

Use of **antigen-detection** rapid diagnostic tests

Antigen-detection rapid diagnostic tests (Ag-RDTs) with adequate performance ($\geq 80\%$ sensitivity and $\geq 97\%$ specificity compared to a NAAT reference assay) offer a way to rapidly detect SARS-CoV-2 infection that does not require laboratory infrastructure.

Ag-RDTs can be used by trained operators[#] in clinical settings, laboratories or in the community.

They can also be used by individuals who wish to self-test to take informed decisions to protect their own health, their families and their communities.

Ag-RDTs detect **current SARS-CoV-2 infection** and can be used for:

1

Symptomatic testing

To identify **cases of COVID-19**, including by testing individuals meeting the suspected case definition.

2

Testing people who have been exposed

To test **asymptomatic individuals at higher risk of SARS-CoV-2 infection***, including health workers or contacts of confirmed/probable cases.

3

Outbreak investigations

To detect and respond to **suspected outbreaks of COVID-19**, especially in closed or semi-closed settings including schools, care-homes, cruise ships, prisons, work places and dormitories.

4

Screening

To screen **individuals without symptoms or known exposure to SARS-CoV-2****.

[#]WHO training materials can be found here:

<https://extranet.who.int/hslp/content/sars-cov-2-antigen-rapid-diagnostic-test-training-package>
and here: <https://openwho.org/courses/SARS-CoV-2-Ag-RDT>

* Ag-RDT can be used to test asymptomatic contacts of confirmed cases or health workers, even if the Ag-RDT is not specifically authorized for this use.

** The benefits of widespread asymptomatic testing in settings with no or limited ongoing transmission remains uncertain.