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Vial Handling for Nasopharyngeal Swab During COVID-19 Pandemic

To the Editor:

In a recent issue of ***The American Journal of Medicine***, Kaufman et al[1] clearly described the nasopharyngeal swab technique from an otolaryngology perspective. We sincerely want to congratulate the authors for such a clear and specific guideline. A good understanding of the procedure is a key factor in COVID-19 diagnosis. We would like to point the attention to an aspect that is easily overlooked in many guides. In this era of shortage of personnel, the operators often find themselves alone and may experience difficulties in managing the specimen. A common problem may be reaching the vial and opening it without losing sight of the patient while also trying to limit the air exposure of the swab and subsequent possible contamination.[2,3,4]

We therefore want to propose our swab handling technique.

Before starting the procedure, the operator can partially unscrew the vial and then hold the swab with the dominant hand, and the vial with the non-dominant hand (Figure). The forefinger of the non-dominant hand may raise the tip of the nose as the remaining fingers hold the vial; the dominant hand proceeds to insert the swab in the patient's nose. Once the procedure is completed and the swab removed

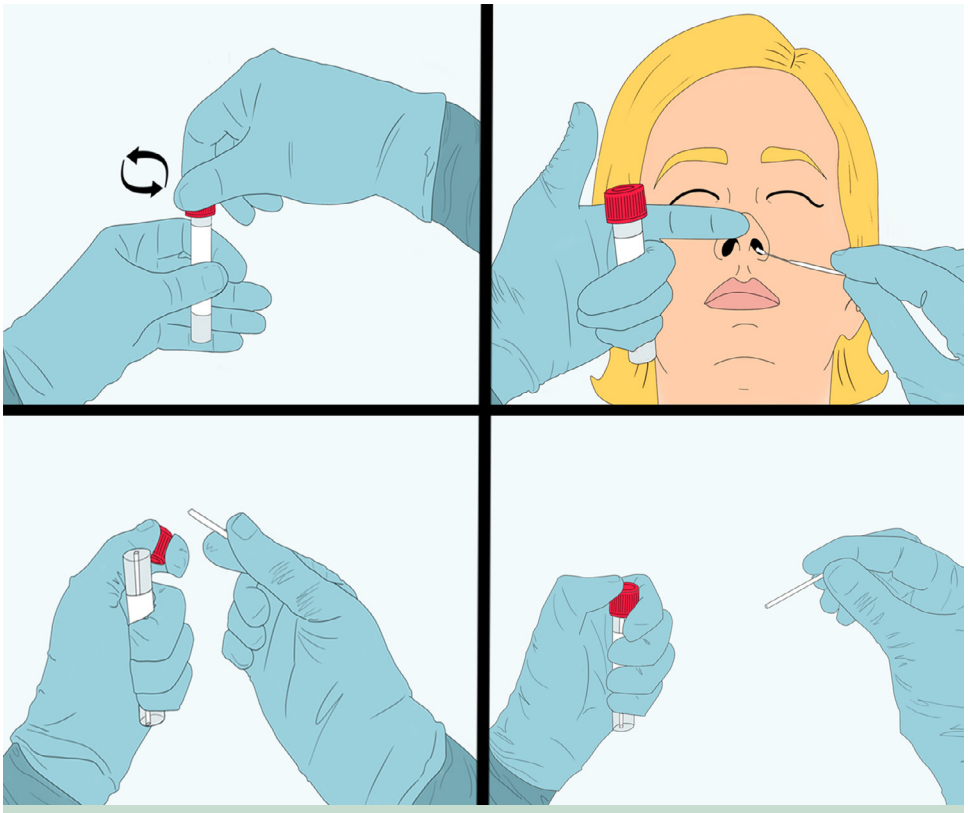

Figure Proposal for vial handling technique for nasopharyngeal swab to minimize swab contamination.

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from the nasal fossa, the vial is open with the non-dominant thumb and forefinger as the other fingers continue to hold the vial. Once the cap is unscrewed, it is held between the thumb and forefinger as the dominant hand proceeds to insert the swab into the vial and snap it off at the indicator line. Next, the cap is put back in place by the thumb and forefinger of the non-dominant hand as the dominant hand safely disposes the remaining piece of the swab. The entire procedure should take no more than a few seconds. It is performable by a single operator and limits both the air exposure of the swab and the opening time of the vial.

Based on our clinical experience, even though it requires some practice, we believe that this procedure can minimize swab contamination.

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