World Health Organization

CORRIGENDA

Population-based age-stratified seroepidemiological investigation protocol for coronavirus 2019 (COVID-19) infection. Version 2.0, 26 May 2020
(WHO reference number: WHO/2019-nCoV/Seroepidemiology/2020.2)

Page 10, lines 17–26

Delete: Serum samples should be screened for the presence of COVID-19 virus specific antibodies using serological testing. Tests for **IgG, IgM, IgA or total antibodies are commercially available**. For the purpose of the study and based on current evidence on performance, detection of total antibodies or IgG should be preferred. Best performing commercial kits are the Wantai total Ab ELISA, and the Euroimmun IgG ELISA, according to latest validation data. Serological testing should be carried out using **enzyme linked immunosorbent assay (ELISA), immunofluorescence (IFA) or, in case of limited lab capacity, Rapid Diagnostic Tests (RDT) .** Other in house tests may be used if validated with a comprehensive panel of antibody-positive and negative samples The Foundation for Innovative New Diagnostic (FIND) is evaluating immunoassays (further details available https://www.finddx.org/covid-19/sarscov2-eval-immuno/).

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Page 10, lines 29–30

Delete: In countries with limited laboratory capacity, a carefully chosen RDT can be used, and serum specimen collected for confirmatory testing with a highly specific and sensitive ELISA (e.g. Wantai total Ab). Of note, compared to RT-PCR results, RDTs and some ELISA will have higher sensitivities 1-2 weeks after symptoms onset

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These corrections have been incorporated into the electronic file.