WHC 2022/011

WELSH HEALTH CIRCULAR

Llywodraeth Cymru
Welsh Government

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STATUS: ACTION

CATEGORY: PUBLIC HEALTH

Title: Patient Testing Framework – Updated guidance

Review: November 2022 (will depend on public health indicators)

For Action by:	**Action required by:**
All Health Boards, NHS Trusts	Immediate

Sender: Professor Chris Jones, Deputy Chief Medical Officer / Medical Director NHS Wales

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Enclosure(s): 1

Dear Colleagues,

The Welsh Government's 'Framework for COVID-19 testing for hospital patients in Wales' was first published in March 2021. In light of widespread vaccination and changing public health conditions we continually review the framework in the context of the current public health conditions. Advice is provided by the Testing Clinical Advisory and Prioritisation Group on reviewing the arrangements. This provides a further update following the Welsh Health Circular issued in March 2022.

Current Context:

During August we have reviewed the testing approach for those who are asymptomatic in the context of declining prevalence and risk, in the context of vaccination proving to be highly effective at reducing the risk of severe disease, hospitalisation and mortality. Alongside the vaccine, new anti-viral treatments are available that can also help to reduce the severity of disease, particularly for those who are most likely to be at risk of adverse outcomes.

Regular asymptomatic testing has less positive impact during times when prevalence is low and on a downward trajectory in improving health outcomes. This, combined with the protection provided by other interventions such as vaccination and increasing risk of harm, within non COVID pathways, means its value has decreased.

Based on the above, asymptomatic testing of health and social care staff will be paused on 8th September.

Update to Framework:

Within this current context it appears proportionate now to step back from most asymptomatic testing in health and social care as levels of harm from COVID-19 remain relatively low as a consequence of vaccination, while other harms related to delayed clinical presentation or treatment have become more significant.

This guidance is based on the best scientific, public health and expert evidence we have available to us at this time but also recognises the importance to allow for local decisions to be made about where or when testing may need to be increased or decreased depending on assessment of risk and vulnerability of patients, local nosocomial rates and community transmission rates.

Yours sincerely,

Professor Chris Jones,
National Clinical Director, NHS Wales

Annex 1

Patient Testing Framework

Pre-admission testing for elective procedures

Generally patients will not be admitted on an elective basis if they are symptomatic. If a patient has received a positive test result a risk assessment will be needed to assess benefit and harm of proceeding or not proceeding and waiting for symptoms to clear, and /or a negative LFD, PCR or NAAT.

For asymptomatic patients, health boards can take a local decision based on clinical assessment of the risk for the patient based on their vulnerability, the surgical procedure or treatment, risk to others and benefit of knowing the patient's COVID-19 infection status on whether pre-operative testing is required.

Testing on unscheduled admission

Patients with respiratory symptoms should be tested using NAAT for SARS-CoV2, Influenza, RSV or a full multiplex as clinically indicated. Further testing will be determined by the patient's clinical state if the initial result is negative.

Patients without respiratory symptoms do not need to be routinely tested but can be tested based on the clinical assessment of the risk for the patient based on their vulnerability, their anticipated medical procedure or treatment, and risk to others and benefit of knowing the patient's COVID-19 infection status.

Post admission testing of patients

Asymptomatic testing

No further routine asymptomatic testing is advised unless required on the basis of a local decision.

Symptomatic testing

Patients who develop symptoms should be tested with NAAT for SARS-CoV2, Influenza, RSV or a full multiplex as clinically directed.

Testing for discharge to a closed setting

The testing requirement for discharge to a closed setting is based on symptom resolution and the time elapsed from a positive test.

This testing guidance can be considered as part of an assessment prior to discharge. Testing requirements shouldn't prevent discharge if the assessment supports discharge and other measures are considered appropriate.

We would encourage health boards to work with care home providers on discharge testing arrangements.

- Patients who have tested positive for COVID on or since admission can assume non-infectivity when:
    - Symptoms have resolved, PLUS
    - 20 days have elapsed, OR
    - 10 days have elapsed with either a negative LFD or a negative or low positive NAAT.
- Asymptomatic patients who have not previously tested positive for COVID to be tested with an LFD within 24 hours of planned discharge to a care facility.

	Symptomatic / Asymptomatic	**Test**	**Timing**
Pre-admission	Asymptomatic Pre-surgical / chemotherapy/non surgical	NAAT LFD	No need to routinely test. Testing based on a local decision determined by clinical risk assessment.
Unscheduled admission	Symptomatic	NAAT*	On admission. If negative, further testing determined by clinical state
	Asymptomatic	LFD or NAAT	No need to routinely test. Testing based on a local decision determined by clinical risk assessment.
Post admission testing of inpatients	Symptomatic	NAAT*	
	Asymptomatic	N/A	No further routine asymptomatic testing unless required on basis of a local decision.
Pre discharge to closed setting	Asymptomatic but COVID positive on or since admission	Possible LFD or NAAT	Assume non-infectivity when: • Symptoms have resolved, PLUS • 20 days have elapsed, OR • 10 days have elapsed with either a negative LFD or a negative or low positive NAAT.
	Asymptomatic and not COVID positive within admission	LFD	Within 24 hours of planned discharge to a care facility.

* NAAT for SARS-CoV2, Influenza, RSV (full multiplex as clinically indicated)