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PRIMARY COLOUR

Helen Salisbury: Why we still need to test for covid-19

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There are many situations in general practice where history and examination alone are enough to make a confident diagnosis without the need for investigations. We can diagnose menopause or mechanical low back pain without blood tests or scans, and we can often advise on the management of self-limiting minor complaints without ever knowing the exact cause. On other occasions, however, I really don't know what I'm dealing with until test results appear in my inbox.

It's been over a year since clinicians and researchers began calling for the UK government to widen the official list of symptoms of covid-19 beyond fever, continuous cough, and loss of taste and smell.^{1,2} That change has finally been made, just as widespread free testing ended, which is an odd coincidence. The UK's official list now acknowledges that the SARS-CoV-2 virus may cause many and varied symptoms, including fatigue, myalgia, headache, loss of appetite, vomiting, and diarrhoea.³ This is not news to those of us working in healthcare, but it may well be to the general public.

When people consult a GP with these non-specific symptoms it would be useful to know if they do have covid. Most of us remember being asked as junior doctors to justify investigations: "And how will the result change your management?" is a question that still rings in my ears. It's worth asking here. Firstly, if my patient is vulnerable or unvaccinated I'll need to follow them up proactively and possibly supply them with an oxygen saturation meter, as they may be at risk of deterioration. Secondly, if we have a diagnosis we can stop looking for other causes. Thirdly, patients need to know whether they should self-isolate to protect family, friends, and colleagues. They may also need proof of infection if they're one of the unlucky ones who develop long covid—1.7 million people in the UK at present, or 2.7% of the population.⁴ The final reason I need to test for any infectious disease is to inform the public health response (although, when it comes to covid, I'm not sure that we still have one).

With other infectious diseases I can order a test for my patients, but I can't do so for covid, and I have an eerie (and weary) sense of déjà vu.⁵ Since the end of widespread free testing on 1 April it's still possible for patients to request a test online if they've been advised to by their GP. As data from the Office for National Statistics suggest that one in 13 people in England currently has covid, I suspect that GPs around the country will be very busy giving them this advice.⁴

The solution would be to reverse the illogical decision to end free testing at a time when infection rates are

the highest they've ever been.⁴ Surely we haven't already spent all of the "eye watering" large sums of money that were set aside for this purpose?⁶

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