A Publication for Direct Patient Care Providers

Updated Clinical Resources

- COVID-19 Data Collection and Access to Innovative Therapies
- COVID-19 Critical Care Pharmacy Clinical Guidelines

Applications Open for Frontline Innovation COVID-19 Relief Grant

The COVID-19 Relief grant, sponsored by The Beckwith Institute Frontline Innovation program, supports projects that will benefit the physical and emotional health of staff, patients, and our community during the COVID-19 pandemic.

UPMC employees with an idea that directly relates to recovery efforts due to the COVID-19 pandemic can apply online by Monday, May 11. Applicants must have their direct supervisor’s support before applying. Award recipients may receive a maximum of $10,000 for their project. If funded, you must abide by grant reporting and policies set forth by the Beckwith Institute. The Beckwith Institute board will consider larger grant amounts in specific cases.

Watch the Latest Provider Town Hall

Thanks to all who attended the Physician and APP Town Hall on April 22. The event recording and an updated Q&A document are now available. Attendees for each of the three town hall sessions can access CME credits under their “Completed Activities” on UPMC – Center for Continuing Education in the Health Sciences.

Antibody Testing Clarification

This test checks for a type of antibody called immunoglobulin G (IgG) that is the result of past or recent exposure to COVID-19, also known as the novel coronavirus. The human body produces IgG antibodies as part of the immune response to the virus. It usually takes around 10 to 18 days to produce enough antibodies to be detected in the blood.

FDA Emergency Use Authorization and/or Laboratory Developed Antibody Testing for IgG:

- May be an indicator of immune response to COVID-19 and past infection greater than 14 days prior.
- May help in the identification of individuals who may be convalescent plasma donors in a comprehensive program.
- May help identify people who have suffered from COVID-19 disease but are PCR –ve due to presenting late with very low viral load below the detection limit of PCR.
- May be helpful for Epidemiological studies of disease (tracking the spread of virus).
- NOT for diagnosis or to exclude infection.
- The relationship between IgG positivity and immunity is NOT established.
- In the screening of the general population where the prevalence is low (5% or below), the positive predictive value of the test decreases, which means that a positive test result is more likely to be false-positive and negative result is more likely to be true negative.