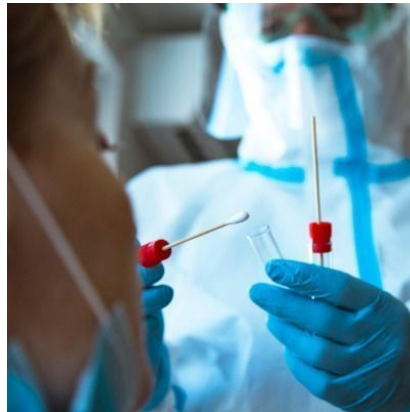




## Regular Testing of Healthcare Workers Not Recommended



Routine COVID-19 screening of hospital staff is unlikely to prevent transmission of the virus and might additionally burden the facility, a new study shows.

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With increasing COVID-19 testing capacity, asymptomatic surveillance is becoming widely adopted across various areas, including healthcare. A review recently published in *Infection Control & Hospital Epidemiology* assesses the risks of infection acquisition and transmission in healthcare professionals (HCP) and the consequences of routine testing of asymptomatic HCP.

The first parameter reviewed is the risk of HCP infection after exposure to occultly infected patients, which appears to be low due to rigorous infection-control measures usually implemented in healthcare facilities. In a reversed assessment of the risk of patient infection after exposure to asymptomatic HCP, only one study was reviewed, which estimated the risk at 0.4%.

Looking into the prevalence of asymptomatic infection among HCP, the authors note that some facilities have introduced testing of HCP without known exposures. The benefits of such screening programmes include detection of infection, which otherwise would not have been detected. However, as asymptomatic individuals demonstrate lower rate of attack than those with symptoms, the risk of transmission to patients in a healthcare setting is low, especially compared with that in the community. The authors also point to potential non-infection prevention benefits of asymptomatic testing of HCP, such as ease of access and reassurance. "This reassurance of a negative test, however, is short-lived and runs a risk of reducing compliance with necessary infection control procedures," they emphasise.

Another factor to consider is the risk of false positive results. Healthcare facilities need to decide if a positive result should be supported by additional assessment and base their decisions on the return-to-work and

exposure investigation policies.

In conclusion, the authors outline some practical considerations to any healthcare facility considering offering asymptomatic screening to staff. Specifically, the frequency of testing, the type of assay, the specimen type, and any pooling strategies all should be considered. It is also noted that instead of focussing on surveillance of 'high-risk' HCP it might be more effective to identify those with high community exposure. Alternatively, some facilities might focus on HCP who pose greater risk to patient populations in their care. The authors also urge to evaluate the direct and indirect cost of running an asymptomatic surveillance programme against available budgets.

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Published on : Sat, 30 Jan 2021