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WELSH HEALTH CIRCULAR

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Llywodraeth Cymru
Welsh Government

STATUS: ACTION

CATEGORY: PUBLIC HEALTH

Title: Patient Testing Framework – Updated guidance

Date of Review - June 2023 (will depend on public health indicators)

For Action by:
All Health Boards, NHS Trusts

Action required by:
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 Public Health Wales and the Testing Clinical Advisory and Prioritisation Group on reviewing the arrangements.

This provides a further update following a review of arrangements for testing over spring and summer 2023.

Current context

The prevalent variants of COVID-19 (Omicron and its sub-lineages) and the high rates of immunity in the population (vaccination and natural infection) has meant that COVID-19 is currently a milder infection in most individuals. When we have had relatively high rates of infection in the community, admissions and those being treated in hospital for COVID-19 have been relatively low.

The testing guidance for spring/summer 2023 is based on the assumptions below:

- It is most likely that while the prevalence of SARS-CoV-2 infection may fluctuate and remain relatively high over the summer, associated COVID-19 disease will remain relatively mild.
- If a new SARS-COV-2 variant emerges that causes significant health impacts, the testing strategy will be reviewed.
- There is a low likelihood of high circulating influenza during the summer.
- There is a low likelihood of high circulating RSV during the summer.

Update to Framework

Within this current context and expert advice received the framework has been updated for spring/summer (April-September) with a focus primarily on testing to diagnose individuals who are eligible for antiviral therapy against SARS-CoV-2 or influenza and when clinically indicated. Active surveillance programmes will continue and the strategy will be reviewed if a SARS-CoV-2 variant spreads and causes significant health impact.

The framework sets out the testing approach under the following testing purposes:

- Test to diagnose - to support NHS clinical care – diagnosing those who are infected so that clinical judgments can be made to ensure the best care.
- Test to safeguard - to protect our NHS and social care services and individuals who are our most vulnerable.

Updated guidance for the health and social care sector will emphasise the importance of rigorous compliance with infection, prevention and control

procedures. This includes monitoring and reporting of outbreaks, good hygiene practices, social distancing and the appropriate use of personal protection equipment (PPE).

Health staff should continue to wear facemasks (type IIR) when working in respiratory care pathways and when clinically caring for suspected/confirmed COVID-19 and Flu patients. In all other clinical care areas universal masking should be applied when there is known or suspected cluster transmission of ARI e.g., during an incident / outbreak, and/or if a new COVID-19 Variant of Concern (VOC) emerges. Universal masking should also be considered in settings where patients are at high risk of infection due to immunosuppression e.g. oncology/haematology. Applying universal masking in these situations should include visitors.

In addition, patient facing staff with symptoms of a respiratory tract infection who do not feel well enough to carry out normal activities are advised to contact their manager, try to stay at home and avoid contact with anyone who is at higher risk of becoming seriously unwell if they were to contact an acute respiratory infection. Health Boards should also remind visitors that they should not visit loved ones, especially those at high risk of infection if they have symptoms.

Yours sincerely,

Professor Chris Jones,
National Clinical Director, NHS Wales

Annex 1

Patient Testing Framework

Test to Diagnose - (Individuals with clinical suspicion of respiratory viral infection or related syndrome)

The primary reason for testing symptomatic individuals is to support decisions around antiviral treatment and potentially to inform Infection Protection Control procedures. There are specific antiviral treatments available for at risk/vulnerable individuals infected with SARS-CoV-2 or influenza.

Setting	Cohort	Reason for Testing	Circumstance	Test
Secondary Care	Patients	Specific antiviral treatment IP&C/Streaming Passive surveillance	All As clinically indicated	NAAT - Respiratory multiplex to support IP&C Serology for SARS CoV-2
Vulnerable Individuals in closed settings (care homes/prisons)	Residents/ prisoners	Specific antiviral treatment IP&C/Streaming Passive surveillance	All	NAAT – Multiplex to support IP&C
Non-vulnerable individuals in closed settings	Residents/ prisoners	IP&C/Streaming	Test only if >2 cases to investigate potential incident	NAAT – Multiplex to support IP&C
Primary Care - vulnerable individuals	Patients	Specific antiviral treatment/Passive surveillance	Determined by season, prevalence, or incident management	LFD – to improve timely result for early treatments. SARS-CoV-2 (+PCR)

Test to Safeguard (to protect our NHS and social care services and individuals who are our most vulnerable)

Given the anticipated epidemiology of SARS-CoV-2, routine asymptomatic testing of health and social care staff is not recommended over the summer. Likewise, the testing of symptomatic Health and Social Care staff is not recommended.

Setting	Cohort	Reason for Testing	Circumstance	Test
Secondary Care	Staff	No Testing	Symptomatic staff should be excluded based on symptoms. Testing not routinely recommended during summer but may be deployed as part of management of specific incidents or if staff member is eligible for anti-viral treatment	
	Patients	See Test to Diagnose		
	Visitors	No Testing	Symptomatic visitors should be excluded based on symptoms	
Secondary Care	Pre-admission	Pre-chemotherapy	Manage individual patient COVID risk Infectivity exclusion	LFD - SARS-CoV-2
		Pre-surgery	Manage individual patient COVID risk	LFD - SARS-CoV-2

Closed Settings including nursing homes, residential care homes, prisons, special schools	Staff Residents/ prisoners Visitors	No Testing See Test to Diagnose No Testing	Symptomatic staff should/must be excluded based on symptoms. Testing not routinely recommended during summer but may be deployed as part of management of specific incidents or if staff member is eligible for anti-viral treatment Symptomatic visitors should be excluded based on symptoms	LFD – to improve timely result for early treatments. SARS-CoV-2 (+PCR)
Nursing Homes/ Residential Care Homes	From hospital or other closed setting	No routine testing	Testing can be clinically advised based on assessment of risk/support infection prevention and control measures	LFD - SARS-CoV-2/ PCR

The testing approach described in the tables above is independent of testing for the purposes of active surveillance. There are currently 3 programmes of active surveillance involving testing:

- SARI surveillance - Patients presenting to secondary care with acute respiratory illness – respiratory multiplex testing
- GP Sentinel surveillance - Patients presenting to primary care with influenza-like illness – respiratory multiplex testing

- Pharmacy surveillance - Individuals presenting to pharmacies with influenza-like illness – respiratory multiplex testing
- Care Home Sentinel surveillance (not yet commenced) - Residents presenting with influenza-like illness – respiratory multiplex testing

All positive SARS-CoV-2, whether from surveillance testing or routine/clinical testing will be submitted for genomic analysis. All extracts from samples positive for Influenza should be stored pending agreement to sequence a proportion.