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<b>Event</b>	<b>COVID-19: Suspending the requirement for routine confirmatory PCR to initiate contact tracing and the legal duty to self-isolate following a positive LFD result</b>
<b>Notified by</b>	PHE Incident Director
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<b>PHE NIERP Level</b>	COVID-19 Incident
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### For Sharing with Directors of Public Health

#### Background and Interpretation:

Positive antigen Lateral Flow Device (LFD) results have required PCR confirmation before the legal duty to isolate, eligibility for support payments and contact tracing are triggered (although individuals and households are instructed to isolate from the date of the LFD result while PCR results are awaited). After seeking advice from PHE and NHS Test and Trace, the government is considering suspending the requirement for routine confirmatory PCR for positive LFD results while prevalence is very high nationally. Under the new system, an LFD result will trigger the legal duty to self-isolate, eligibility for support payments and contact tracing for those who do not report their own LFD results. Routine confirmatory PCR will be retained for those who self-report including NHS or adult social care staff. This is expected to take effect from 27 January 2021. This briefing note sets out the rationale for this change and outlines the implications.

Confirmatory PCR testing was introduced to reduce the number of people self-isolating unnecessarily because of false positives from antigen LFDs at low population prevalence; however, the positive predictive value of LFDs increases, and the proportion of false positives compared to all cases decreases as prevalence rises. In addition, there have been challenges in getting individuals to have a confirmatory PCR after a positive LFD-positive individuals (40-50% in community testing in Liverpool), , therefore, some individuals are not contact traced. Awaiting confirmatory PCR also introduces a delay into initiating contact tracing.

Current contact tracing systems are not able to systematically match PCR and LFD results, nor do they allow us to readily rescind the notification to self-isolate if the follow-up PCR is negative, either for the tested person or for their contacts, or to halt the contact tracing process.

The attached annex was considered in reaching the decision to suspend confirmatory PCR testing for community testing. It describes the expected LFD performance in relation to “infectiousness” rather than “infected” at different prevalence rates, models the impact of current prevalence and what is expected over the next 3 months, in relation to the performance of a single LFD test and a single



PCR test. A range of assumptions regarding test performance were made in this paper, which reflect likely real-world use. The modelling reflects prevalence at the time of writing of the paper (24 December). For the current and modelled level of prevalence, the performance of LFDs and PCRs are likely to be similar in terms of detecting those who are infectious (as opposed to those with detectable virus).

Under the new system, an LFD result will trigger the legal duty to self-isolate, eligibility for support payments and contact tracing for those who do not report their own LFD results (i.e. community testing sites). This change will: provide earlier support to individuals to self-isolate; reinforce the need to self-isolate from the LFD result; reduce the time to contact tracing and contact isolation; and, therefore, go further to break chains of transmission.

Follow-up PCR testing will still be performed for some cases, for reasons including vaccine effectiveness surveillance, and genome sequencing, and monitoring the accuracy of new LFD tests in real-life settings. NHS and adult social care staff will continue to have confirmatory PCR.

For schools, the current DfE policy is that LFD testing for primary school teachers is through home testing and for secondary school teachers testing occurs at school. This change will result in primary school teachers needing confirmatory PCR (as they self-administer) but not secondary school teachers.

This is not intended to be a long-term arrangement. There is ongoing work on a 'steady state' solution with the reintroduction of confirmatory PCR testing, as the prevalence falls. This will ensure that at lower prevalence systems are in place to readily link results and rescind self-isolation notifications if an LFD result is not confirmed by a PCR test.

This proposal will impact on surveillance and case reporting. Details of reporting are in development including separate reporting of PCR and LFD positive cases.

Further communication materials are in development and will be shared.

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### **Implications for PHE Regions**

Surveillance: changes to case definitions will impact on numbers reported.

Contact Tracing and Outbreak Management Demand: This change is likely to increase numbers requiring contact tracing and increased detection of outbreaks requiring management

Impact on operational procedures and guidance: this change may need to be reflected in a range of protocols and guidance

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### **Implications for PHE sites and services**

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#### **Recommendations to PHE Regions**

Please share this note with Directors of Public Health

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### **Implications and recommendations for local authorities**

Surveillance: changes to case definitions will impact on numbers reported. There will be further communications on how the results are reported and counted in daily and weekly outputs.

Queries about the change may be received from schools.

Formal implementation for community testing and DPH-directed testing will be communicated by Test and Trace

ATS planning should consider the potential need to reimplement and to undertake for surveillance and genomic sequencing

Finance: By making the positive LFD the trigger for the legal duty to self-isolate, more people will be eligible for the Test and Trace Support Payment

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### **References/ Sources of information**

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