

Message

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Sent: 8/27/2020 4:25:49 PM
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Subject: Paul's thoughts for testing op-ed DRAFT 1

CDC has updated the guidance on testing for SARS-CoV-2 virus as one tool along with mitigation steps, in stopping the spread. This comes on the heels of a noticeable decline in the number of active cases, hospitalizations, and deaths, and the updated guidance is driven by informed policy making that included testing and was not only because of testing. A compendium of mitigation augmented testing and with these remaining in place as we work to slow the spread, we anticipate that the updated guidance should lead to even fewer cases, hospitalizations, and deaths. Overall, with extensive debate amongst the White House Task Force members, the decision was to update the guidance given the changing data and effectiveness of wearing masks and other mitigation measures. There has also been acute focus on the need to shield the vulnerable as well the ability to shield the vulnerable has increased significantly. We were also driven by the high levels of false negative tests that pervade testing as no testing is perfect (the ideal is a perfect test with no false positives or false negatives). False negatives gives a false sense of security and drives complacency whereby a possibly infected person takes the virus into high-risk settings. We also know that people can become symptomatic well over 14 days post exposure. We also estimated that at least 40% are symptomatic, pre-symptomatic, or mildly symptomatic. Given all we now know, we felt the guidance needed a bit of updated and why we specifically note the need to test asymptomatic persons but not carte blanche, and rather via a rational thought out plan. We thus decided to remove the randomness of testing any and all asymptomatic persons.

An emerging contention surrounds the statement "if you have been in close contact (within 6 feet) of a person with a COVID-19 infection for at least 15 minutes, but do not have symptoms, you do not necessarily need a test". Note that we sought to clarify this in the guidance by stating "*the decision to be tested should be one made in collaboration with public health officials or your health care provider based on individual circumstances and the status of community spread.*" And more importantly, a single negative test does not relieve one of being disciplined about all acts of mitigation, including wearing a mask and protecting the vulnerable".

We seek to add some more clarity here to help explain our thinking in this update. The purpose of diagnostic testing is to protect high risk people. These people we seek to protect are persons who are at higher risk of severe illness or death once infected e.g. the elderly who often have co-morbid underlying medical conditions. So we focus on testing symptomatic persons, persons who are exposed for an extended period and are at risk of spread to high-risk persons, nursing home staff, vulnerable populations and persons (including asymptomatic persons) who have been prioritized (flagged) for testing by their health care practitioner/provider. Thus we would take the situation of the asymptomatic person into account, the prevalence of pathogen in the setting e.g. is it less than 1% positivity? And the prevailing epidemiology/spread in the setting. Testing is not to find asymptomatic infections in low risk people. It is highly reasonable that in high risk settings such as nursing homes and long term care facilities, more stringent and frequent testing of all who enter is in order - asymptomatic - and is part of the CDC guideline. Testing asymptomatic people to seek asymptomatic cases is not the point of testing, for in the end, all this accomplishes is we end up quarantining asymptomatic, low risk people and preventing the workforce from working. In this light, it would be unreasonable based on the prevailing data to have widespread testing of schools and colleges/universities. This will not allow them to optimally re-open. These are very low risk environments, and as such very low risk students. Moreover, we have data to show the risk of children spreading pathogen is very low if at all, as well as going onto to severe illness or death if indeed infected. Older students who can be classed as young adults and are in university, if you widespread tested them and repeatedly, you will force the college to close and inadvertently, be sending low risk carriers into high risk communities and high risk homes - their homes and nursing homes when they visit or their parents visit. This lacks common sense.

To close, the purpose of testing is NOT to detect low risk and asymptomatic people. We have to use the CDC guidance on the mitigation for high risk teachers and students and importantly, sick kids need to stay home and consult with their doctors.

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