

DRAFT

Dear

We, the Scottish Directors of Public Health, recognise the need for support and actions to reduce the spread of Covid-19 in care homes. We are working hard with the Care Inspectorate, HSCPs, nursing colleagues and care homes themselves to provide support for infection prevention and control. We are also implementing systems for testing in the categories set out in John Connaghan's letter of 1 May 2020.

We feel however we must write to you to raise our urgent concerns over the increasing confusion and misunderstanding regarding the use of SARS-CoV-2 PCR testing to screen asymptomatic individuals rather than to investigate and manage outbreaks of suspected Covid-19 in Scottish Care Homes.

In particular we wish to express our concern about the most recent announcement on testing asymptomatic staff in Care Homes weekly. This announcement was not accompanied by or preceded by any detailed discussion on the evidence or on how this step change in testing would be implemented. There is no scientific validity to this proposal and many operational issues with significant opportunity costs.

The only available swab test for SARS-CoV-2 which is the virus which causes the illness is a PCR test which can detect low levels of viral RNA from the virus. The virus has been approved for use as a diagnostic test which if positive at the time an individual is also displaying clinical symptoms of Covid-19 indicates a strong probability that the individuals symptoms at that time are due to a current infection with the SARS-CoV-2 virus.

There is currently no technical guidance or valid scientific evidence to guide the interpretation of the PCR test to declare asymptomatic individuals neither to have Covid-19 disease nor to allow the interpretation of SARS-CoV-2 protein fractions in throat or nasal swabs taken from asymptomatic individuals in the community.

There is also no scientific validity to suggest that a single negative PCR tests in an asymptomatic individual is sufficient evidence that an individual is not incubating or carrying the SARS-CoV-2 virus or that such an individual is any more safe to be at work than any other person. In particular all individuals working in situations where social distancing measures cannot be strictly applied must wear appropriate PPE at all times to protect clients, customers, patients and colleagues.

Conducting widespread screening testing in Care Homes or Hospitals has limited clinical or public health validity where existing public health advice is being correctly applied and has potential to cause considerable harm both through providing false assurance which may lead to breaches of social distancing and also due to the potentially huge financial and resource implications of conducting large volumes of unhelpful and inappropriate tests which are impossible to interpret within existing scientific knowledge.

We realise that an aspect of widespread testing in Care Homes is to provide some reassurance to staff and families of residents that positive asymptomatic or pre-symptomatic staff are staying off work and that positive residents who may be displaying atypical symptoms or minimal symptoms are identified. However the recent announcement on repeated testing of asymptomatic staff is a source of much concern by the public health community.

At this critical time in the pandemic in Scotland it is vital that our extensive work to prevent, detect and manage outbreaks of Covid-19 is not hampered or distracted by media pressure for widespread increased testing of asymptomatic staff members. It is particularly important that the public health workforce is able to focus our efforts where lives can be saved and that testing capacity is directed to the most important tests in clinical and outbreak situations where the science is well understood and test results will directly affect patient management or the public health response.

We would urge the Scottish Government to pause the policy of offering a SARS-CoV-2 PCR swab test to asymptomatic staff in care homes on a weekly basis. We will be working with Public Health Scotland to plan a system of surveillance in care homes involving a limited number of care homes for the elderly that are currently unaffected by Covid-19 nor are linked to an outbreak affected care home.

At the same time we would urge that the Scottish Government to seek the advice of the National Covid-19 Diagnostics Strategy Group and the National DsPH Group to examine the available scientific evidence and provide expert guidance on the appropriate use of PCR tests, viral culture studies and antibody testing in the investigation and control of outbreaks and in the surveillance of the health and care workforce.

We believe that such partnership and evidence-based working between clinicians and government is essential at this time in order to make the best use of scarce resources and to improve the outcomes for vulnerable care home residents.

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Chair of Scottish DsPH Group

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Chair of the National Covid-19 Diagnostics Strategy Group