

COVID-status certificates | Test certificates

The Government is set to propose that COVID-status certificates, or test certificates, are used as a condition for access to domestic sports events and concerts. This will likely rely on a system of rapid lateral flow tests (LFT) followed by PCR tests if positive.

Recommendations:

- **COVID-status certificates, including test certificates, must be rejected for domestic use for access to or employment within general businesses, events and services.**
- **The only rights-respecting and safe way to reopen is when it is safe at the community level, and to reopen to everyone regardless of health passes.**
- **Voluntary surveillance testing should be continued at the community level to assess community risk.**
- **Effective contact tracing, testing for exposed or symptomatic individuals, and isolation support is vital to mitigate the remaining risk of COVID-19 to public health.**

Why test certificates must be opposed: summary

A health ID system will alienate and exclude people

- COVID certificates will require the population to enrol in a digital ID health system. This is a profound invasion of privacy that will reshape the UK into a checkpoint society and could be abused by bosses, bouncers or anyone in a position of authority.
- Marginalised groups including older people, people with some disabilities, undocumented migrants and people on low incomes are least likely to be able to access a COVID ID and therefore most likely to suffer further exclusion.

Individual tests are not a reliable indicator of group safety

- The MHRA,¹ senior advisors at the Department of Health,² and the Royal Statistical Society³ have all voiced concerns about the Government's use of mass testing.
- Lateral flow tests (LFTs) suffer from inaccuracy and miss the majority (60%) of asymptomatic infections – the very purpose they are being deployed for.
- The Innova LFTs, which the Government has spent £3bn on, do not meet the acceptable standards set by the WHO for confirming or ruling out COVID-19.⁴
- The recent Cochrane meta-analysis, carried out by an international, independent team of experts, concluded that there is "virtually no evidence for mass screening of asymptomatic individuals using rapid antigen tests in people with no known exposure."⁵
- If community prevalence were high, people being tested could be exposed to the virus between tests and the event in question – e.g. on public transport to the event or pubs.

1 <https://www.theguardian.com/world/2021/apr/25/uk-health-regulator-concerned-over-use-of-coronavirus-rapid-tests>

2 <https://www.theguardian.com/world/2021/apr/15/rapid-covid-testing-in-england-may-be-scaled-back-over-false-positives>

3 <https://twitter.com/RoyalStatSoc/status/1386960036463841281?s=20>

4 Estimating the extent of asymptomatic COVID-19 and its potential for community transmission: Systematic review and meta-analysis – K. Bell, O. Byambasuren, M. Cardona et al., Official Journal of the Association of Medical Microbiology and Infectious Disease Canada, 11th December 2020: <https://jammi.utpjournals.press/doi/10.3138/jammi-2020-0030>

5 A. Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection. Cochrane Database of Systematic Reviews 2021, Issue 3 – J. Dinnes, J.J. Deeks, S. Berhane et al., 24th March 2021: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013705.pub2/full>

Test certificates – a hypothetical case study

An event is due to go ahead with 5,000 attendees.

At the current prevalence of COVID-19 infection of 0.17% (ONS, 27 April 2021), 9 of the 5,000 would be expected to have COVID-19 – a maximum of 3 of whom (1 in 3, according to Government estimates) could be asymptomatic. The 6 symptomatic participants would be expected to self-isolate not not attend, leaving 3 to be found through the test certificate system and LFTs.

Using the Innova LFTs purchased by the Government (40% sensitivity among people without symptoms*) 1 of the 3 individuals could be identified. Thus, the test certificate/LFT scheme would reduce the number attending with a COVID infection from 3 in 5,000 to 2 in 5,000.

At the same time, assuming the test has 99.9% specificity (the most optimistic estimate, though studies vary), 5 of the 5,000 attendees would get a false positive result.

If self-isolation rules and contact tracing fails:

Should the individuals with symptoms abscond quarantine to attend, the Innova LFT assuming (58% sensitivity in symptomatic people*) is likely to detect 4 and miss 2 infectious individuals – so 4 symptomatic infectious people could attend the event, if their contact tracing and self-isolation requirements failed (if they had already received a positive test or been asked to isolate via contact tracing, absconding from self-isolation would be a criminal offence).

Overall, the test certificate system for the event of 5,000 capacity would:

Correctly identify 1 asymptomatic person with a COVID infection
Correctly identify 4 symptomatic people if they absconded self-isolation
Wrongly give a positive result to at least 5 healthy people
Fail to identify 4 people with COVID infections – 2 asymptomatic, 2 symptomatic

* A. Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection. Cochrane Database of Systematic Reviews 2021, Issue 3 – J. Dinnes, J.J. Deeks, S. Berhane et al., 24th March 2021

LFTs are not a suitable basis on which to afford people rights, liberties and work

- There is currently an unclear legal basis on which businesses can deny people rights, liberties, and moreover, work, unless they undergo frequent medical testing.

Mass testing will result in false positives

- LFTs, particularly during low prevalence, produce an unacceptable number of false positives. These would be identified through follow up PCR tests.
- But the cost of false positives would be significant to the rights of those wrongly required to quarantine as well as the rights of their friends, families colleagues, and anyone else they have come into contact with who could suffer socio-economical exclusion and be wrongly denied rights, work, travel or paid-for products, services, or events in the interim.
- A high false positive rate makes not only for an inefficient public health policy, but a counter-productive one. It may undermine confidence and deter people from seeking tests or isolating.

Diminishing domestic risk

- Current prevalence of COVID is 0.17% in England (ONS, 26 April 2019); asymptomatic prevalence is, according to Government estimates, a maximum of 0.06%.
- People are required to quarantine if they show symptoms, and legally required to self-isolate if they test positive for COVID-19 or are asked to isolate by contact tracers.
- 95%+ of over 50s in England have been vaccinated and 98%+ of vulnerable adults, with vaccines providing up to 97% protection from serious disease and 100% protection from death.