

---

**From:** Susan Hopkins  
**Sent:** Wednesday, March 11, 2020 10:04 PM GMT  
**To:** GROVES, Stephen (NHS ENGLAND & NHS IMPROVEMENT - X24);  
WILLET, Keith (NHS ENGLAND & NHS IMPROVEMENT - X24);  
MEDICALDIRECTOR2, England (NHS ENGLAND & NHS IMPROVEMENT - X24);  
WHITTY, Chris (NHS ENGLAND & NHS IMPROVEMENT - X24); 'Jonathan Van Tam'; Sharon Peacock; Yvonne Doyle  
**Subject:** OFFICIAL: Prioritisation of COVID19 testing  
**Attachments:** COVID19 Priority testing during high demand\_11MAR2020.docx

## OFFICIAL

As numbers presenting for testing as hospital inpatients and throughout community hubs and without a substantial increase in NHS testing, I have proposed a prioritisation for testing.

This is based on prioritising for clinical need and needs to be shared tomorrow with both PHE and NHS labs who are now performing COVID19 tests so that we ensure that those where the test result will have the greatest impact will get priority testing.

It is included below and also in the attached.

Many thanks

Susan

**Group 1 (test first):** patient requiring critical care for the management of pneumonia, ARDS or influenza like illness (ILI)<sup>†</sup>, or an alternative indication of severe illness has been provided e.g. severe pneumonia or ARDS

**Group 2:** all other patients requiring admission to hospital\* for management of pneumonia, ARDS or ILI

**Group 3:** clusters of disease in residential or care settings e.g. long term care facility, prisons, boarding schools

**Group 4:** community patient meeting the case definition and not requiring admission to hospital - over 60 years or risk factors for severe disease (recognising that this is challenging); over 60s should be prioritised over other risk factors

**Group 5:** community patient meeting the case definition and not requiring admission to hospital – under 60 years and no risk factors for complications

**Group 6 (test last):** contacts of cases

† ILI is defined as Oral or tympanic temperature  $\geq 37.8^{\circ}\text{C}$  AND one of the following: acute onset of at least one of the following respiratory symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing

\* admission to hospital is defined as a practitioner having decided to admit the patient and the patient will stay in hospital for at least one night.

Current case definitions: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>


**Dr. Susan Hopkins**

Healthcare-Associated Infection & Antimicrobial Resistance Division

*Deputy Director, National Infection Service*

Public Health England

[susan.hopkins@phe.gov.uk](mailto:susan.hopkins@phe.gov.uk)

The logo consists of the letters 'I&S' in a bold, sans-serif font, enclosed within a dashed rectangular border.

HCAI & AMR Division Mission Statement:

To protect people from healthcare-associated and antimicrobial resistant infections, through world-leading public health microbiology, outbreak response, surveillance, research and interventions.