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Mr Lewis Macdonald
Convener
Health and Sport Committee

By Email.

23 June 2020

Dear Lewis

I am writing to you to inform you that the Scottish Government will today publish the attached letter from the Interim Chief Medical Officer to health boards on the use of serology testing for COVID -19 in Scotland.

This sets out the current value of serology (antibody) testing as a tool to improve our understanding of the disease through research and community surveillance, and in supporting the clinical management of patients. However, it also recognises the limitations in scientific evidence around immunity and the risk to public health, highlighted by WHO and SAGE, that may come from the inaccurate interpretation of an antibody test. On this basis, advice to health boards is not to offer on-demand antibody testing.

Our approach is being kept under ongoing review. If clinical evidence around immunity changes we will swiftly roll out a national antibody testing programme in order to realise the potential health, social and economic benefits this would offer, and are preparing now for that prospect.

Kind regards

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

Dear Colleague

USE OF SEROLOGY TESTING FOR COVID-19 IN SCOTLAND

I would like to update you on Scotland's approach to COVID-19 antibody testing.

What serology testing can tell us?

That an individual has had COVID-19. This could be useful, for example, when:

- It might be too late in an illness to identify the virus by PCR but where COVID-19 is considered a potential cause of their ongoing condition; or
- Linking the inflammatory/Kawasaki like syndrome in children to recent COVID-19 as a rising antibody titre would indicate a recent infection.

What serology testing cannot currently tell us?

The degree of protection conferred by the presence of antibodies, which antibodies are protective, the duration of any protection, and whether this prevents acquisition and/or transmission of virus. Until we can be confident of this, the only clinically safe option is to assume no meaningful immunity from a positive result.

How can serology help to expand our understanding of COVID-19?

Public Health Scotland, in collaboration with NHS Health Boards, are leading population surveillance and research studies that include the use of serology. These seek to maximise use of existing blood samples within primary care and other settings.

We also intend to join UK wide research programmes such as SIREN. This would rigorously examine potential immunity in healthcare workers and inform our understanding of prevalence. We are discussing this directly with colleagues across Scotland and I would encourage you to support the participation of your Board.

From the Interim Chief Medical
Officer
Dr Gregor Smith

Date: 23 June 2020

SGHD/CMO(2020)16

For action

Chief Executives NHS Boards
Medical Directors NHS Boards
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Nurse Directors
Directors of Dentistry
NHS Boards Primary Care Leads
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Further Enquiries to:

St Andrew's House
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How are we preparing for the possibility of large scale antibody testing?

Should key questions around immunity be answered, we will need the ability to rapidly roll out a national antibody testing programme in order to realise the potential health, social and economic benefits this would offer.

Work is underway now by the National Laboratories Programme to establish current capacity and what would be needed to build from that. This includes reviewing lab, sampling, logistical and data collection capabilities. Parallel work is ongoing to validate lateral flow and other tests.

We are also speaking with other administrations in the UK to identify where a collaborative approach may add value.

Are we offering on demand antibody testing to health and social care workers?

No. We do not believe the evidence supports such a measure in Scotland. The result of a test for an individual would currently have no impact on:

- How they should view their risk of infecting patients, those they care for or other colleagues;
- Their application of infection control and prevention measures within a clinical or care setting; or
- How they should respond to the onset of COVID-19 symptoms or if identified as a close contact of someone who has tested positive for COVID-19.

There is also the risk of unintended consequences if a positive result is taken to infer immunity. The World Health Organisation and SAGE have warned that if people assume they are immune to a second infection because they have received a positive test result, they may ignore public health advice and increase the risk of continued transmission.

Are we offering on demand antibody testing to NHS patients?

No. However, antibody tests will be made available for clinicians to use in their management of NHS patients when clinically appropriate.

This approach will be kept under ongoing review. The Scientific Advisory Group on Testing, chaired by Professor David Crossman, continues to consider emerging Scottish, UK and international evidence around antibody responses to COVID-19 and serological testing advances. This is being supported by the work of the COVID-19 Serology Strategy Group, chaired by Dr Kate Templeton. Together, this will ensure our policies remain informed by the best available science.

I would like to thank Public Health Scotland, the National Laboratories Programme, members of the advisory groups mentioned above and the many front line workers across NHS Health Boards who continue to support this work.

Yours sincerely

Gregor Smith

DR GREGOR SMITH
Interim Chief Medical Officer