



Initial Observations with Molecular Testing for COVID-19 in a Private Hospital in Mumbai, India

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To the Editor: We describe here our experience with molecular testing of patients with COVID-19 admitted to our dedicated COVID unit between 24/3/2020 to 21/4/2020. Testing for SARS CoV-2 was done using Real Star SARSCoV-2 RT PCR kits (Altona Diagnostics, Germany) at the study site. As per the current national/city recommendations it is necessary to document two successive negative swabs before de isolating and discharging patients [1].

During this period, 26 adult patients with virologically confirmed COVID-19 disease were admitted to the unit. Of these cases, 13 had severe disease (defined as saturation < 93% at any point in hospital stay) and 13 had mild symptoms (12) or were asymptomatic (1). Initial cycle threshold (Ct) values were available for 15 patients where the diagnosis was done on site. The mean cycle threshold of patients with severe disease (9 patients) was 27 (range 19–33) and in those with mild disease (6 patients) was 25 (range 17–32). In the 13 with severe disease (all of whom received corticosteroids for 3–7 d), 4 died, 6 recovered and were discharged, 2 were transferred to other hospitals and 1 is still admitted. In the 13 with mild disease, 9 were discharged and 4 are still admitted. The mean (range) days to document negative swabs in the 6 patients with severe disease who recovered was 14 d (range 9–25) as against 13 d (range 7–20) in the 9 recovered patients with mild disease. When follow up tests were done, 5/15 patients (30%) tested negative with the first swab and positive with the second, necessitating repeat testing. The mean number of follow up swabs done in the discharged patients was 6 (range 2–11). The patients with severe disease and those with

mild disease spent an extra 7 and 10 d respectively in hospital to document swab negativity.

Only limited conclusions are possible from this small study. We observed no difference in the initial cycle threshold (a surrogate marker of viral load) or time to swab negativity of patients with severe vs. those with mild disease. Published studies are at odds between the relationship of viral loads with disease severity [2, 3]. The administration of steroids did not prolong viral shedding unlike what is feared [4]. The documentation of swab negativity resulted in excessive testing and prolonged hospital stay. Moreover, it is reported that patients are usually culture negative beyond the first week despite persistent RNA positivity [5]. Hence, we recommend discharging patients after they are symptom free to home quarantine to help optimal utilization of resources.

Compliance with Ethical Standards

Conflict of Interest None.

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