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CYLCHLYTHYR IECHYD CYMRU

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Llywodraeth Cymru
Welsh Government

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I'w weithredu gan:
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Ymddiriedolaethau'r GIG

Angen gweithredu erbyn: Ar unwaith

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Dogfen(nau) amgaeedig: 1

Dear Colleagues,

The Welsh Government's 'Framework for COVID-19 testing for hospital patients in Wales' (the patient testing framework) was first published in March 2021. In light of widespread vaccination and changing public health conditions we have continually reviewed the framework in the context of the current public health conditions. This latest update follows the Welsh Health Circular issued in March 2023.

The patient testing framework sets out national guidance for testing, including for individuals on admission to hospital and care homes. The guidance is based on the best scientific, public health and expert evidence available but also recognises the importance for local decisions to be made about where or when testing may need to be increased or decreased depending on nosocomial rates, community transmission rates, or vulnerability of patients.

Current Context

Following a significant reduction in regular testing over spring and summer, we have reviewed testing guidelines for autumn and winter.

While COVID-19 and flu seasons remain hard to predict, public health advice suggests:

- It is most likely that there will be a peak in prevalence of SARS-CoV-2 infection during the winter season, but associated COVID disease will remain relatively mild.

- There is no indication that there will be a bad influenza season in 2023/24.

- There is no indication that there will be a bad RSV season in 2023.

The level of hospital activity over the winter will depend to an extent on vaccine booster uptake in vulnerable groups as well as the emergence of new variants.

<u>COVID-19 variant BA.2.86</u>

The new COVID-19 variant BA.2.86 which was identified in August is being monitored carefully, but the impact is currently uncertain on transmissibility and severity. If there is a risk of higher transmissibility and severity, we will consider appropriate precautionary measures focused on protecting the more vulnerable. On 1 September, a letter was issued to health and social care directors to reinforce the importance of robust infection, prevention and control measures in line with National Infection and Control Manual (NIPCM). Health and social care staff have been advised to continue to wear masks when working in respiratory care pathways and to wear them if there is a known cluster or outbreak in their working area. Mask wearing should also be considered in settings where patients are seen as high risk (immunocompromised / immunosuppressed).

Update to Framework

Subject to there being no significant deterioration in the public health context over autumn and winter, the current testing approach should remain as follows:

• 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.

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 Sir Frank Atherton

Chief Medical Officer / Medical 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 symptomatic As clinically indicated	NAAT - Respiratory multiplex to support IP&C Serology for SARS CoV-2
Vulnerable Individuals in closed settings (care homes/prisons/ special schools)	Residents/ prisoners	Specific antiviral treatment IP&C/Streaming Passive surveillance	All symptomatic	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)

We continue with the advice from the spring and summer where routine asymptomatic testing of health and social care staff is not recommended. Likewise, the testing of symptomatic health and social care staff is not recommended (unless they are personally vulnerable and anti-viral therapy would be appropriate).

Setting	Cohort	Reason for Testing	Circumstance	Test
Secondary Care	Staff	No Testing	Symptomatic staff should be excluded based on symptoms. Testing not routinely recommended 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 be excluded based on symptoms. Testing not routinely recommended 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.