimum length of time to postpone surgery for positive test result	10 d, up to 30 d	14 d, up to 3 mo if hospitalized[a]	10 d	28 d	14 d, 30 d if pneumonia	10 d	—	28 d	30 d	14 d	10–30 d
Symptom-based criteria to be met at time of rescheduled surgery	—	—	—	3 d afebrile, improved symptoms	—	—	—	1 d afebrile, improved symptoms	—	3 d afebrile	1–3 d afebrile
Requirement to repeat COVID-19 test after positive test result	No if <3 mo	No if <3 mo	No	No	No if <2 d	No if <3 mo	No if <3 mo	Yes >21 d[b]	—	Yes >21 d[b]	—
Date of most recent protocol update	April 2020	Sept. 2020	Sept. 2020	July 2020	Oct. 2020	Unknown	Sept. 2020	July 2020	Oct. 2020	July 2020	—

The em dash denotes that a specific parameter was not specified by a particular institutional protocol or could not be calculated.

COVID-19, coronavirus disease 2019; *SOCOVID*, Surgical Outcomes during the COVID-19 pandemic.

[a] This institution specified that previously hospitalized patients should have a chest radiograph, serum creatinine, and electrocardiogram obtained within 2 weeks of elective surgery; [b] These institutions required repeat testing be performed before rescheduled surgery for patients with a history of previous COVID-19 positive test result and mandated that this be performed at least 21 days from initial positive test result.

Orlando. Institutional protocols for coronavirus disease 2019 in elective gynecologic surgery. Am J Obstet Gynecol 2021.

start of the study and were asked to provide preoperative COVID-19 testing protocols, which were deidentified. Descriptive statistics were used to ascertain outcomes of interest, including timing of preoperative COVID-19 tests and management of patients with recently positive test results.

RESULTS: Here, 10 institutional protocols were received and reviewed (Table). Furthermore, 8 of the 10 protocols specified the required time frame for obtaining COVID-19 testing (range, 1−5 days) or the expiration time for a given COVID-19 test (range, 3−5 days). In addition, 7 institutions required testing at least 2 days before scheduled surgery to ensure results were available. Management of patients with positive preoperative tests differed among institutions. Nine sites required postponement of surgery for at least 10 days following a positive result (range, 10−30). Two institutions distinguished between the severity of illness, allowing the surgeries of asymptomatic patients to be rescheduled after 14 days and requiring patients with lower respiratory symptoms to postpone elective surgery for at least 30 to 90 days. In addition to postponement of surgery after a positive test result, 3 policies described symptom-based criteria that must be met at the time of rescheduled surgery. These included overall symptom improvement and 24 to 72 hours without fever. Policies regarding repeat COVID-19 testing for patients with previous positive results also varied among institutions. Only 2 of the 9 protocols that addressed this scenario required preoperative COVID-19 testing before rescheduled surgery. These institutions mandated that repeat testing be performed at least 21 days from first positive results. Of the remaining 7 institutions that did not require retesting, 5 stipulated that testing should only be repeated if more than 60 to 90 days had elapsed since the first positive test result.

CONCLUSION: We have presented summary data describing the preoperative COVID-19 testing protocols for elective surgery at 10 US institutions. These policies required universal preoperative COVID-19 testing 1 to 5 days before surgery, and all institutions postponed elective surgery in patients who tested positive for the novel coronavirus 2. Major differences were found in the need for and timing of repeat COVID-19 testing following a positive result. Repeat COVID testing has potential benefits, including reducing nosocomial transmission or operative complications. However, obtaining persistently positive test results in the absence of symptoms or infective viral shedding may delay needed surgeries and lead to complications from the underlying disease. We hope that the ongoing SOCOVID study and other research endeavors may provide greater insights to assist with the development of consistent and evidence-based testing protocols. ■

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