

04.06.2020

Implications for Occupational Health Practice in Relation to Testing for Covid-19

This issue was discussed at the June meeting of the Faculty's Ethics Committee as many concerns and queries continue to be addressed to the FOM from employers, HR specialists, health care practitioners and OH providers. This update follows the Faculty's earlier guidance documents:

- **TESTING, TESTING, TESTING** on 03.04.2020 ([accessible here](#))
- **Testing, health surveillance and COVID-19 testing** on 23.04.2020 ([accessible here](#)).

There remains confusion and misunderstanding of the implications and reliability of testing and its limited role in informing work placement decisions. There are also many examples of commercial sale of tests and approaches that are not supported by the official Public Health England advice (a position reached after careful testing of a wide range of internationally available testing regimes, which highlighted that many tests have potential for false negatives and false positives and that the methodology of testing was also important to accuracy).

This Newsflash update is intended to remind OH practitioners and providers of the need to act ethically, and to clearly inform clients and customers of the true facts in relation to testing and interpretation of results. It is important to recognise a clear difference between testing for Public Health infection control reasons (which both PCR Antigen testing and a new approved Antibody Test are being used to inform) and testing for purposes of informing work placement decisions.

Currently, whilst both PCR and Antibody test kits can be legally acquired and used by organisations and commercial providers, it remains important to understand the meaning of testing outcomes.

PCR testing kits are widely available and, subject to correct technique and timely processing, can provide an accurate indication of current infection (presence of an antigen). If positive this enables clear advice on periods of self-isolation and advice about any subsequent return to work after a suitable period – which is informed by well publicised Public Health England advice. As below in the caution related to antibody testing it is important however for occupational health practitioners to be clear in advice to employers to not support a view that a positive test will infer a future reliable level of immunity to infection or disease transmission – the evidence base for such remains disputable.

However a negative PCR test is also relatively meaningless in terms of work placement as it simply suggests that the individual has not got meaningful levels of Covid -19 infection at the point in time at which they were tested. Infection may occur subsequently, or may have happened previously, and it is impracticable to test workers repeatedly before each work shift. Delays in processing results and

variations in application of testing also impact on reliability; decisions on work placement should rely on the published advice and clinical symptomatology.

To date in the UK only one antibody test has reached the level of reliability to be approved by Public Health experts – this is not widely commercially available and is being supplied for official testing use, including to inform on likely spread of the disease in the general population. Whilst commercial providers may offer antibody testing (often with disclaimers on their accuracy) – most such tests do have false positives and false negatives and PHE advice does not support their use by employers or individuals. Presence of antibody may suggest past or present infection with Covid-19 but does not reliably confirm future immunity and does not replace a need for workplace risk assessment and control.

The Test, Track and Trace programme is designed to find those that may be at risk and enable a period of quarantine to reduce spread of Covid-19. If an official contact advises a person to isolate for a specific period this should be supported – testing before return to work at the end of a period of isolation is not normally required.

OH practitioners should avoid involvement in unreliable testing programmes with limited value.

Current official advice on testing for Covid-19 is to be found on the government website: <https://www.gov.uk/coronavirus>

In particular the following documents, recently updated, and the links from them, are relevant:

- Coronavirus (Covid-19): Getting Tested
<https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>
- Testing for coronavirus: privacy information
<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-privacy-information>
- Covid-19: guidance for sampling and for diagnostic laboratories
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories>
- Coronavirus (COVID-19): antibody tests
<https://www.gov.uk/government/publications/coronavirus-covid-19-antibody-tests>

Websites which summarise advice in the devolved nations are:

- Coronavirus (COVID-19) getting tested in Scotland
<http://www.gov.scot/publications>
- Test, trace, protect: coronavirus
<https://gov.wales/>
- Testing and Tracing for COVID-19
<https://www.publichealth.hscni.net/covid-19-coronavirus/>

Acknowledgements

The FOM continues to be grateful for the work of the Faculty Ethics Committee, and the collaboration with colleagues, particularly those working in occupational medicine and the wider OH community, which has made this updated information sheet possible.

Dr Anne de Bono
President

Dr Steve Boorman
Chair, Ethics Committee