

Asymptomatic testing – Principles of operation

Summary

For DsPH in outbreak areas, asymptomatic testing can help to reduce spread and contain outbreaks in high prevalence environments. The objective of asymptomatic testing should be to find positive cases and to ensure that they are isolated. This needs to be targeted to high-risk settings, high-risk groups or very high prevalence areas to make sure it is effective and uses testing capacity in the most effective way.

In all other circumstances, we do not routinely support asymptomatic testing, nor do we encourage people turning up to test sites or MTUs without a booking. This is covered in detail below.

Testing in outbreak areas

Testing in outbreak areas is a priority. This applies to areas of national intervention on the [Contain framework](#), and DsPH should be following national Gold's direction in these areas. It is also clear that in outbreak areas, asymptomatic testing can help to reduce spread and contain outbreaks in high prevalence areas. However, this needs to be targeted to high-risk settings, high-risk groups or very high prevalence areas to make sure it is effective and uses testing capacity in the most effective way

The framework allows for asymptomatic testing in areas of national intervention. Asymptomatic testing should only apply in those areas given present constraints (and not areas of enhanced support and concern). In areas of national intervention, the area should be mindful of targeting and ensuring capacity is used in the most effective way in all areas, based on clinical advice. We are guided by the requirements of the DsPH in all outbreak areas.

Guidance on asymptomatic testing in local outbreak situations

Based on our current understanding of UK prevalence, widespread one-off asymptomatic testing is not currently clinically advised. We are therefore currently only carrying out targeted asymptomatic testing based on specific circumstances, for example, settings where there is high risk or prevalence. In many situations repeat testing will be required to make asymptomatic testing useful.

A process exists whereby Partners from Local Authorities that are in Enhanced Support or Intervention status can make a request for additional testing support, over and above what is available regionally from the National Testing Service. Such requests may include asymptomatic testing, for example for critical infrastructure settings that are not in areas of national intervention.

The following conditions apply when we consider requests for additional support for asymptomatic testing. Each situation requires a clear rationale for undertaking the testing.

Examples of uses locally may be:

- Outbreak control and management (e.g. a critical infrastructure setting, or closed environment such as school, hall of residence) to help identify cases quickly
- Single case associated with an at-risk community (e.g. homeless) or a setting of concern based on local risk factors (e.g. closed environment) that could lead to an outbreak

- Targeted community-based surveillance for residents if there is a hotspot/lockdown situation to more accurately determine the percentage positivity in a locality

It would not be clinically appropriate to allow all residents in a local authority to be tested, in all circumstances. As such, the landing pages of the Gov UK and NHS UK websites have been amended to state the following reason to get a test:

“ I do not have symptoms, but my local council has asked me to get a test”

Guidance on attendance at Local Test Sites

Please note that the position as stated below could change to accepting booked appointments only if we have to apply further constraints on the number of tests going to laboratories.

Local Test Sites are currently accepting those arriving without bookings as we recognise they are providing a critical response to local priority situations in addition to our other testing solutions inc MTUs.

We are encouraging pre-booking and on-site registration for only those that meet the agreed criteria (symptomatic or referred locally by DsPH/Trace). We need to preserve tests for those that most need them (across the UK), so sites will be asking those that visit whether they meet the criteria and discouraging those that don't from taking a test.

Where sites become too busy to be safe, we will have to turn away those that visit and ask them to return at another time.

Our Service Management Providers will need to use their experience and an element of judgement in the decisions above. They have become experienced and proficient in doing so over the last 6 months of operations.

Annex A: Relevant section of the Contain framework.

Areas of concern

In these areas UTLAs will work with their partners, supported by regional PHE and NHS Test and Trace resource, to take additional actions to manage outbreaks and reduce community spread of the virus to more normal levels. Actions taken may include **additional targeted testing at high risk areas or groups, for example care homes**, enhanced communications around the importance of social distancing, hand hygiene and other preventative measures, and more detailed epidemiological work to understand where clusters of the virus are occurring so that appropriate action can be taken.

Areas of enhanced support

UTLAs deemed as areas for enhanced support will be provided with increased national support, capacity and oversight, including additional resources deployed to augment the local teams. Actions taken may include significant **additional widespread testing deployed to the UTLA**, local restrictions put in place to manage outbreaks and detailed engagement with high risk groups and sectors to help increase the effectiveness of testing and tracing in these areas.

Areas of intervention

In certain instances, decision-making will be referred to the national level. This includes cases where:

- local leaders request an intervention from government
- multiple outbreaks require resource prioritisation by Ministers (for example where an outbreak requires more resources than local decision-makers can access through their own systems or mutual aid, including supplies of items such as PPE or additional staff)
- outbreaks raise issues of national importance (for example impact on critical infrastructure, major parts of the economy or on wider sectors such as food or energy production); or
- local capabilities and controls are exceeded (for example local community protection actions are not effective, or the scale of the outbreak calls for the use of wider or more intrusive powers)

Analysis of the nature of the outbreak will determine which measures will be most effective from the range illustrated below:

- extensive communications, with widespread community engagement to reach the groups directly affected by the outbreak, delivered in the languages most relevant to the local community and guidance to improve preventative measures (for example increase the frequency of hand washing or cleaning in response to a potential outbreak, face coverings, bubbles)
- **accelerate and expand channels for local testing, symptomatic and asymptomatic individuals around the outbreak (e.g. students, customers, staff who may have been exposed but are not showing symptoms, types of workforce, houses of multiple occupancy)**
- enhanced inspection regime for businesses
- close certain businesses and venues (for example shops, cafes, gyms, recreation centres, offices, labs, warehouses)
- cancel organised events (for example sporting events, concerts, weddings, faith services)

- close outdoor public areas (for example parks, playgrounds, beaches, esplanades, outdoor swimming pools)
- encourage working from home (for example instigating working from home measures where this is feasible)
- limit schools to set year groups (for example year groups with forthcoming assessments or which are important for transitions between school phases). For further details on the tiers of restrictions for education and childcare, please see [annex 3](#)
- close schools (for example close impacted schools with the exception of vulnerable children and children of critical workers). For further details on the tiers of restrictions for education and childcare, please see [annex 3](#)
- travel or movement restrictions could be applied for example only travel for key workers
- bespoke measures for people who are shielding

A multi-agency national incident resource will be deployed to significantly bolster local resources to respond to the incident. This team will include epidemiological resources, health protection experts, logisticians and general managers, communications specialists and other resources as needed depending on the scale and type of incident in question.