



Regarding Patients with Fever and Negative Coronavirus Antigen Test (September and October 2023)

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Editorial

From May 8th, 2023, coronavirus has been moved from a category 2 infectious disease to a category 5 infectious disease in Japan. As a result, until then, all suspected coronavirus cases with fever were determined by public health centers using PCR tests, but from May 8th, coronavirus antigen tests will also be conducted at outpatient clinics in our department. A concern associated with this is that the results of antigen tests for the presence or absence of coronavirus infection are determined by the examiner's visual inspection. Although false positives have been reported to occur in PCR tests, there were concerns that the determination of positive lines in antigen tests differed depending on the examiner. Normally, a fully automatic genetic analysis device (Smart Gene) would be required, but it was possible to measure coronavirus, influenza, and *Mycoplasma*, but it was not possible to measure *Streptococcus* and adenovirus. Judgment of one sample. It takes about 40 min to complete, and at this point it seems unsuitable for outpatient testing. Then, I came up with the idea that if I make a color copy of the sample after making a judgment on the antigen test, the color of the judgment line will be picked up and there will be no variation in judgments among examiners. We noticed this in August, and from September we implemented this method to judge various antigen tests. We examined cases in which we treated patients with fever in September and October 2023 who had negative coronavirus antigen tests at other hospitals and our department. Incidentally, over the past two months, there have been 42 coronavirus patients who tested positive for antigen at our outpatient clinic. The antiviral drug Zocoba was administered to those aged 12 and older who requested it. One adult case had bacterial otitis media, so antibiotics were also administered. All 78 patients who tested negative for the coronavirus antigen test had their tympanic membranes and larynx examined using a nasopharyngeal fiber, and if necessary, various antigen tests such as influenza, *Streptococcus*, and *Mycoplasma* were conducted. In addition, if purulent postnasal drip, redness and swelling of the nasopharynx or laryngeal mucosa, or internal bleeding was observed, antibiotics were administered for 4 days. As a result, there were 4 cases of influenza A and 2 cases of influenza B. There were two cases of *Streptococcus* and one case of *Mycoplasma*. There were 3 cases of otitis media, all of which were under 2 years of age, and myringotomy was performed in all cases. There were no abnormalities in the nasopharyngeal findings, including the tympanic membrane and nasopharynx, and there was no purulent postnasal drip, so antibiotics were not administered in three cases. In addition, four patients were treated with intravenous antibiotics due to poor general condition. In all cases, blood tests revealed elevated levels of white blood cells or CRP. Of these One patient had a high fever for 5 days and was hospitalized on the 6th day. Redness of both palatine tonsils was observed, but a streptococcal antigen test was negative, and blood test results showed a white blood cell count of 12,500 and a CRP level of 8.10 [1-3].

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It is expected that the coronavirus infection will continue to spread and subside for some time. If a patient with fever has a negative coronavirus antigen test, appropriate diagnosis and treatment are required based on observation of the tympanic membrane and nasopharynx, including the nasopharynx, using a nasopharyngeal fiber.

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