EDITORIAL

The challenges of Covid-19 testing: Time for Pathologists to rise to the occasion

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An outbreak of novel coronavirus (Covid-19) was first reported in Wuhan, China in the late December.[1] Since then, the positive cases have increased exponentially to 1.4 million (as of 8 April 2020).[2] The ability of a country to cope with increasing number of Covid-19 testing is the ultimate test. Teaching/university hospitals should pull their resources and man-power to provide the much-needed assistance to the demand of Covid-19 testing. Inadequate testing could result in unrecognised Covid-19 infected individuals, roaming freely in the population. The other issue is the sensitivity of test if samples were obtained from different sites. Classically, the confirmation of diagnosis of Covid-19 depends on real time polymerase chain reaction (RT-PCR) analysis to detect viral genetic material in either a nasal swab or bronchioalveolar lavage sample. Wang *et al.* (2020) reported that bronchioalveolar lavage sample has the highest sensitivity in identifying Covid-19, followed by sputum and nasal swab with positive rates of 93%, 72% and 63%, respectively.[3] Furthermore, they found that nasal swab contained the highest concentration of viral load as it required less number of cycles to achieve higher copy numbers. In some patients, viral genetic material was also identified in faeces and blood.[3] While the reliability of testing is a concern, the safety of the laboratory staff also has to be kept in mind. In this issue, there are three review articles on Covid-19, first article described the general properties of coronavirus, second article described the diagnostic performance of Covid-19 serology assay and third article described the importance of the site of sampling for Covid-19.[4-6]

Keywords: coronavirus, Covid-19, diagnostic testing, pathology

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