

- To:
- ICB leads
  - All NHS Foundation Trust and Trust:
    - Chief executives
    - Medical directors
    - Chief nursing officers
    - Chief people officers and HR directors
  - All PCNs and all GP practices
  - All community pharmacy
  - All NHS primary care dental contract holders
  - All Primary Care optometrists and dispensing opticians
  - All pathology incident directors
  - All regional Chief Scientific Officers

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**24 August 2022**

- cc.
- ICB chairs
  - NHS trusts and foundation trusts chairs
  - All local authority chief executives
  - NHS regional directors
  - NHS regional directors of commissioning

Dear colleagues,

## **COVID-19 testing in periods of low prevalence**

The government today, acting upon advice from UKHSA, has set out [plans for COVID-19 testing in periods of low prevalence](#). This letter sets out our approach to delivering UKHSA's advice in relation to staff and patient testing. We will keep these arrangements under review along with our partners at UKHSA.

Prevalence in the community has fallen and remains at a comparatively low level as we emerge from the current Omicron wave. This means that the likelihood that individuals entering high-risk settings such as the NHS are infectious has also reduced and the relative risk of onward transmission into these settings is lower. Therefore, **routine asymptomatic testing in a number of settings will pause from 31 August**.

This means the majority of asymptomatic staff and patient testing will pause.

The full list of scenarios where testing in the NHS should continue after this date is listed

below. NHS organisations are asked to review their COVID-19 testing protocols in light of this new guidance, and implement changes as required.

**Symptomatic testing will continue for both patients and staff, based on the current list of COVID-19 symptoms.** Although the main symptoms of COVID-19 include fever, a new and continuous cough, anosmia (loss of smell) and ageusia (loss of taste), it is important to remember that COVID-19 can present as a wide range of other symptoms including, for example, shortness of breath, fatigue, loss of appetite, myalgia (muscle ache), sore throat, headache, nasal congestion (stuffy nose), runny nose, diarrhoea, nausea and vomiting.

**Testing that should continue in NHS settings from 31 August**

Use case	Type of test
High-risk patients identified for COVID-19 MAB and antiviral treatment	Polymerase Chain Reaction (PCR) or Lateral Flow Device (LFD)
Symptomatic patients for clinical diagnostic pathway	PCR; primary care testing may use LFD
Early release from self-isolation for patients in acute settings	LFD testing from day 5 onwards until two negative tests are obtained
Symptomatic or immunocompromised patients who are admitted as an emergency or for maternity care	PCR
Symptomatic or immunocompromised elective care patients prior to acute day case/overnight pre-admission	LFD (can be conducted at home)
Symptomatic or immunocompromised elective day care patients for example, learning disability and mental health pre-admission testing	LFD (can be conducted at home)
Transfers into or within hospital for immunocompromised patients	PCR
Discharge patients to care homes/hospices	PCR (unless patient has been positive for COVID-19 within 90 days, in which case an LFD test should be undertaken)
Symptomatic NHS staff and staff in NHS-commissioned independent healthcare providers (including return to work testing)	LFD at home
Outbreak testing in healthcare settings	Both PCR and LFD dependent on specified local protocol

Local healthcare organisations, with appropriate advice (including from medical directors, nursing directors or directors of infection prevention and control), may also exercise local discretion to continue testing for specific individuals or cohorts in line with broader infection prevention and control measures. Examples of this could include **asymptomatically testing staff or patients who are at higher risk of serious illness**

from COVID-19 and/or those staff who may be in contact with patients who are at higher risk of serious illness from COVID-19. Return to work protocols for COVID-19 positive staff will remain in place.

Employers are encouraged to involve local health and safety representatives where local arrangements are being put in place for staff.

### Ordering tests

There are no changes to the existing mechanisms for ordering tests.

The online digital portal will still be available for those patients and staff who need to access tests as instructed by their clinician or manager at <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests> Organisations who order tests to test patients on site can continue to do so through current arrangements.

### IPC and reporting of infections

There are no changes to reporting requirements and existing [UKHSA guidance on the management of COVID-19 patients](#) remains in place, along with the appropriate IPC measures detailed in the [IPC Manual for England](#). This guidance will continue to be reviewed in line with the latest scientific evidence including the potential impact of COVID-19 and other respiratory diseases on NHS services in the coming months.

### Research studies

Any NHS staff undertaking COVID-19 tests as part of a research study (eg SIREN) should continue to follow the protocols of their study. Please contact your local study coordinator if further details are required.

Thank you again for all your work in support of the COVID-19 response to date.

Yours sincerely,



**Professor Em  
Wilkinson-Brice**  
National Director for  
People  
NHS England

**Ruth May**  
Chief Nursing  
Officer  
NHS England

**Professor Stephen  
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