

#### PCR.

- This is the type of testing we – and most of the world – is doing.
- PCR detects the RNA of SARS-COV-2. Either it is there (positive), or it is not (negative).
- The sensitivity to detect virus depends on technique of the person getting the specimen and the viral load, or amount of virus present.
- New information suggests that viral load AND transmissibility may be as high in asymptomatic patients as those that are symptomatic. Or higher? (I will be interested in what we learn over the next few months on this topic, as it is relevant to modeling efforts.)

#### Serology.

- Antibody testing in SARS-COV-2 at this stage is controversial for a variety of reasons.
- As opposed to other illness, such as pertussis, hepatitis, and measles, we do not know whether we are testing the correct antibodies. For example, the IgM component (indicating a recent infection) may cross react with other coronaviruses. There are a lot of companies trying to make these tests, with little oversight or trials to ensure accuracy.
- IgG is detectable. What is not clear is whether it neutralizes and thus gives protection. In regards to immunity, people may become immune, but for how long we do not know yet ... weeks, months, years?

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