

FACT SHEET FOR HEALTHCARE PROVIDERS

Becton, Dickinson and Company (BD)

March 24, 2021

BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B

Coronavirus
Disease 2019
(COVID-19)

This Fact Sheet informs you of the significant known and potential risks and benefits of the emergency use of the BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B.

The BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B is authorized for use using direct anterior nasal swab specimens collected from individuals who are suspected of respiratory viral infection consistent with COVID-19 by their healthcare provider within the first six days of the onset of symptoms. Clinical signs and symptoms of respiratory viral infection due to SARS-CoV-2 and influenza can be similar.

All patients whose specimens are tested with this assay will receive the Fact Sheet for Patients: Becton, Dickinson and Company (BD) - The BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B.

What are the symptoms of COVID-19?

Many patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, dyspnea), although some individuals experience only mild symptoms or no symptoms at all. The current information available to characterize the spectrum of clinical illness associated with COVID-19 suggests that, when present, symptoms include cough, shortness of breath or dyspnea, fever, chills, myalgias, headache, sore throat, new loss of taste or smell, nausea or vomiting, or diarrhea. Signs and symptoms may appear any time from 2 to 14 days after exposure to the virus, and the median time to symptom onset is approximately 5 days. For further information on the symptoms of COVID-19 please see the link provided in the “Where can I go for updates and more information?” section.

Public health officials have identified cases of COVID-19 infection throughout the world, including the United States. Please check the CDC COVID-19 webpage (see link provided in the “Where can I go for updates and more information?” section at the end of this document) or your local jurisdictions website for the most up to date information.

This test is to be performed only using direct anterior nasal swab specimens collected from individuals who are suspected of respiratory viral infection consistent with COVID-19 by their healthcare provider within the first six days of the onset of symptoms.

What are the signs and symptoms of influenza?

The signs and symptoms of influenza usually develop suddenly and are similar to those of COVID-19. Common signs and symptoms of influenza are fever, cough, sore throat, runny/stuffy nose, body aches, headaches, and fatigue.

What do I need to know about COVID-19 testing?

Current information on COVID-19 for healthcare providers is available at CDC's webpage, *Information for Healthcare Professionals* (see links provided in “Where can I go for updates and more information” section).

- The BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B can be used to test anterior nasal swab samples directly using a dual nares collection (swab inserted in both nares, 5 rotations per nare).
- The BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B should be ordered for the qualitative detection and differentiation of SARS-CoV-2 nucleocapsid antigen and/or influenza A and B nucleoprotein antigens directly from anterior nasal swab samples taken from individuals who are suspected respiratory viral infection consistent with COVID-19 by their healthcare provider within first six days of the onset of symptoms.
- The BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B is authorized for use in laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform moderate, high and waived complexity tests.
- This test is authorized for use at the point of care (POC), i.e., in patient care settings operating under a CLIA certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

Report Adverse events, including problems with test performance or results, to MedWatch by submitting the online FDA Form 3500 (<https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=reporting.home>) or by calling **1-800-FDA-1088**

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Specimens should be collected with appropriate infection control precautions. Current guidance for COVID-19 infection control precautions are available at the CDC's website (see links provided in the "*Where can I go for updates and more information*" section).

When collecting and handling specimens from individuals suspected of being infected with COVID-19, appropriate personal protective equipment should be used as outlined in the CDC *Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19)*. For additional information, refer to CDC *Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)* (see links provided in "*Where can I go for updates and more information?*" section).

What does it mean if the specimen tests positive for the virus that causes COVID-19?

A positive test result for COVID-19 indicates that antigens from SARS-CoV-2 were detected, and the patient is infected with the virus and presumed to be contagious. Laboratory test results should always be considered in the context of clinical observations and epidemiological data (such as local prevalence rates and current outbreak/epicenter locations) in making a final diagnosis and patient management decisions. Patient management should be made by a healthcare provider and follow current CDC guidelines.

The BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, patient isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 patients, limits in the ability to work, the delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of a treatment or therapy, or other unintended adverse effects.

All laboratories using this test must follow the standard testing and reporting guidelines according to their appropriate public health authorities.

What does it mean if the specimen tests negative for the virus that causes COVID-19?

A negative test result for this test means that antigens from SARS-CoV-2 were not present in the specimen above the limit of detection. However, a negative result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. Antigen tests are known to be less sensitive than molecular tests that detect viral nucleic acids. The amount of antigen in a sample may decrease as the duration of illness increases. Specimens collected after day six of illness may be more likely to be negative compared to a RT-PCR assay. Therefore, negative results from patients should be treated as presumptive and confirmation with a molecular assay, if necessary, for patient management, may be performed.

When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate that COVID-19 is likely, and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative. If COVID-19 is still suspected based on exposure history together with other clinical findings, re-testing or testing with molecular methods should be considered by healthcare providers in consultation with public health authorities. Additional testing may be helpful to ensure testing was not conducted too early.

Risks from a false negative result include delay or lack of supportive treatment, lack of monitoring of infected individuals and their household or other close contacts for symptoms resulting in increased risk of spread of COVID-19 within the community, or other unintended adverse events.

A negative antigen test should not be the sole basis used to determine if a patient can end isolation precautions. For additional recommendations regarding infection control, refer to CDC's *Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings* (Interim Guidance) (see links provided in the "*Where can I go for updates and more information*" section).

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The performance of this test was established based on the evaluation of a limited number of clinical specimens collected during October 2020. The clinical performance has not been established in all circulating variants but is anticipated to be reflective of the prevalent variants in circulation at the time and location of the clinical evaluation. Performance at the time of testing may vary depending on the variants circulating, including newly emerging strains of SARS-CoV-2 and their prevalence, which change over time.

What does it mean if the specimen tests positive for influenza A or B viruses?

A positive test result for influenza A virus or influenza B virus indicates that proteins from one of these viruses was detected, the patient is infected with the virus and is presumed to be contagious. Laboratory test results should always be considered in the context of clinical findings and observations and epidemiological data in making a final diagnosis. Patient management decisions should be made by a healthcare provider and follow current CDC guidelines.

The BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B has been designed to minimize the likelihood of false-positive test results. However, in the event of a false-positive result, risks to individuals could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, patient isolation that might limit contact with family or friends, limits in the ability to work, delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of an antiviral medication or other therapy, or other unintended adverse effects.

What does it mean if the specimen tests negative for influenza viruses?

A negative test result for influenza viruses means that influenza A and/or B proteins were not present in the specimen above the limit of detection. However, a negative result does not rule out influenza virus infection and should not be used as the sole basis for treatment or patient management decisions.

When diagnostic testing results are negative, the possibility of a false-negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms

consistent with influenza. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate that influenza is likely, and diagnostic test results for other causes of illness (e.g., other respiratory illness) are negative. If influenza is still suspected based on exposure history and clinical findings, re-testing should be considered by healthcare providers in consultation with public health authorities.

Risks to an individual from a false-negative BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B result for influenza A or B include: delayed or lack of supportive treatment; lack of monitoring of infected patients and their household or other close contacts for symptoms, resulting in increased risk of spread of influenza within the community; or other unintended adverse events. Risks to an asymptomatic patient from a false-negative BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B result for influenza A or B include: lack of monitoring of infected patients and their household or other close contacts for symptoms, resulting in increased risk of spread of influenza within the community; or other unintended adverse events.

Laboratory test results should always be considered in the context of clinical findings and observations and/or epidemiological data in making a final diagnosis. Patient management decisions should be made by a healthcare provider and follow current CDC guidelines.

What does it mean if the specimen tests positive for SARS-CoV-2 and one influenza (A or B) viruses? Is co-infection possible?

Yes, it is possible for an individual to be infected with influenza A virus or influenza B virus, and SARS-CoV-2 simultaneously. A positive test result for the viruses that cause COVID-19 and influenza A or B indicates that antigens from these viruses were detected, the patient may be co-infected, and is presumed to be contagious. Laboratory test results should always be considered in the context of clinical findings and observations and epidemiological data in making a final diagnosis. Patient management decisions should be made with a healthcare provider and follow current CDC guidelines.

What is an EUA?

The United States (U.S.) FDA has made this test available under an emergency access mechanism called

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an Emergency Use Authorization (EUA). The EUA is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of *in vitro* diagnostics (IVDs) for the detection and/or diagnosis of the virus that causes COVID-19.

An IVD made available under an EUA has not undergone the same type of review as an FDA-approved or cleared IVD. FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives, and based on the totality of scientific evidence available, it is reasonable to believe that this IVD may be effective in the detection of the virus that causes COVID-19.

The EUA for this test is in effect for the duration of the COVID-19 declaration justifying emergency use of IVDs, unless terminated or revoked (after which the test may no longer be used).

What are the approved available alternatives?

There are approved/cleared influenza antigen tests, but there is not yet an approved available alternative antigen test for influenza combined with COVID-19 in one test. Any tests that have received full marketing status (e.g., cleared, approved), as opposed to an EUA, by FDA can be found by searching the medical device databases here: <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases>. A cleared or approved test should be used instead of a test made available under an EUA, when appropriate and available. FDA has issued EUAs for other tests that can be found at: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

Where can I go for updates and more information?

CDC webpages:

General: <https://www.cdc.gov/COVID19>

Healthcare Professionals:

<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>

Information for Laboratories:

<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html>

Laboratory Biosafety: <https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html>

Isolation Precautions in Healthcare Settings:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Specimen Collection: <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>

Infection Control: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>

Discontinuation of Isolation:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

FDA webpages:

General: www.fda.gov/novelcoronavirus

EUAs: (includes links to patient fact sheet and manufacturer's instructions) <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

BD Integrated Diagnostic Solutions:

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Sparks, MD 21152

Technical Support:

BD US Customer Technical Support: 1-800-638-8663