

## LETTERS TO THE EDITOR

# Rationale for reverse-transcription polymerase chain reaction for SARS-CoV-2 screening in patients undergoing in-laboratory sleep studies

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As with most sleep laboratories around the globe, we had to stop our sleep testing activities the last days of March 2020 because of the COVID-19 pandemic, and before being able to resume it, we had to create new protocols to ensure the safety of patients and staff. Currently, there are some guidelines available,<sup>1-3</sup> but when we decided to restart (late June 2020), there was less evidence than is available today. Our protocol consists of screening surveys on scheduling of the sleep test and at the day of the visit (including respiratory symptoms, fever, diarrhea, fatigue, muscle pain, headache, changes in smell or taste, close contacts, and traveling) and reverse-transcription polymerase chain reaction of nasopharyngeal swab 48 hours before admission. Between June and December 31, 2020, we performed a total of 376 polysomnography tests, finding 2 positive reverse-transcription polymerase chain reactions in the asymptomatic patient screening (0.5%); both cases became mildly symptomatic a few days later, and in the first case, the whole family became infected soon after.

Reverse-transcription polymerase chain reaction is the recommended test for investigation of asymptomatic individuals,<sup>4</sup> and at least one-third of SARS-CoV-2-infected individuals are asymptomatic, with 75% of those who test positive without symptoms remaining asymptomatic.<sup>5</sup> Up to 50% of confirmed cases may be actively infected in the absence of symptoms (asymptomatic or presymptomatic period, which may account for 44% of secondary transmission).<sup>6</sup> In our country, patients diagnosed without symptoms have ranged between 8.2% and 63.3% of confirmed cases.<sup>7</sup> Universal screening for women admitted for delivery was done in New York and found 13.5% of patients were positive for COVID-19 infection, and 88% were asymptomatic.<sup>8</sup> We found an unexpected high rate of asymptomatic patients in a period of low stable prevalence (80 active cases/100,000 inhabitants)<sup>7</sup> when screening for in-laboratory polysomnography. Reverse-transcription polymerase chain reaction may not be feasible everywhere, but where available, we think there is justification to include it in patient screening for elective procedures.

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