

Without protections, watch out for unintended consequences of COVID-19 immunity tests

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With people getting anxious about restarting the economy, efforts are focused on using antibody testing to develop an immunity certification

system that would exempt those who have the antibodies from social distancing restrictions—facilitating their return to work and aiding the recovery effort.

Denise Anthony, professor of health management and policy at the School of Public Health, and doctoral candidate Amanda Stanhaus warn that certain protections must be in place before rushing into antibody tests as a solution.

Why should we be cautious about these tests?

We all want the [coronavirus](#) pandemic to be over so we can safely return to work and [social life](#). An immunity exemption system

holds promise to do just that. But we have to remember that disease experience is often influenced by [social factors](#) such as income, neighborhood, race and ethnicity. It was true during the 1918 influenza pandemic, the polio epidemic, and throughout history, and it's just as true today.

Socioeconomic factors are playing a role in the transmission effects, and deaths related to COVID-19 across the country—in Detroit, New York City, New Orleans—and across the world. In the United States, without certain protections, such a system is likely to introduce new forms of inequality, stigma and discrimination that could exacerbate our already unequal experience of economic opportunity and the coronavirus pandemic.

What are those protections that you think should be in place?

We must ensure that four protections—universal free testing access,

economic support, discrimination protections and privacy safeguards—are in place for such a system to work.

Why is access such an important factor?

Access to antibody testing should be free and universal, with sufficient supplies distributed nationally. This would help ensure that the accessibility issues of COVID-19 diagnostic testing do not occur with immunity testing. If access is not free and universal, then privilege would characterize who gets certified and, therefore, exempt from social distancing restrictions. Considering that working from home is itself a luxury, privileged access to an immunity certification [test](#) would be not only unequal. It would also be less effective in getting everyone (who is immune!) back to the workplace.

What discrimination protections are needed?

Historically, some diseases, particularly communicable ones like polio, HIV and even SARS, become an ongoing source of social stigma, discrimination and exclusion. We are already seeing racism and discrimination in the coronavirus pandemic. An immunity certification for coronavirus could create a surprising form of reverse stigmatization for those who have not been infected. If immunity becomes a prerequisite to reenter society, those without it may face limits on movement, employment or restricted access to other resources.

What else should we consider?

Unlike the red crosses during the plague—a signal to avoid an infected house—immunity certificates would be a ticket to freedom. That is, they are exempt from social distancing restrictions and would be free to move, including going back to work and helping those who are infected.

Individuals who do not test immune may require ongoing economic support. Those who are not certified as immune, and who are either unemployed or unable to work from home, will need ongoing economic support, including health insurance. The \$2 trillion of the CARES Act will not be enough to provide the prolonged support that will be needed.

What should we understand about privacy when it comes to antibody testing for COVID?

We also worry about how immunity certification will be tracked and transmitted, given that individuals can now choose to share their health data widely. Without explicit protections for who can access antibody test results—and for what purposes—immunity certification may be used to assess everything from access to goods and services to employability and creditworthiness.

Provided by University of Michigan

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