



COVID-19 SCREENING WITHOUT SCRUTINY

Covid-19 mass testing: throwing the baby out with the bathwater?

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Abbasi¹ and Gill² rightly criticise the government's unevaluated coronavirus mass testing plan and the appointment of commercial consultants and contractors with little relevant expertise to design and run it. The need is urgent, however, and *The BMJ* should campaign for Operation Moonshot to be improved during rollout rather than stopped.³

Properly organised weekly testing would have been evaluated in Southampton already if the local public health team had been given the go ahead six months ago.⁴ Funding for rapid rollout should include generous furlough to make isolation attractive for suspected contacts, particularly those who are poor, together with frequent retesting to allow early release. Efficient weekly screening requires a local population register of names and contact details to issue invitations, record results, and provide integrated rapid access to household members and contacts. If conducted by local public health authorities, which know their communities best, this would greatly improve the performance of test and trace arrangements and might restore normal life many months earlier than mass vaccination.⁵

Attacks on mass testing include the suggestion that the Helsinki Declaration or data protection legislation might be breached,⁶ which is as baseless and irrelevant as the claim in a recent *BMJ* editorial that PCR testing might miss 30% of coronavirus infections.⁷ The apparently noble principle that "nobody's freedom or behaviour should be made contingent on having had a novel rapid test"⁸ conflates a Trumpian trade-off between individual liberty and public health with the incorrect assumption that the false positive rate (0.6%, or virtually zero with a confirmatory PCR test) is a major problem with the lateral flow tests being used.

If this virus can be controlled by mass testing, the next pandemic, which might involve a far more dangerous new virus, could probably also be suppressed until a vaccine could be developed and distributed worldwide. Establishing the framework for population testing in a few cities and evaluating its impact on R during this epidemic should be prioritised for that reason alone.

Competing interests: None declared.

Full response at: <https://www.bmj.com/content/371/bmj.m4487/rr-0>.

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