COVID-19 Tests and Sources of Information: Level of Awareness among College Students of Centro Escolar University-Malolos, Bulacan, Philippines

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Abstract: - COVID-19 testing such as molecular and antigen tests diagnose active infection while antibody tests detect past infection. Awareness in terms of false information is crucial and should be improved by understanding basic information about COVID-19 tests. This study determined the most utilized source of information and the level of awareness of CEU-Malolos college students regarding COVID-19 tests. The study used a descriptive quantitative design and an online self-administered questionnaire distributed to 302 respondents (60.93% allied health; 39.07% non-allied health). No significant difference (T-test=1.522) is observed between the level of awareness of allied (3.60 ± 0.215) to the non-allied health (3.48 ± 0.199) students. Meanwhile, primary sources of information with COVID-19 tests are social media ($\bar{x}=1.87$), government official sites ($\bar{x}=2.68$), and television ($\bar{x}=3.25$).

Key Words: — *Awareness, College Students, COVID-19, COVID-19 Tests.*

I. INTRODUCTION

In a fast-changing world, considerable awareness and mindfulness are being brought about in almost all phases of life. In 2020, the world was disturbed by the declaration made by the World Health Organization (WHO) that the world is experiencing a pandemic due to the growing cases of Coronavirus Disease 2019 (COVID-19) which is similar to SARS, the virus that causes extreme acute respiratory syndrome. Coronavirus is an enveloped and single-stranded ribonucleic acid named for its solar corona-like appearance due to 9–12-nm-long surface spikes (Zu et.al., 2020). The rapid and extensive spread of COVID-19 has become a major cause of concern for the healthcare profession. As of April 06, 2021, there have been 131,309,792 confirmed cases of COVID-19 globally including 2,854,276 deaths, and in the Philippines, there have already been 803,398 confirmed cases of COVID-19 including 13,435 deaths (WHO, 2021).

Diagnostic testing for COVID-19 is done to find out if an individual is infected with the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). There are different types of COVID tests: the molecular test, antigen test, and antibody test. The molecular test is also known as the RT-PCR test where a nasopharyngeal test or commonly known as "swab test" is done by swabbing the nasal or throat (FDA, 2020). RT-PCR is recommended for symptomatic individuals even if their clinical suspicion is mild, as well as for asymptomatic individuals who are confirmed or suspected to have been exposed to COVID-19 (IDSA, 2020). It shows high accuracy of the result, and repeating the test is not necessary. However, it may take days or weeks to have the result and it does not show if the individual has been infected with SARS-CoV-2 before (FDA, 2020). Another is the antigen test, which is also done with a nasal swab that can be performed within 15-30 minutes (FDA, 2020). Though it may show high accuracy for positive results, false positives may also happen. Antigen test is more likely to miss an active COVID-19 infection, thus it needs to be confirmed with molecular tests. The antibody test is also a type of COVID-19 testing that shows if the person has been infected with COVID-19 in the past (CDC, 2020). The sample is obtained by finger prick or blood draw and the result may come 1 to 3 days after the test. The antibody that is detected is the

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antibody that the immune system develops in response to exposure to SARS-CoV-2.

A health crisis such as COVID-19 has a big impact on college students which leads them in developing creativity to spread awareness, so that they are becoming more aware of what is happening around them and to their environment (Guithrie, 2020). Increasing the effort to make the student more aware of COVID-19 is needed, it means the spreading of awareness can be done through campaigns and programs to sustain the knowledge regarding the situation that will be imparted to the students (Ikhlaq et al., 2020).

Students are becoming aware of the problems as a result of group discussions or through peers and developed learning interest in finding out where the disease is (Kashid et al., 2020) and about 98.3% of college students are aware on COVID-19 and gather information through social media (Das et al., 2020).

As students are becoming aware of COVID-19, the spread of "fake news" is continuing to grow. It has been said that "fake news" spreads faster than the facts. The reality rarely reached 1,000 people among the evaluated information that was uploaded, while the top 1% of false reports was estimated to hit between 1,000 and 100,000 people. Furthermore, it took six times as long for the facts to hit 1,500 people as it did for "fake news" (Johansson, 2019).

The need of developing strategies to ensure that accurate information swiftly spreads is quite high to increase the importance of public awareness (Parikh et. al., 2020). Social media as the source of information about COVID-19 are categorized as an easily accessible source and means to spread false information. Relying on false information could result in a greater risk to society (Ikhlaq et al., 2020).

Thus, the researchers determined the most utilized source of information and the level of awareness among college students of Centro Escolar University-Malolos (CEU-Malolos) in the province of Bulacan in the Philippines regarding COVID-19 tests.

II. MATERIALS AND METHOD

The researchers applied a quantitative descriptive research with the use of stratified and convenience sampling technique which is beneficial in terms of dividing the population into groups, accessibility and proximity to the researchers, noting into account the availability and willingness of the participants to take part in the research with the signed informed consent, such that 302 respondents were qualified in the study.

The instrument used by the researchers is a self-administered questionnaire in electronic format. The questionnaire's draft is drawn out based on the published researches and previous studies that are related to the study. The online questionnaire consisting of close-ended questions and a 5-point Likert scale is used to determine the level of awareness of the CEU-Malolos college students.

The questionnaire has three parts comprising of demographic profile as the first part with the age, sex, year level, and program. The second part is about the different sources of information used in garnering information about COVID-19 tests.

The third and last part contains questions regarding the different COVID-19 tests namely molecular test, antigen test, and antibody test. The researchers utilized the use of ranking in the sources of information with 1 being the highest and 6 being the lowest. Whilst, Likert scale is used in the third part with the following numerical equivalents and verbal interpretation: 1-1.80 (Not at all aware), 1.81-2.60 (Slightly Aware), 2.61-3.40 (Moderately Aware), 3.41-4.20 (Very Aware), 4.21-5.0 (Extremely Aware).

The instrument has undergone validity and reliability tests. The research tool was validated by three medical technologists and one pharmacist. For the reliability test, 10% of the sample size participated that are no longer included in the actual research and interpreted with the use of Cronbach's alpha.

III. RESULTS AND DISCUSSION

The demographic profile of the 302 college students from CEU-Malolos as the respondents of the study, majority (50.66%) are in the age group of 19-20 years old in which the minority (4%) of the respondents are in the age group of 23 and older.

Table.1. Demographic Profile of CEU-Malolos students

Age	College Students n= 302	
	f	%
17-18	31	10.26
19-20	153	50.66
21-22	103	34.11
Others	15	4.96
Total	302	100.00

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Gender	College Students n= 302	
	f	*%*
Female	218	72.19
Male	84	27.81
Total	302	100.00
Total	302	100.00

Program	College Students n= 302	
	f	*%*
Allied Health (Dentistry, Nursing, Pharmacy, Psychology)	184	60.93
Non-Allied Health (Business, Accounting, Information Technology, Hospitality and Management, Special Needs Education, Communication & Media)	118	39.07
Total	302	100.00

Year level	College Students n= 302	
	f	*%*
1st year	117	38.74
2nd year	56	18.54
3rd year	112	37.09
4th year	17	5.63
Total	302	100.00

In terms of sex, female respondents comprise 72.19% of the sample size while male respondents comprise 27.81%. Moreover, based on their program, 60.93% are taking up allied health program (Dentistry, Nursing, Pharmacy, Psychology) while 39.07% are taking up non-allied health program (Business, Accounting, Information Technology, Hospitality and Management, Tourism and Management, Special Needs Education, Communication, and Media). First-year students comprise the highest percentage (38.74%) of the sample size

based on their year level, followed by third-year (37.09%), second-year (18.54%), and fourth-year (5.63%). Hence, the majority of the respondents of this study based upon their demographic profile are 19-20 years old first-year female students taking up allied health programs.

Table.2. Weighted Mean Distribution of the Sources of Information

Sources of information	Mean	Ranking
Social Media (Google, Facebook, Twitter)	1.87	1
Official Sites (World Health Organization, Centers for Disease Control and Prevention, Department of Health, Other government agencies)	2.68	2
Television (News)	3.25	3
Family and Friends	3.74	4
Healthcare Workers	4.39	5
Non-Government Officials (NGOs)	5.07	6

Social Media. The data reveals that the majority of allied and non-allied health students in CEU rank social media as the highest source of information about COVID-19 with an average of 1.87. In line with this, a study by Das et al. (2020) showed that about 98.3% of college students know about COVID-19 and gather information through social media.

Official Sites. College students rank this as second to the highest with an average of 2.68, they gather information on official sites such as government sites next to social media. Moreover, on the study where people use, trust different COVID-19 information sources, the use of government websites have 87.6% most common sources of information, which resulted that the participant trusted the official sites of the government in terms of the COVID-19 news (New York University, 2021).

Television. This data ranks third as a source of information pertaining to COVID-19, with an average of 3.25. According to Al-Dmour et al., (2020), receiving information about health-related topics through local Television news is vital in shaping public health policy and practice through reporting events and information to the public, cultivating community values, beliefs, and norms.

Family and Friends. The data reveals that some Non-allied and Allied students gather information on their family and friends which they rank as 4th with an average of 3.74. Furthermore, Qazi et al. (2020) classified the views of family and peers as an informal source to which the general public has less trust compared with formal sources such as newspapers, press releases, and educational messages.

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Healthcare workers. Rank as the fifth source of information regarding COVID-19 with an average of 4.39. In contrast to the study of Abdel Wahed et al. (2020) people who are inclined with healthcare are and will be responsible as the frontline defense against the coronavirus disease 2019 (COVID-19) pandemic. Being in this field, it is expected that you are more aware and knowledgeable about diseases such as COVID-19.

NGOs. This data serves to be the least source of information regarding COVID-19 according to the Non-allied and Allied students with an average of 5.07. Whilst, in the study of Brinkerhoff et al. (2017) NGOs often engaged in disseminating public-health messages and acted as public service contractors in the delivery of health services. NGOs are inclined in giving health advocacy, moreover, a funding organization that made a major contribution to health.

Table.3. Weighted Mean Distribution of the Level of Awareness towards Molecular Test

Molecular Test	College Students n= 302	
	Mean ± SD	V.I.
1. It is also known as the Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) test.	3.47 ± 1.264	VERY AWARE
2. It can diagnose active COVID-19 infection.	3.79 ± 1.203	VERY AWARE
3. It cannot diagnose past COVID-19 infection.	2.76 ± 1.245	MODERATELY AWARE
4. This test is typically highly accurate and usually does not need to be repeated.	3.33 ± 1.188	MODERATELY AWARE
5. Swab test is performed inside the laboratory.	3.68 ± 1.040	VERY AWARE
6. Swab tests are performed by a medical technologist.	4.22 ± 0.919	EXTREMELY AWARE
7. The sample is taken by swabbing the part of the throat behind the nose.	4.51± 0.741	EXTREMELY AWARE
8. The swab test result takes only a few hours to be released when tested on-site.	3.54 ± 1.163	VERY AWARE
9. The swab test result takes 24-72 hours to be released when sent to a different laboratory.	3.99 ± 1.057	VERY AWARE
Average	3.70 ± 0.485	VERY AWARE

Data revealed that the allied and non-allied health students are very aware that molecular test is also known as Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) test (WM = 3.47), as well as, it can diagnose active COVID-19 infection (WM = 3.79);

swab test is performed inside the laboratory (WM = 3.68); the swab test result takes only a few hours to be released when tested on-site (WM = 3.54), and the swab test result takes 24-

72 hours to be released when sent to a different laboratory (WM = 3.99). Furthermore, the respondents exhibit moderate awareness towards the test is typically highly accurate and usually does not need to be repeated (WM = 3.33) and it cannot diagnose past COVID-19 infection (WM = 2.76).

Moreover, the respondents appear extremely aware regarding the sample taken by swabbing the part of the throat behind the nose (WM = 4.51). In accordance with Demarco (2020), nasal swab is a popular, very sensitive, and most commonly used test in COVID-19. It is necessary to perform a nasal swab test, where inserting a long stick with a very soft brush on the end inside your nose is done. Alongside this, swab tests are performed by a medical technologist also show extreme awareness (WM = 4.51). The gathered data denotes that the allied and non-allied health students are very aware of the molecular test (WM = 3.70). On the contrary, according to Reshmi & Dhanraj (2021), moderate awareness was perceived by the respondents regarding the diagnostic tests for COVID-19.

Table.4. Weighted Mean Distribution of the Level of Awareness towards Antigen Test

Antigen Test	College Students n= 302	
	Mean ± SD	V.I.
10. The rapid antigen test is also known as the rapid test.	4.04 ± 1.056	VERY AWARE
11. It can diagnose active COVID-19 infection.	3.78 ± 1.083	VERY AWARE
12. Rapid antigen tests can be performed in the comfort of your home.	3.47 ± 1.333	VERY AWARE
13. Rapid antigen test is administered by a healthcare worker.	4.14 ± 1.020	VERY AWARE
14. The sample can be taken by mid-turbinate swab, nasopharyngeal swab or nasal swab.	3.54 ± 1.240	VERY AWARE
15. The result is released within 15 - 30 minutes.	3.42 ± 1.233	VERY AWARE
16. Rapid antigen test has a higher chance of missing an active COVID-19 infection.	3.69 ± 1.240	VERY AWARE
17. Positive results are usually highly accurate, but false positives can happen, especially in areas where very few people have the virus.	3.71 ± 1.094	VERY AWARE
18. Negative results need to be confirmed with a molecular test if you are manifesting symptoms of COVID-19 disease.	3.54 ± 1.174	VERY AWARE
Average	3.70 ± 0.234	VERY AWARE

Table.4. shows the level of awareness of the allied and non-allied health students regarding antigen tests, to which both (n=302) are very aware (WM=3.70). However, according to Reshmi & Dhanraj (2021), moderate awareness was perceived by the respondents regarding the diagnostic tests for COVID-

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19. Eloquently, the majority of the respondents are very aware that rapid antigen test is also called antigen test (FDA, 2020) (n=302, WM=4.04) and that antigen test can be used to diagnose active COVID-19 infection (FDA, 2020) (n=302, WM=3.78). The majority also are very aware of the antigen test being a point-of-care test (Shmserling, 2020) (n=302, WM=3.47) and its turnaround time of 15-30 minutes (FDA, 2020) (WM=3.42). The majority are very aware in terms of the test administration being conducted by a healthcare worker (FDA, 2020) and the sample to be obtained for testing including nasal swab (FDA, 2020) (n=302, WM=4.14, and WM=3.54, respectively). Whilst for questions concerning the accuracy and results of the antigen tests, the majority of the respondents are very aware that antigen tests have a high chance of missing active COVID-19 infection (FDA, 2020) (WM=3.69) as well as the possibility of a false positive result (FDA, 2020) (WM=3.71) and the need for a confirmatory test in the event that a negative result is released even though the patient is manifesting COVID-19 symptoms (FDA, 2020) (WM=3.54). The responses for each question regarding the antigen test are homogenous, in such that the verbal interpretation is all similar. However, for each question, the responses are heterogenous since the standard deviation is greater than 0.5.

Table.5. Weighted Mean Distribution of the Level of Awareness towards Antibody Test

Antibody Test	College Students n= 302	
	Mean ± SD	V.I.
19. It can diagnose past COVID-19 infection.	3.17 ± 1.210	MODERATELY AWARE
20. It cannot diagnose active COVID-19 infection.	2.94 ± 1.181	MODERATELY AWARE
21. Rapid antibody tests are available at the laboratory.	3.60 ± 1.083	VERY AWARE
22. The sample is taken by finger prick or blood draw.	3.42 ± 1.289	VERY AWARE
23. Antibodies against COVID-19 are detected 1-3 weeks after infection.	3.17 ± 1.198	MODERATELY AWARE
24. The results can be used to screen if a COVID-19 recovered individual is qualified to donate convalescent plasma.	3.25 ± 1.265	MODERATELY AWARE
Average	3.26 ± 0.485	MODERATELY AWARE

Table 5 indicates the level of awareness of allied and non-allied health students in antibody testing for COVID-19. College students' awareness in antibody testing such as it can diagnose past COVID-19 infection (WM = 3.17); it cannot diagnose active COVID-19 infection (WM = 2.94); antibodies against COVID-19 are detected 1-3 weeks after infection (WM = 3.17), and the results can be used to screen if a COVID-19 recovered individual is qualified to donate convalescent plasma (WM = 3.25) shows that the respondents are only moderately aware of the statements provided. On the other hand, the statement which says that the rapid antibody tests are available at the laboratory (WM = 3.60) and that the sample is taken by finger prick or blood draw (WM = 3.42) shows that the respondents are very aware of the statement.

The gathered data denotes that the allied and non-allied-health students are moderately aware (MW = 3.23) of the antibody test for COVID-19. In line with the results, the CDC (2020) stated that they developed a laboratory test to help estimate how many people have already been infected with SARS-CoV-2. It is stated that a positive antibody test indicates past infection but does not indicate current infection.

An antibody is a substance produced by B lymphocytes when a foreign substance enters our body. In COVID-19, the foreign substance or antigen is the SARS-CoV-2 virus (Zhao et al., 2020). 7-21 days or 1-3 weeks after COVID-19 infection, antibodies can already be detected. Moreover, antibody tests can be used to screen if a COVID-19 recovered individual is eligible to donate convalescent plasma. (Theel et al., 2020). As far as the researchers know, there has been no published study about the level of awareness towards the antibody test.

Table.6. Weighted Mean Distribution of the Difference in the Level of Awareness among Allied and Non-Allied Health Students

Program	Percentage (%)	Mean ± SD	V.I.
Allied Health	60.93	3.60 ± 0.215	VERY AWARE
Non-Allied Health	30.07	3.48 ± 0.199	VERY AWARE
T-test		1.522	NO SIGNIFICANT DIFFERENCE

This table shows that there is no significant difference (T-test=1.522) between the allied and non-allied in terms of their level of awareness regarding COVID-19 tests. In line with the result of the study in India by Kashid et al. (2020) the majority of the students are well aware, informed, and mindful of the clinical aspects and information regarding the COVID-19 also, in the study of Ding et al., (2020), the majority of college students said that they had been alerted regarding COVID-19 that represents the public's interest in the virus.

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Table.7. Demographic Profile and Level of Awareness towards Different COVID-19 Tests

Age

COVID-19 Tests	17-18 n= 31		19-20 n= 153		21-22 n= 103		Others n= 15	
	Mean ± SD	V.I.	Mean ± SD	V.I.	Mean ± SD	V.I.	Mean ± SD	V.I.
Molecular Test	3.92 ± 0.419	VERY AWARE	3.73 ± 0.483	VERY AWARE	3.60 ± 0.516	VERY AWARE	3.61 ± 0.533	VERY AWARE
Antigen Test	3.94 ± 0.275	VERY AWARE	3.72 ± 0.231	VERY AWARE	3.64 ± 0.245	VERY AWARE	3.45 ± 0.320	VERY AWARE
Antibody Test	3.59 ± 0.336	VERY AWARE	3.26 ± 0.217	MODERATELY AWARE	3.14 ± 0.196	MODERATELY AWARE	3.34 ± 0.254	MODERATELY AWARE
Average	3.82 ± 0.159	VERY AWARE	3.57 ± 0.222	VERY AWARE	3.46 ± 0.225	VERY AWARE	3.47 ± 0.111	VERY AWARE

Gender

COVID-19 Tests	Female n= 218		Male n= 84	
	Mean ± SD	V.I.	Mean ± SD	V.I.
Molecular Test	3.71 ± 0.486	VERY AWARE	3.72 ± 0.490	VERY AWARE
Antigen Test	3.70 ± 0.105	VERY AWARE	3.72 ± 0.204	VERY AWARE
Antibody Test	3.26 ± 0.237	MODERATELY AWARE	3.24 ± 0.167	MODERATELY AWARE
Average	3.56 ± 0.207	VERY AWARE	3.56 ± 0.225	VERY AWARE

Program

COVID-19 Tests	Allied Health n= 184		Non-Allied Health n= 118	
	Mean ± SD	V.I.	Mean ± SD	V.I.
Molecular Test	3.73 ± 0.389	VERY AWARE	3.65 ± 0.183	VERY AWARE
Antigen Test	3.78 ± 0.369	VERY AWARE	3.59 ± 0.429	VERY AWARE
Antibody Test	3.30 ± 0.433	MODERATELY AWARE	3.20 ± 0.481	MODERATELY AWARE
Average	3.60 ± 0.215	VERY AWARE	3.48 ± 0.199	VERY AWARE

Year Level

COVID-19 Tests	1st Year n= 117		2nd Year n= 56		3rd Year n= 112		4th Year n= 17	
	Mean ± SD	V.I.	Mean ± SD	V.I.	Mean ± SD	V.I.	Mean ± SD	V.I.
Molecular Test	3.76 ± 0.467	VERY AWARE	3.81 ± 0.516	VERY AWARE	3.56 ± 0.494	VERY AWARE	3.86 ± 0.536	VERY AWARE
Antigen Test	3.85 ± 0.224	VERY AWARE	3.62 ± 0.238	VERY AWARE	3.57 ± 0.273	VERY AWARE	3.81 ± 0.205	VERY AWARE
Antibody Test	3.40 ± 0.195	MODERATELY AWARE	3.12 ± 0.220	MODERATELY AWARE	3.15 ± 0.228	MODERATELY AWARE	3.43 ± 0.249	VERY AWARE
Average	3.82 ± 0.16	VERY AWARE	3.51 ± 0.290	VERY AWARE	3.43 ± 0.196	VERY AWARE	3.70 ± 0.192	VERY AWARE

Age and Level of Awareness. The data showed that the majority (50.66%) of the respondents belong to the age group of 19-20 years old (n=153) while those in the age group of others (23-42 years old) comprise the least (4%) of the sample population. Respondents in all age groups are very aware of the molecular test. For antigen test, respondents belonging to the age group of 17-18, 19-20, 21-22, and others are very aware as well. Respondents in the age group of 17-18 years old are very aware of the antibody test while those in the age group of 19-20, 21-22, and others, are moderately aware. In terms of COVID-19 tests, respondents in all age groups are very aware. Respondents in the age group of 17-18 years old are very aware of the three COVID-19 tests. Meanwhile, those in the 19-20, 21-22, and others category exhibit the least awareness in such that they are very aware of the molecular test and only moderately aware of the antigen, antibody, and COVID-19 tests in general

Sex and Level of Awareness. The data revealed that the majority of the respondents are female with 218 of frequency and 72.19% while the male has 84 of frequency and 27.81%. In terms of Sex, males and females are both very aware (WM 3.56) of COVID-19 tests. In the molecular test, females have a WM of 3.71 while men have a WM of 3.72 which is both equivalent to very aware, as well as the antigen test that WM 3.70 in female and WM 3.72 in male, which also signifies that they are very aware. In antibody test, it is shown that female has WM 3.26 and male has WM 3.24 that is both equivalent to moderately aware.

Program and Level of Awareness. The data presented that the majority of the respondents are from allied health programs which include Dentistry, Nursing, Pharmacy, and Psychology programs with 184 of frequency and 60.93%. On the other hand, Non-Allied Health which includes Business, Accounting, Information Technology, Hospitality Management, Special Needs Education and Communication and Media has a percentage of 39.07%. Table 3 shows that the students are very aware of COVID-19 tests. The data showed that although the values fall under the very aware category (3.41-4.20), the responses are still heterogeneous (SD=1.15). Allied and non-allied health students are very aware of the molecular and antigen test, but only moderately aware of the antibody test. Currently, there is no study pertaining to the level of awareness regarding COVID-19 tests.

Year Level and Level of Awareness. The data demonstrated that the majority of the respondents belongs to the 3rd year level that has 112 of frequency and percentage of 37.09%, followed by the 1st year level with 117 of frequency and a percentage of 38.74%, then the 2nd year students which have a frequency of 56 and a percentage of 18.54% and last is the 4th year which

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has 17 of frequency and a percentage of 5.63%. According to the data gathered, all college levels are very aware of COVID-19 tests. In the molecular test, 1st year level has a WM 3.76, 2nd year level has WM 3.81, 3rd year level has a WM 3.56 as well as with 4th year level with WM 3.86 which is equivalent to very aware. In addition, antigen test also presents that all year levels are very aware. 1st year level has a WM 3.85, 2nd year level has WM 3.62, 3rd year level has a WM 3.57 as well as with 4th year level with WM 3.81. For antibody test, the gathered data denotes that student in all year levels are moderately aware (1st year WM=3.40; 2nd year WM=3.12; 3rd year WM=3.15; 4th year WM=3.43).

IV. CONCLUSION

Based on the findings, there is no significant difference between the awareness of allied and non-allied health students regarding the COVID-19 tests. However, the data revealed that the college students are very aware of the molecular and antigen test and only moderately aware of the antibody test. Primary sources of information with the COVID-19 tests are social media, government official sites, and television.

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