OPEN LETTER

Lessons from coronavirus disease 2019 (COVID-19) testing strategies in three lusophone countries [version 1; peer review: awaiting peer review]

Luiza Madia Lourenço1, Celina Monteiro Abreu2, Larissa Deadame de Figueiredo Nicolete3, Viviana Mabombo4, Tacilta Nhampossa4,5, Raquel Matavele Chissumba5, Sadia Ali Pereira6,7, António Bandeira6, Marcos Roberto Tovani Palone7, Flávia Thedim Costa Bueno8, Bonny Louise Baker9, Trudie Lang9

1University of Brasília, Brasília, 70910-900, Brazil
2Johns Hopkins University, Baltimore, MRB 831, USA
3University of International Integration of the Afro-Brazilian Lusophony, Redenção, Ceará, 62790-970, Brazil
4Manhiça Health Investigation Centre, Maputo, 1929, Mozambique
5National Health Institute, Maputo, 3943, Mozambique
6University of Porto, Porto, 4200 - 319, Portugal
7University of São Paulo, Ribeirão Preto, 14049-900, Brazil
8Oswaldo Cruz Foundation, Rio de Janeiro, 21040-360, Brazil
9University of Oxford, Oxford, OX3 7LG, UK

Abstract
During the coronavirus disease 2019 (COVID-19) pandemic, uncoordinated national responses have been observed around the world which have contributed to the difficulties in controlling the spread of the virus. This lack of dialogue between nations reflects several key determinants including the lack of platforms for non-English speaking researchers and healthcare professionals to engage with critical matters in their native languages. Here, we demonstrate how setting up a dedicated forum for Portuguese-speaking professionals from Brazil, Mozambique and Portugal facilitated the comparison of testing strategies undertaken by those countries during 2020. This working group was established in response to an open workshop conducted in Portuguese in March 2020, in which renowned scientists from lusophone countries were invited to share the COVID-19 responses in their respective countries. To date, the group has convened to address actions, in turn identifying the opportunity to publish the different established approaches to testing strategies undertaken by their countries. This effort highlighted that the governments of those three countries took very different
approaches, from case definition to type of test most commonly deployed. This piece emphasizes the need for international bodies to acknowledge the importance of creating forums which are more inclusive to non-speaking English professionals who are at the frontline of healthcare response in challenging settings such as low- and middle-income countries. Finally, fostering approaches like this could represent an efficient strategy to facilitate dialogue, building the necessary steps for a more coordinated response to future global threats.

**Keywords**
covid-19, testing, public health, international collaboration

---

**Corresponding author:** Luiza Madia Lourenco (lhmlourenco@gmail.com)

**Author roles:** Madia Lourenco L: Conceptualization, Data Curation, Methodology, Project Administration, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing; Abreu CM: Conceptualization, Data Curation, Methodology, Writing – Review & Editing; Nicolete LDdF: Conceptualization, Data Curation, Methodology, Writing – Review & Editing; Mabombo V: Conceptualization, Data Curation, Methodology, Writing – Review & Editing; Nhampossa T: Conceptualization, Data Curation, Methodology, Writing – Review & Editing; Matavale Chissumba R: Conceptualization, Data Curation, Methodology, Writing – Review & Editing; Pereira S: Conceptualization, Data Curation, Methodology, Writing – Review & Editing; Bandeira A: Conceptualization, Data Curation, Methodology, Writing – Review & Editing; Tovani Palone MR: Conceptualization, Data Curation, Methodology, Writing – Review & Editing; Costa Bueno FT: Conceptualization, Writing – Review & Editing; Baker BL: Conceptualization, Methodology, Project Administration, Supervision, Visualization, Writing – Original Draft Preparation, Writing – Review & Editing; Lang T: Conceptualization, Funding Acquisition, Project Administration, Resources, Supervision, Visualization, Writing – Review & Editing

**Competing interests:** VCJM has participated on the Institutional Ethics Review Board for Health at the Manhica Health Research Centre up until September 2019. The other authors have no competing interests to declare.

**Grant information:** The Global Health Network is supported by the Wellcome Trust [222186] and has received a grant from the Bill and Melinda Gates Foundation [DPP1169808]. The Coronavirus Research Implementation hub is supported by a grant from UK Research and Innovation [MC_PC_19073]. This project was financially supported by the European Union's Horizon 2020 research and innovation programme under grant agreement No.s 734584 (ZikaPLAN), 734857 (ZikaAction). All grants listed were assigned to Trudie Lang. We confirm that the funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

**Copyright:** © 2021 Madia Lourenco L et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**How to cite this article:** Madia Lourenco L, Abreu CM, Nicolete LDdF et al. Lessons from coronavirus disease 2019 (COVID-19) testing strategies in three lusophone countries [version 1; peer review: awaiting peer review] Wellcome Open Research 2021, 6:179
https://doi.org/10.12688/wellcomeopenres.17020.1

**First published:** 09 Jul 2021, 6:179 https://doi.org/10.12688/wellcomeopenres.17020.1
**Introduction**

The current coronavirus disease 2019 (COVID-19) pandemic has shed light on the need for coordinated international strategies to prepare and respond effectively to pandemics. Since the beginning of 2020, while active transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) crossed borders and affected all continents, countries pursued different approaches attempting to bring it under control. The adherence to scientific, evidence-based response strategies has impacted the performance of each country during this pandemic period, despite the fast-growing body of scientific evidence.

Examples of this uncoordinated international response include the unbalanced vaccine roll-out and other public policies which were paramount before the approval of effective vaccines (and which are still important especially for countries that do not have access to sufficient vaccine doses). For instance, testing strategies and campaigns for public understanding of prevention methods varied widely in different countries. Whilst considering the effectiveness of communication strategies relies heavily on understanding cultural context, testing strategies should be guided by international standards, acknowledging that the variation in economic abilities will be an important driver in implementation and that political aspects should not be ignored.

In that context, The Global Health Network hosted an open virtual workshop on 31 March 2020 with researchers from Portuguese-speaking countries to engage in multilateral dialogue about ongoing local responses (recording available here: https://youtu.be/ZUQwa4Mfex4). In response, a working group (WG) was established as a forum for collaborative consultations in Portuguese, which enabled the core participation of several healthcare professionals and academics who might otherwise be excluded from international forums hosted in English. An email invitation was sent to all the participants who attended the open virtual workshop and the first WG meeting was held on 7 August 2020. Until March 2021, another 6 online meetings were held, where the group members discussed about the differences in testing strategies adopted by their countries and other gaps in the overall national COVID-19 responses. Importantly, the three countries represented in the WG shared a common cultural heritage but display acutely different economic status - each one representing a different tier of per capita gross national income according to the World Bank and United Nations classification: Portugal (high income), Brazil (middle income), and Mozambique (low income). This piece is a result of the sustained activity of the WG, in which different national testing strategies were observed and characterised, including the definitions of confirmed cases, the importance given to different types of tests and the reported testing capacity in the three countries during 2020.

**Portugal**

The Portuguese Directorate-General of Health indicated reverse transcriptase real-time polymerase chain reaction (RT-PCR) testing for people presenting acute respiratory symptoms with cough (new or aggravated), fever above 38.0°C or difficulty breathing/dyspnoea with no other known cause or contacts of confirmed cases. The contact-tracing strategy adopted was to perform RT-PCR in all individuals (high and low risk) who were exposed to a confirmed case while they were in the transmission period. When the confirmed case was symptomatic, transmission period was considered from 48h before the symptoms started until the end of their isolation period (10–20 days according to symptomatology). For asymptomatic confirmed cases, transmission period was considered from 48h before the positive sample was collected for testing until the end of their isolation period (10 days after case confirmation). If RT-PCR tests are not available, sensitive (≤90%) and specific (≤97%) antigen rapid tests can be used to confirm infection.

SARS-CoV-2 RT-PCR tests were performed by the Portuguese Public Health Service, including Instituto Nacional de Saúde Doutor Ricardo Jorge (INSA) and other laboratory hospitals trained for this purpose. In addition to these tests assured by the Portuguese Public Health Service, tests were available through private laboratories.

On 28th November 2020, testing rate was above 25 tests/1000 inhabitants/week, which is higher than the testing rate recommended by the World Health Organisation (WHO) to reliably evaluate transmission control. Importantly, in that period, the positive case rate in Portugal was 12.7% - WHO recommendations indicate that a pandemic is under control when the positive rate is ≤ 5%.

**Brazil**

The Brazilian Ministry of Health (MoH-Brazil) defined that a COVID-19 case can be confirmed based on diagnostic tools performed in clinical laboratories (RT-PCR or serological tests) or in drugstores by pharmacists (Lamp-PCR, antigen or antibody rapid tests), but also based solely on other findings, such as clinical manifestations of SARS-CoV-2 infection combined with anosmia or ageusia without known causes, or SARS combined with close contact with a confirmed case (14 days before symptom manifestations), or SARS combined with ground-glass opacity findings on lung imaging. Importantly, each of the 27 subnational states had a specific protocol for managing suspected cases, which meant different cohorts of the population were tested based on their location.

Response to COVID-19 relied mostly on the free and universal public health system (Unified Health System - SUS). Since January 2020, RT-PCR tests for SARS-CoV-2 were performed at National Influenza Centers, with the support of PAHO/WHO. Additionally, the Oswaldo Cruz Foundation (Fiocruz) trained all 27 Central Public Health Laboratories for SARS-CoV-2 diagnostics, contributing to decentralizing testing capacity which allowed for testing in remote areas. Furthermore, public
universities and health institutions such as Fiocruz provided additional laboratory support.

In an effort to increase national testing capacity, the Brazilian National Agency of Sanitary Surveillance implemented an expedited process for testing options, and by 23rd November 2020, had approved a total of 722 diagnostic kits (RT-PCR and serologic rapid tests) for COVID-19\(^a\). Importantly, of those, 493 were serologic rapid tests and 107 RT-PCR kits. This finding may indicate a governmental preference to invest in serological rapid tests as opposed to RT-PCR to diagnose COVID-19, which is against WHO recommendations\(^5\). Of note, serological rapid tests are cheaper than RT-PCR tests. To date, there are no national guidelines from the MoH-Brazil on the use of antigen rapid tests to strengthen the Brazilian testing strategy.

According to MoH-Brazil reporting, since the end of July 2020, Brazil has sustained the screening rate higher than 1 test/1000 inhabitants/week, as recommended by WHO. Alarmingly, the national positive case rate in November 2020 was 30.81\(^b\) which far exceeds the 5\% positive rate endorsed by WHO as an indicator that the pandemic is under control.

**Mozambique**

The Ministry of Health Mozambique recommends RT-PCR testing for the diagnosis of COVID-19 in suspected cases, as indicated clinically and/or by epidemiological link\(^c\). Suspected cases include those detected passively in one of the surveillance health facilities or actively through contact tracing of confirmed cases. In October 2020, antigen rapid tests were also authorised to be used when and where RT-PCR tests were not available, and patients were in critical need of a diagnosis\(^d\).

Samples collected from public health centres were sent to the reference laboratory at the National Institute of Health (INS). Initially, RT-PCR testing capacity was limited, constrained to 600 samples per day. In November 2020, testing was established at 1500 tests per day, as a result of the expansion of laboratory facilities. Furthermore, testing was also initiated in private hospitals, which were initially sending their samples to South African and Portuguese laboratories. The main challenges ranged from the lack of decentralized testing facilities to the unavailability of testing kits and personal protective equipment. In addition, delays in notifying patients have been observed due to a weak communications system in the public facilities. Nonetheless, the country’s response upgraded gradually, with a comprehensive approach and multisector involvement, such as increased lab capacities and donation of kits, and PPE provided by governments and agencies, such as the WHO, the Korean Government and philanthropic organizations.

Despite the efforts to increase local capacity, in November 2020 the testing rate was still below 1 test/1000 inhabitants/week. Therefore, considering WHO guidelines\(^e\), the 6.6\%\(^f\) positive rate registered at that time could not be used to evaluate the pandemic control in this country. In addition, the INS have started serological surveys in June 2020 to assess the evolution of the epidemic at the community level. Antibody prevalence was reported to be below 10\% and, importantly, these surveys portrayed a heterogeneous pattern of community transmission between regions as well as among different working groups\(^g\).

**Final considerations**

Several important factors affect the responses deployed by each country. Therefore, countries need support to develop and maintain stronger health systems to undertake internationally standardised strategies, as they must be able to: (i) rapidly process samples and obtain results, (ii) communicate with patients; and (iii) implement effective contact tracing. Interestingly, even though two types of tests were predominantly used worldwide to track disease transmission and inform governmental mitigation interventions during 2020, national strategies varied widely, and no international guideline was followed in practice (Table 1).

### Table 1. Commonly available diagnostic testing options for coronavirus disease 2019 (COVID-19).

| **REVERSE TRANSCRIPTASE REAL-TIME POLYMERASE CHAIN REACTION (RT-PCR)** | **Target** | **Advantages** | **Critical considerations** |
|---|---|---|---|
| Viral nucleic acid molecules | According to the latest World Health Organisation (WHO) guidance on SARS-CoV-2 diagnosis, RT-PCR is the only recommended test for case confirmation\(^i\). RT-PCR results can indicate patients who are currently infected and most likely able to transmit the virus to others. | RT-PCR tests require appropriate laboratory space, reagents, and trained staff to be performed and results take hours to days to be obtained. Appropriate timing of sample collection is also critical, as the viral load present in symptomatic and asymptomatic patients are reported to vary from several days before and after symptoms onset. |

| **ANTIGEN RAPID TESTS** | **Target** | **Advantages** | **Critical considerations** |
|---|---|---|---|
| Viral antigens | Tests that detect SARS-CoV-2 antigens (such as proteins). They can be performed rapidly and at the point of care and thus may be more accessible with faster results compared to RT-PCR and commonly have high specificity (≥97%). | These tests commonly lack sensitivity when compared to RT-PCR, which can lead to false-negative results. WHO recommends that only tests that meet the minimum performance requirements of ≥80\% sensitivity and ≥97\% specificity compared to a nucleic acid amplification reference assay should be used, and specifically in settings where RT-PCR is unavailable or where extensive turnaround times undermine clinical utility\(^g\). |
SEROLOGICAL RAPID TESTS

| Target                                    | Advantages                                                                 | Critical considerations                                                                 |
|-------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Host antibodies against the virus         | Tests that detect SARS-CoV-2 antibodies can be performed rapidly and at the point of care and thus may be more accessible with faster results compared to RT-PCR. Large-scale serologic screening with validated tests may be able to provide a measure of disease activity (by identifying people who were not diagnosed by RT-PCR or who may have had asymptomatic or subclinical infection) and also identify individuals who may have immunity to infection. | Cross-reaction with other coronaviruses can be a challenge to serological tests and the unknown duration of the immune response can also present a drawback. In addition, test performance, accuracy, sensitivity and specificity are variable and present a real challenge to the use of such tests. Also, the extent and duration of immune responses are still unclear, as current data show that the presence of antibodies alone may not confer immunity. In addition, the recent surge of novel variants may in itself undermine this strategy. |

Note: The number of tested samples that come back as positive for SARS-CoV-2 (positive rate), is an important measure to evaluate if transmission is under control. According to WHO recommendations, a positive rate of less than 5% is one indicator that the pandemic is under control. Nevertheless, this indicator is only useful for countries where the testing rate is 1 test/1000 inhabitants/week. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2, RT-PCR=reverse transcriptase real-time polymerase chain reaction.

Conclusion

Here, we provide evidence to support the need for active mechanisms for international discussion in different languages to enable fair access to relevant knowledge in local communities. This experience must be replicated for other languages such as Spanish, French, Arabic, among others. Speaking our native language, we were able to discuss and identify testing discrepancies in our home countries that might have played an important role in pandemic control. Importantly, different testing strategies, likely influenced by factors such as gross per capita income, government ideology and weak national surveillance systems, will undermine the efficacy of global pandemic control. Therefore, only with efforts to engage local players in discussions to strengthen and coordinate international responses will it be possible to build an effective global strategy to mitigate the impact of future pandemics.

Data availability

No data are associated with this article.

References

1. Hale T, Angrist N, Cameron-Blake E, et al.: Variation in government responses to COVID-19. BSG Working Paper Series, Blavatnik School of Government, University of Oxford. 2020. Reference Source
2. Wouters OJ, Shadlen KC, Satcher-Konsad M, et al.: Challenges in ensuring global access to COVID-19 vaccines: production, affordability, allocation, and deployment. Lancet. Elsevier B.V.; 2021 [cited 2021 Apr 9]; 397(10278):1023-34. PubMed Abstract | Publisher Full Text | Free Full Text
3. United Nations: World Economic Situation and Prospects WESP 2020. United Nations UN. 2020. Reference Source
4. Direção Geral da Saúde de Portugal: COVID-19: Abordagem do Doente com Suspeita ou Confirmação de COVID-19. 2020 [cited 2021 Apr 9]. Reference Source
5. Direção Geral da Saúde de Portugal: COVID-19: Rastreio de Contactos. 2020 [cited 2020 Dec 4]. Reference Source
6. Direção Geral da Saúde de Portugal: COVID-19: Estratégia Nacional de Testes para SARS-CoV-2. 2020 [cited 2020 Dec 5]. Reference Source
7. Direção Geral da Saúde de Portugal: Ponto de Situação Atual em Portugal. 2020 [cited 2020 Dec 4]. Reference Source
8. World Health Organization: Considerations in adjusting public health and social measures in the context of COVID-19: interim guidance. World Health Organization. 2020. Reference Source
9. Roser M, Ritchie H, Ortiz-Ospina E, et al.: Coronavirus (COVID-19) Cases - Statistics and Research - Our World in Data. Our World in Data. 2020 [cited 2020 Dec 4]. Reference Source
10. Ministério da Saúde do Brasil: Definição de caso e notificação. 2020 [cited 2020 Dec 4]: 1-4. Reference Source
11. Covid-19: painel de produtos para diagnóstico — Português (Brasil). 2020 [cited 2020 Dec 4]. Reference Source
12. World Health Organization: Clinical management of COVID-19: interim guidance, 27 May 2020. World Health Organization; 2020. Reference Source
13. Ministério da Saúde do Brasil: Boletim epidemiológico COVID-19 número 39. 2020 [cited 2020 Dec 4]. Reference Source
14. Ministério da Saúde de Moçambique: Plano de Moçambique Preparação e Resposta ao COVID-19. [cited 2021 Mar 15]. Reference Source
15. Ministério da Saúde de Moçambique: Guia para a implementação de testes de diagnóstico rápidos de antígeno para o SARS-CoV-2 em Moçambique. [cited 2021 Mar 16]. Reference Source
16. Instituto Nacional de Saúde de Moçambique: Inquéritos Seroepidemiológicos de SARS-CoV-2. 2020 [cited 2021 Mar 20]. Reference Source
17. World Health Organization: Diagnostic testing for SARS-CoV-2: Interim guidance 11 September 2020. Diagnostic testing for SARS-CoV-2. 2020. Reference Source
18. World Health Organization: Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays. 2020 [cited 2021 Apr 19]. Reference Source