

# SARS-COV-2 and service adaptation: an update



*Statement from the ESHRE COVID-19 Working Group  
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In its guidance on recommencing ART services, ESHRE recommended triage and testing of staff and patients alongside mitigation measures guided by local circumstances (1,2). Since their publication, the availability of SARS-CoV-2 testing has evolved and vaccination against COVID-19 become available. Still, vaccination levels in most countries have not reached sufficient levels to forego triage and testing or mitigation measures. The current statement retains the principle of triage and testing while awaiting completion of vaccination programmes.

At present, both the variety of available SARS-CoV-2 testing methods and vaccination status should be considered for staff and patient triage and management.

The other aspects of the guidance on resuming fertility treatments and safe ART services during the third phase of the COVID-19 pandemic remain valid (1,2).

## Triage and testing

The key principle in maintaining safe activity in an ART centre is that patients, staff and anyone attending have a negative triage (with testing performed where needed) or a negative SARS-CoV-2 test (PCR or antigen). The triage questionnaire is available in Appendix 1.

According to the European Centre for Disease Control, there are three main types of detection assays for COVID-19 diagnostic testing, depending on what the test is trying to detect: nucleic acid tests detect the presence of viral RNA (RT-PCR); antigen tests detect the presence of a viral antigen (typically part of a surface protein); and antibody tests detect the presence of antibodies generated against SARS-CoV-2 (3,4,5).

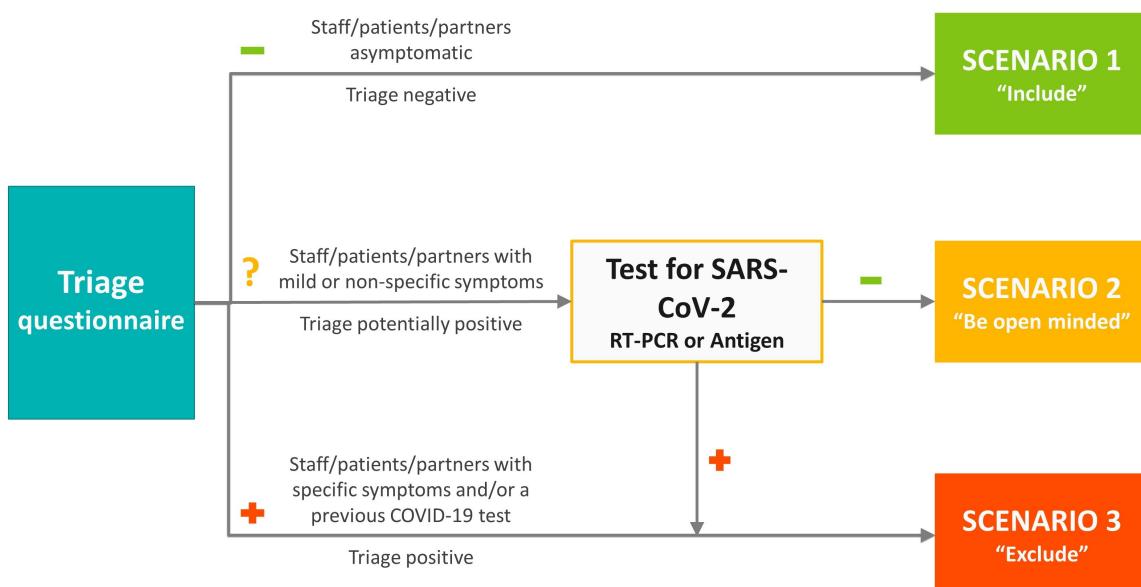
Both PCR and antigen tests can be used to detect ongoing infection, while antibody tests are useful to confirm either acute infection or established immunity (4).

COVID-19 data are emerging continuously and the testing tools and the advice given must be adjusted accordingly. The laboratory specialists should offer advice and guidance in interpreting the results, acknowledging that no test has 100% accuracy.

Testing can be waived in patients and staff who have been vaccinated against COVID-19. The presence of SARS-CoV-2 IgG antibodies can be checked in those with previous COVID-19 disease.

The recommended actions following use of the triage questionnaire are outlined in Figure 1.

**Figure 1. ACT diagram**

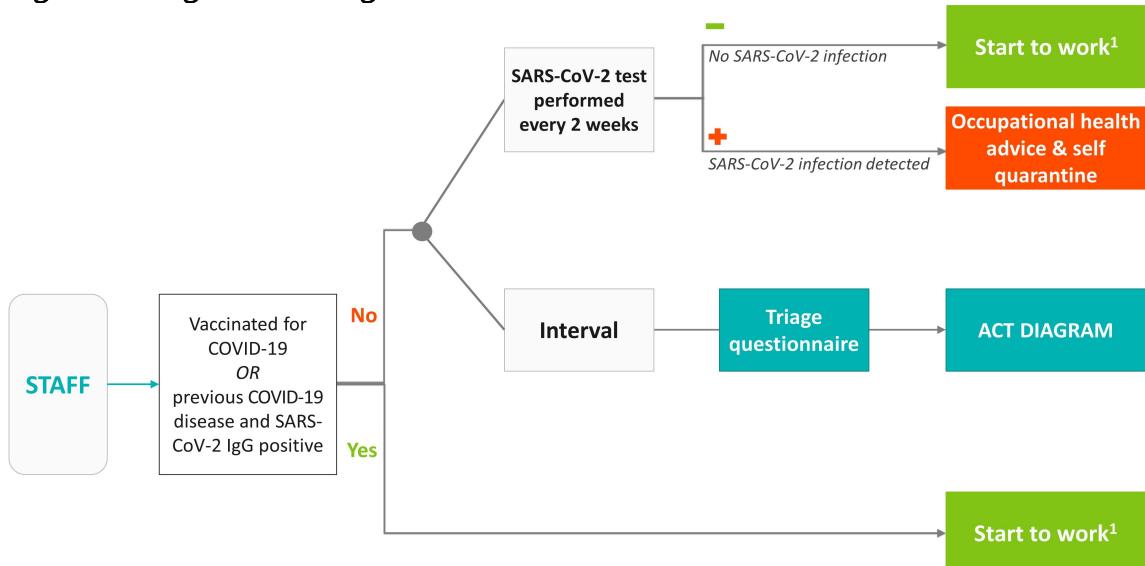


### Strategies for staff and patients

The following updated strategies for triage and testing in staff and patients are suggested. Mitigation measures for maintaining safe ART, such as enhanced sanitation measures and intensive use of personal protective equipment (PPE), should be retained for all patients and staff, even after vaccination (2).

For staff, if regular testing cannot be performed, the triage questionnaire and ACT diagram can be used to guide testing and further actions. Staff testing every two weeks has been recommended, which allows for direct detection of SARS-CoV-2 infection and decision-making. Further triage and testing can be waived in members of staff who have completed their vaccination against COVID-19 (see Figure 2).

**Figure 2. Triage and testing of staff**

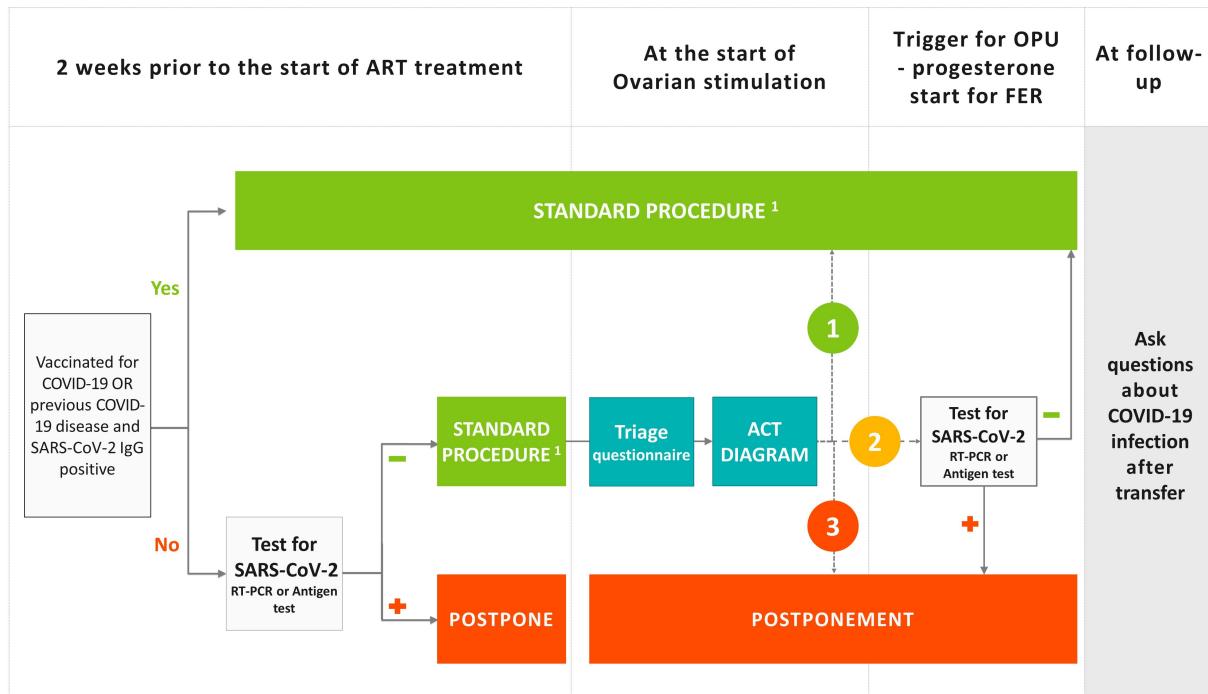


<sup>1</sup> with continuation of mitigation measures as routine

For patients, routine testing (by PCR or antigen test) prior to the start of treatment should be considered. Further testing during the ART process can be guided by applying the triage questionnaire and ACT diagram (see Figure 3).

For the benefit of contact-tracing relevant to staff and all patients, we suggest that COVID-19 status is considered as part of the post-treatment follow-up. A question about COVID-19 symptoms or disease should be asked when the centre contacts the patient 15 days after embryo transfer.

**Figure 3. Triage and testing of patients**



<sup>1</sup> with continuation of mitigation measures as routine

## References

- ART and COVID-19 A Statement from ESHRE. Phase 2: ESHRE guidance document on recommencing ART. (publication date 23 April 2020) (<https://www.eshre.eu/Press-Room/ESHRE-News#COVID19P2>)
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## **Appendix 1 - ART Triage Questionnaire**

1. Have you been sick in the last two weeks?
2. Do you have fever (over 37,5°C)?
3. Are you coughing at present?
4. Do you have a sore throat?
5. Have you lost your sense of smell or taste?
6. Have you been in contact with somebody who has any of these symptoms?
7. Have you travelled to an area at high risk for COVID-19, nationally or internationally?
8. Do you work in a hospital/nursing home or healthcare facility?
9. Have you been in contact with somebody who has COVID-19?
10. Have you been diagnosed with COVID-19?
11. Do you live in a household with somebody who has been diagnosed with COVID-19 infection or has COVID-19 symptoms (fever, cough, loss of smell)?
12. If you have been COVID-19 positive and recovered, do you have certified medical evidence of clearance ?
13. Do you have a severe medical condition like diabetes, respiratory disease, chronic kidney disease, etc.? *(this question can be skipped when using the ART triage questionnaire for staff)*
14. Have you been vaccinated?
15. Is the vaccination protocol finished?

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