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## Testing for COVID-19: A visit to a pop-up testing center

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### Author(s)

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Dry cough, headaches, body aches, a stabbing pain along my ribs, and chills. In mid-March, as stay-at-home orders were first being implemented due to SARS CoV-2, a slew of symptoms hit me like mid-sized sedan - not bad enough to wipe me out, but just to leave me endlessly fatigued.

What else could it be, but COVID-19?

Even as [pop-up testing centers \(https://www.washingtonpost.com/local/getting-tested-for-coronavirus-in-virginia-maryland-dc/2020/03/26/5e19f608-6de9-11ea-a3ec-70d7479d83f0\\_story.html\)](https://www.washingtonpost.com/local/getting-tested-for-coronavirus-in-virginia-maryland-dc/2020/03/26/5e19f608-6de9-11ea-a3ec-70d7479d83f0_story.html) are being established in pharmacy parking lots and insurance companies are offering to cover tests for free, those experiencing symptoms face numerous hurdles to testing. As the number of infections rise, tests, masks, and equipment are in [short supply \(https://www.washingtonpost.com/climate-environment/2020/03/18/shortages-face-masks-cotton-swabs-basic-supplies-pose-new-challenge-coronavirus-testing/\)](https://www.washingtonpost.com/climate-environment/2020/03/18/shortages-face-masks-cotton-swabs-basic-supplies-pose-new-challenge-coronavirus-testing/). Testing, therefore, is not available to everyone and it is understood that [underreporting of cases and deaths \(https://www.forbes.com/sites/joshuacohen/2020/04/14/underreporting-of-covid-19-deaths-in-the-us-and-europe/#3c19c52982d7\)](https://www.forbes.com/sites/joshuacohen/2020/04/14/underreporting-of-covid-19-deaths-in-the-us-and-europe/#3c19c52982d7) is common across the country.

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Not every patient showing symptoms is eligible for testing. A doctor's referral is needed and patients must undergo additional screening to determine whether they qualify. Results arrive up to a week to return -- a lifetime of anxiety to those in need of care and seeking answers.

I am very fortunate. My employer, the National Institutes of Health (NIH), offers free drive-in testing without referrals. However, their screening procedures are stringent because of a shortage of tests. I chose to get tested to protect myself, my partner, and my colleagues. When I called in, my screener hurled a slew of questions at me. His bedside manner was impeccable, but it was clear that he was on a timeline -- I was not the only one seeking testing and NIH's caseload was rising.

"Have you left the country in the last fourteen days?" *No.* "Have you traveled domestically?" *Yes.* "Where?" *Seattle, Washington.* "Have you been in contact with anyone who is known to have tested positive?" *I don't know.* "Do you live with anyone who is at higher risk for infection?" *No.* "Do you have a fever?" *Random spikes to 100F.*

With every question, I was closer to being placed in one of three buckets - minimal risk, no test needed; moderate risk, but not enough to get tested; or high risk to self and others, testing recommended. I was ultimately told to self-monitor at home and call back should my symptoms worsen. They considered me low risk.

An hour later I received an unexpected call - "Come in at 9 am tomorrow. We are going to test you."

At 8:45 am the next day, I drove to the NIH campus in Bethesda. A sheet of paper in my dashboard displayed my name and birth date in big block letters so that healthcare workers could identify me with minimal contact. I rolled to the first checkpoint in a long line of cars to a person pointing to a large board of rules. *Do not roll down windows until asked. Hold your government ID up to the window to confirm identification. No photos or videos permitted.*

I held up my ID and was waved through the line. When my turn finally came, I drove up to the makeshift testing site in a parking lot. A healthcare worker in full personal protective equipment was waiting. He wore a surgical mask under his face shield. He was dressed head to toe in scrubs and booties. On his hands he wore two pairs of gloves. The purple pair closest to his skin always stayed on. A second blue pair was replaced to protect every new patient. He was, disconcertingly, the only person dressed this way. None of the other first responders in the outdoor makeshift testing center, wore gloves or masks. It was clear that NIH was restricting use of its limited PPE to those most in need.

The tester held up a vial to my window and asked me to confirm identification information. I rolled down my window and he handed me a tissue.

"Cough into that if you need to."

He inserted a long, bristle swab into my pharynx, the deep structure that extends into the space behind the nose and mouth. I had expected the swab to go up my nose - I had watched videos ahead of time to prepare - but I was not prepared for how deep the swab went into my nostril. I am not exaggerating when I say I could feel the scraping painfully in my cheek. Ten seconds later the procedure was repeated in the other nostril.

Despite choking and coughing, with tears dripping down my face and the taste of blood in the back of my throat, I confirmed that I was okay. It was an altogether unpleasant experience, but

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necessary. The healthcare worker informed me that I should expect results within 48 hours. I waited for the pain to subside in a nearby parking lot and drove home to await my results.

The call came just twenty-four hours later. Negative. The fast turnaround mitigated much of the stress that would have come with a week-long wait. Still, I self-isolated for fourteen days anyway on the off chance it was a false positive.

The hunt for more accurate testing to reduce potential false positives is on and the focus has shifted to blood tests. These tests determine exposure to diseases by looking for [antibodies in blood](https://www.cdc.gov/coronavirus/2019-ncov/lab/serology-testing.html) (<https://www.cdc.gov/coronavirus/2019-ncov/lab/serology-testing.html>). Unlike the swab test I took, these tests will hopefully be faster, less expensive, less invasive, more reliable, and ostensibly less painful. Their quick roll-out is due to [relaxed federal regulations](https://www.washingtonpost.com/health/fears-of-wild-west-as-covid-19-blood-tests-hit-the-market/2020/04/12/1119b29a-7cb6-11ea-84c2-0792d8591911_story.html) ([https://www.washingtonpost.com/health/fears-of-wild-west-as-covid-19-blood-tests-hit-the-market/2020/04/12/1119b29a-7cb6-11ea-84c2-0792d8591911\\_story.html](https://www.washingtonpost.com/health/fears-of-wild-west-as-covid-19-blood-tests-hit-the-market/2020/04/12/1119b29a-7cb6-11ea-84c2-0792d8591911_story.html)) which waive initial review of potential tests. However, reports suggest that testing rates must [double](https://www.nbcnews.com/news/us-news/coronavirus-testing-must-double-or-triple-u-s-can-safely-n1185881) (<https://www.nbcnews.com/news/us-news/coronavirus-testing-must-double-or-triple-u-s-can-safely-n1185881>), at least, to effectively [lift stay-at-home orders](https://www.nytimes.com/2020/04/15/us/coronavirus-testing-trump.html) (<https://www.nytimes.com/2020/04/15/us/coronavirus-testing-trump.html>) and reopen the economy. Potential [contamination of swab tests](https://www.washingtonpost.com/investigations/contamination-at-cdc-lab-delayed-rollout-of-coronavirus-tests/2020/04/18/fd7d3824-7139-11ea-aa80-c2470c6b2034_story.html) ([https://www.washingtonpost.com/investigations/contamination-at-cdc-lab-delayed-rollout-of-coronavirus-tests/2020/04/18/fd7d3824-7139-11ea-aa80-c2470c6b2034\\_story.html](https://www.washingtonpost.com/investigations/contamination-at-cdc-lab-delayed-rollout-of-coronavirus-tests/2020/04/18/fd7d3824-7139-11ea-aa80-c2470c6b2034_story.html)) and other setbacks are making this goal harder to achieve.

Six weeks into Maryland's shelter in place order, I continue to isolate myself and social distance. I am privileged to be able to work remotely, have access to healthcare, and virtually socialize as I sequester myself from society. In the meantime, I will continue to social distance while keeping up to date on the science and advocating for broader access to safe and accurate testing for COVID-19. Our nation's survival depends on it.

*\* The author is an employee of the National Institutes of Health. NIH is one of countless government, industry and nonprofit organizations working to develop tests, vaccines and therapies for SARS COV-2. There are no conflicts to disclose.*

Image: Pixabay

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