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Testing, health surveillance and COVID-19 testing

Testing for COVID-19 infection has raised technical and ethical concerns. It requires care in approach to ensure that testing and sharing of results achieves intended outcomes, whilst respecting the rights of stakeholders involved.

Tests for SARS-CoV-2 may be required as part of clinical decision making for patients and also to assist decisions about work attendance and placement, particularly for key workers. In the second situation the request for testing may be made by the individual concerned, or by their employer directly, or through the agency of the workplace occupational health (OH) service.

As with any testing or health surveillance the Ethics Guidance of the Faculty of Occupational Medicine recommends:

- All primary prevention should have been implemented as far as is reasonably practicable;
- Tests must be safe, simple, acceptable and validated;
- Testing should be directed at an important health problem;
- The condition should be understood;
- Further investigation and, where necessary, treatment should be readily available;
- Strong evidence that screening reduces mortality or morbidity should be available.

For SARS-CoV-2 the evidence base is still emerging and a pragmatic approach may be required. It is important that the commissioning organisation (in workplace based testing this is usually the employer) and the person being tested understands what is involved in testing, the possible outcomes and the interpretation of results.

In the case of current available testing for COVID-19 infection, antigen testing may convey a positive result suggesting current infection – from which future management such as isolation, treatment or placement advice can be based. Whilst some level of future immunity may be assumed, the extent of such immunity and its duration remains subject to confirmation and further research.

There are currently no widely available reliable antibody testing approaches recommended to demonstrate both current and previous COVID-19 infection.

A negative antigen test may however have different implications – it may suggest absence of infection, a false negative result when infection is present, or past infection where antigen levels are now too low for detection. Retesting may be necessary and consensus on frequency and circumstances may differ according to situation.

Individuals should give freely informed consent to testing. To provide such they need to understand the basis of testing, what will be done and how the result will be shared (with themselves and their employers). Generally speaking freely given consent may not always be easy in an employment relationship as the employer is deemed to have an element of control and interest. If an employee refuses to be tested then an employer should, as with any other health surveillance, make placement and employment decisions with regard to the

risk for patients or other workers, respecting the right to refuse, but cognisant of the public risk of harm if refusal should increase the risk of harm to others.

Testing should be conducted in line with recommended standards of delivery (including ensuring that those undertaking testing are competent and trained to ensure quality). Results should be available to the individual being tested without delay and should be clearly explained, including any follow up advice or requirements for retesting. Consent should be required to communicate the result to the employer or commissioner of the test.

Healthcare workers have a personal responsibility as part of professional standards to ensure that they do not place others at risk of harm. This responsibility would usually be expected to include compliance with testing approaches and advice in relation to outcomes. Public interest requires declaration of relevant health problems, which may include possible COVID-19 infection. If a positive result is found, disclosure of the implications of the result (see below) may be justifiable to the employer in the rare circumstances of withheld consent, but care should be taken to respect the rights of the individual concerned.

The Ethics Guidance of the Faculty of Occupational Medicine enables communication of whether or not testing for COVID-19 infection has been undertaken and a basic outcome to be given to the employer (e.g. no restrictions on work tasks, restrictions may be necessary on work placement, current work placement should be avoided), without requiring the individual consent of the person tested, although consent should be requested and will usually be expected to be given due to the personal responsibilities highlighted above. Information given to the employer does not include the specific clinical details of any testing undertaken and is confined to the outcome. This is a similar situation to current approaches to testing for blood-borne viruses for exposure prone practice in healthcare, where the implications of testing results may be communicated in the wider public interest but clinical detail is avoided.