Rising infections, no more free tests: How 'living with COVID' could affect case numbers in England

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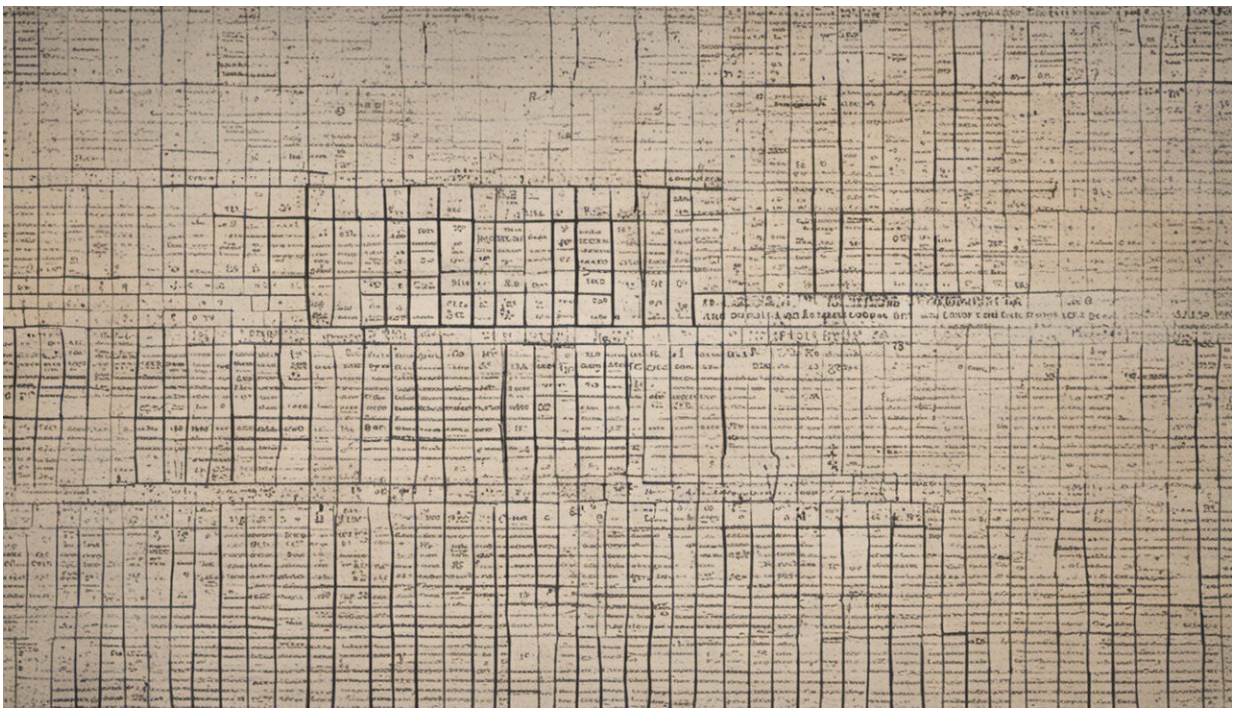

Credit: AI-generated image (disclaimer)

Access to free COVID tests came to an end for most people in England at the beginning of April. This includes both lateral flow tests and PCR tests. There are just a few exceptions: people with certain health conditions who may be eligible for new COVID treatments, patients

being admitted to hospital, and people in high-risk settings such as care homes. Anyone else wishing to get a test now needs to buy their own from pharmacies or other retailers.

This shift in testing policy is part of the government's plan for living with COVID that seeks to normalize life and open up the economy. But it comes at a time when infection numbers have been steadily increasing for more than a month in all regions.

Towards the end of March, the Office for National Statistics estimated that more than 4 million people in England had COVID-19, equivalent to around one in 13. According to the REACT study by Imperial College London and Ipsos-MORI, infection levels in England are now at an all-time high.

The number of hospitalizations is also increasing. In the last week of March in the UK, more than 16,000 people were admitted with COVID, placing yet more stress on over-stretched health services.

Paradoxically, the number of tests done has been steadily falling since early January from a peak of around 2 million a day in the UK to one-third of that by the end of March. It's likely that the uptake of tests will decline further, especially given that people now have to pay for them. Willingness to pay for tests is likely to be lower among people on lower incomes, as we've seen in Germany.

Stopping free testing will naturally mean we'll identify fewer cases. Fewer people will do a test, and subsequently identify and report their infections. One danger with under-detection is that policymakers and the public may not fully appreciate the scale of the pandemic.

The other issue will be the marked reduction of PCR tests, a proportion of which normally get sequenced to look for new variants. Sequencing

will now be mainly limited to hospital cases. This means that we may only become aware of a dangerous new variant at a later stage when it's already established and circulating in the population.

Testing is only part of our pandemic response

Having said all that, it's worth remembering that the evidence for mass testing as an approach to controlling the pandemic is sparse, and the rollout of testing has been hotly contested. No test is perfect. The sensitivity of PCR tests has been reported as somewhere between 85%–98% (meaning they could miss up to one in six infections). Studies looking at lateral flow devices have reported sensitivity of around 78%, but this could be as low as 38%.

Mass testing—especially with PCR tests, which require significant laboratory infrastructure—is also very costly and not sustainable in the long run. The UK's Test & Trace program was reported to have cost £15.7 billion in 2021/22 and the government has questioned whether it offers taxpayers value for money.

That said, emerging evidence suggests mass testing may be of value in certain settings. Research shows regular testing can help reduce the number of infections and outbreaks in schools, as well as the number of school days missed. Yet the government has dropped regular testing in schools.

Ultimately, the effectiveness of any testing strategy depends on whether people take it up and self-isolate if they're infected. However, in the UK, only 18% to 33% of people who have COVID symptoms have reported getting a test. Men, older adults and some ethnic minorities are much less likely to test. And of those who test positive, about one in six don't comply with self-isolation. It could be argued that with such low compliance rates, stopping testing may have little effect overall.

In addition to stopping free COVID tests, the government has made several other major changes, such as removing the legal requirement to self-isolate, as well as stopping self-isolation support payments and routine contact tracing. These changes will undoubtedly have sent a powerful message to the public that the COVID threat is now much diminished.

Unsurprisingly, the use of face coverings outside the home has decreased from 95% in mid-January 2022 to 68% in March. Just one in three people report maintaining social distancing, and fewer people are worried about COVID now compared to three months ago.

These shifts in public behaviors will have contributed to the rise in infections in recent weeks. While death rates haven't changed much, testament to the protective effect of vaccines, COVID illness can still cause much disruption to society, from schools, to businesses and to hospitals.

Stopping free testing will probably lead to some additional infections in the coming months, but we won't really know to what extent because it will be difficult to disentangle this from the effects of the other loosened public health measures. Also, ironically, because we won't be testing as much.

To test or not to test?

Ceasing free tests and the other changes associated with "living with COVID" feels premature and a step too far. The aim should be to live safely with COVID. It would have perhaps been wise to keep some measures in place, such as masks and the legal requirement to self-isolate.

The confusion for many people now may be deciding when to go and

pay for a test. There is certainly value in using a test to confirm if an infection is present if you have symptoms of COVID.

The other scenario where testing would be helpful, while infection levels are high, is if you're visiting a high-risk setting or vulnerable people, for example a care home or hospital. Even if you don't have any COVID symptoms, having a negative test in these situations will provide some reassurance (though not a 100% guarantee) that you're not carrying the virus and inadvertently putting vulnerable people at risk.

When infection levels fall to much safer, lower levels, there will be less need for testing. Until then, a degree of vigilance is essential to help keep the pandemic in check.

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