MASS SCREENING FOR ASYMPTOMATIC SARS-COV-2 INFECTION

UK still lacks a coherent and clearly articulated covid-19 strategy

Graham Winyard former deputy chief medical officer

Raffle and Gill shine an uncomfortable light on a major strand of UK government policy—mass screening for asymptomatic SARS-CoV-2 infection. Presumably there are convincing counter arguments or we would not be spending so much energy and money pursuing mass screening, but it is hard to identify them.

What is fundamentally concerning is that, more than a year into the pandemic, this is but one of many aspects of the government’s public health approach that is shrouded in controversy. We still lack a coherent and clearly articulated strategy that is securely based on public health principles and promoted from the heart of government. Instead, public debate is conducted by an assortment of distinguished advisers with different connections to the government’s Scientific Advisory Group for Emergencies and its subgroups, “speaking in a personal capacity,” whereas the chief medical officer and colleagues’ principal roles seem as adjuncts to Downing Street press conferences. There is little reason to believe that the new UK Health Security Agency will fill this gap.

In the early days, uncertainty and confusion were to be expected. Politicians cannot be controlled by their medical advisers, nor should they be. But even in the extraordinary environment of the Trump White House, Anthony Fauci and the National Institute of Allergy and Infectious Diseases made clear what ought to be done. The UK needs and deserves such evidence based clarity.

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1 Raffle AE, Gill M. Mass screening for asymptomatic SARS-CoV-2 infection. BMJ 2021;373:n1058. doi: 10.1136/bmj.n1058 pmid: 33910784
2 Scally G. A new public health body for the UK. BMJ 2021;373:n875. doi: 10.1136/bmj.n875 pmid: 33795215

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