

## ADVICE

### Background

1. Under the direction of the Chief Scientific Adviser for Health, officials have worked with a range of stakeholders and experts to produce a strategic approach to testing – National COVID-19 Test Plan – to tackle the COVID-19 epidemic within Wales.
2. In recent days we have published our Critical Worker policy and conducted and released a review of the testing process following concerns about testing capacity and access to testing.

### **Current testing strategy**

3. Sampling and testing for COVID-19 is a key part of our response to the pandemic and will support the contact tracing and surveillance activities. As we move into the recovery phase, the priorities for testing will be:
  - Diagnosing symptomatic hospital patients;
  - Testing specific groups of our population to inform public health action;
  - Testing groups of the population to check whether they have had the disease; and
  - Testing of key workers, or their family members as appropriate, to keep the essential services of Wales moving.
4. **Our current testing strategy** is focussed on testing according to the critical worker policy and with phased widening out into the broad categories. That is based **on evidence and the best use of our capacity**. Testing in all care home on the basis of the current policy set out above in para xx is also a priority in this phase. We are now seeing systems set up to deal with our testing needs now – through a combination of community testing units, mass testing units, with a hub and spoke model using mobile units and hopefully very soon home testing kits. These will all be through the portal now being stood up and rolled out.

### **Current policy position for Testing in Care homes in Wales.**

5. **Testing policy for care homes** is as follows:
  - Testing all individuals being discharged from hospital to live in care homes regardless of whether or not they were admitted to hospital with COVID-19.
  - Extending COVID 19 testing to people who are being transferred between care homes and for new admissions from the community. We also intend to increase testing within care homes as more testing capacity becomes available.

## **Analysis and Options**

12. Central to Welsh Government response to the Covid-19 pandemic has been the safety and protection of the most vulnerable people in our communities. People living in care homes and other similar residential settings will be amongst the most vulnerable, with many relying on close personal care.
13. There is evidence that community transmission of Covid-19 is reducing in general, but the care sector is seeing a large number of cases and outbreaks. 40% of care homes (422 in total) have now reported cases or outbreaks of Covid-19; some of these outbreaks have been associated with high mortality rates.
14. **This advice is to explore the policy position for care homes given developments Wales and across the UK** and to specifically the issue of expanding testing in care homes and what else we should do address the increasing outbreaks and mortality rates.

## **The Evidence**

15. We are working closely with Scotland – who based on their clinical advice have no plans to expand their care home testing - and to some degree England to understand the underpinning evidence for blanket testing in care homes.
16. **Impact of asymptomatic care home residents.** Whilst it is unclear what role asymptomatic positive individuals play in the transmission of Covid-19 is unknown – some may never develop symptoms, for those that develop symptoms it is generally accepted that individuals may be infectious to others for up to two days prior to onset. There is some evidence to suggest that there are asymptomatic residents who are undetected and be a source of infection:
  - A pilot study recently undertaken by PHE in six care homes in London that reported an outbreak tested all residents and staff groups. Preliminary results from one care home with over 100 residents investigated at an early stage of the outbreak in the home, 75% of residents were positive for COVID-19 but only 25% were symptomatic. 50% of staff were positive but only 29% of these were symptomatic; and
  - A study by the Center for Disease Control and Prevention (United States) tested 76 (93%) residents in a nursing home in New York. Twenty-three (30%) residents tested positive, of these, 10 (43%) had symptoms on the date of the test and the remaining 13 (57%) were asymptomatic. Seven days after testing, 10 out of 13 of the asymptomatic residents had developed symptoms. This study suggests that symptom-based screening in long-term care facilities could fail to identify approximately half of residents with COVID-19.

17. **The role of testing.** Whilst the evidence points to the contribution of asymptomatic patients in outbreaks, it does not address how expanding testing of itself addresses the management of care of residents.
18. The benefits of testing are for information to be used for action. Deaths in care homes are high in part due to the poor outcomes for older adults with COVID-19, and those with other co-morbidities. Striking the balance between an evidence based approach and risk based approach is important when we are dealing with uncertainty and our policies currently reflect that.
19. As it stands if a care home resident is symptomatic then they should be isolated. In a care home, the approach is that we would test more residents and then act on the basis that **all residents** have either got Covid-19 or could get it. Important public health measures to prevent spread and further infection should then be taken - social distancing, isolation of symptomatic individuals, hand washing and sanitation are. Care homes should **not** wait for a positive test before deploying these measures.
20. We have been very clear in our approach that our strategy is about reducing harm first and then for freeing control measures and using our resources to best effect. Modelling suggests that we would need to **25000 extra test per week** for care homes to be able to test all residents – that doesn't include care home workers. In the longer term, in line with plans to expand testing and more resources become available to us in Wales we will adapt our policies. We will continue to have to make choices about how we use our testing capacity even as that capacity increases. Inevitably that means trade-offs, for example the more tests we undertake in care homes the fewer tests available for surveillance. If we do not have sufficient surveillance capacity to give us close to real time information on the transmission rate we may not be able to respond in a timely manner and prevent the spread of the disease and in a worst case the curve going exponential. What we are not able to do at this point is model that trade off to know where the tipping point might be.
21. Discussions with colleagues in Welsh Government and PHW indicate that testing of asymptomatic (or reportedly so) care workers would help to prevent introductions into care homes, and also provide an estimate of community incidence of COVID. This would be fed into the surveillance work now underway. Also **target testing around outbreak hotspots**. For example care homes in a 20 mile radius around the infection site. We would need to do the modelling for this.
22. New evidence from England supports a targeting testing at care homes with outbreaks and larger care homes (see doc 1).

## The Options

23. There are limited options. Do nothing is not option. Expanding into asymptomatic individuals still lacks the evidence base to support this being the