Department of Health & Social Care

From the Rt Hon Sajid Javid MP
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Huw Merriman MP
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Dear Huw,

Thank you for your letter of the 11th August regarding international travel testing. It is incredibly important that we ensure that families can resume travelling abroad in growing numbers, whilst also ensuring the security of our borders against variants of concern and protect our population. That is why it is critical that people can access affordable tests, from a high quality and well-regulated market of testing providers. I would like to respond to the points you have raised in turn and set out the work we are doing to improve testing provision for people travelling abroad.

Overall, the purpose of international travel testing and quarantine is to reduce variant incursion and onward transmission.

- Pre-departure testing is designed to reduce the number of international / arriving passengers travelling whist infectious and therefore protect travel.
- Testing on or before day 2 is designed to provide variant surveillance and identify positive COVID-19 cases and imported infection.
- Testing on or after day 8 is designed to increase the efficacy of the 10-day quarantine period to a circa 14-day quarantine period, therefore enabling a shorter quarantine. It also identifies positive COVID-19 cases.

Modelling of end to end testing requirements shows that this regime identifies ~92% of infections. It is critical we continue to detect infections rapidly and maintain testing as part of our borders regime, though we will continue to keep the requirements under close review and make changes where appropriate – as we have done for vaccinated travellers from Amber-list countries.

Genomic Sequencing

It is extremely important that positive tests undergo genomic sequencing. Only positive tests which meet a certain threshold can be sequenced. Therefore, when the number of tests that lead to successful sequencing is taken as a proportion of the total number of tests taken, it will always seem small in comparison. This is because the majority of tests

will be negative, and then only positive tests which meet a threshold will be sequenced. However, whether or not a positive test can be successfully sequenced, the individual will be provided with a result which states that they have COVID-19 and are required to isolate.

Private providers are only allowed, by law, to provide tests to amber and green list arrivals. NHS Test and Trace provides all red list testing. The current genomic sequencing policy for private providers is that they must:

- Genomic sequence all positive day 2 tests with a cycle threshold less than 30 (equivalent to ~1,000 viral genome copies per millilitre)

From the 23rd August they will also be required to:

- Genomic sequence all positive day 8 tests with a cycle threshold less than 30 (equivalent to ~1,000 viral genome copies per millilitre)

As of 9 August 2021, the total number of positive private provider tests since the service started is 13,678. Of those 13,678 positive tests, we have notification of sequencing for 7,981 (58%). We would normally expect between 50-60% of positive test results to be suitable for sequencing, because not all samples will have sufficient genetic material (cycle threshold below 30) or other factors which impact sample quality.

A proportion of the ~13k positive results are Day 8 tests, and not currently required to be sequenced. Therefore, the percentage of positive Day 2 tests the private providers have sequenced may well be higher.

There is no differentiation, as such, as to the sequencing requirements for red, amber and green list arrivals. To date day 8 tests (amber and red) have not been sent for genomic sequencing but, this is being amended as of the 23 August to enhance variant surveillance.

The ability to sequence a test is dependent on the cycle threshold of the individual sample and other factors impacting sample quality, not the country of origin of the subject – therefore sequencing levels will vary from country to country, time period to time period, regardless of whether they are amber, green or red list.

PCR or Lateral Flow Devices

It is important that the right type and quality of test is used to assure our border security. The sample used for a lateral flow test cannot be genomic sequenced as viral genetic material that has been extracted using defined methods is required and is therefore not supportive of one of the key requirements of the international border testing programme, which is to complete variant surveillance.

A lateral flow device would need to be a supervised test, as otherwise, with self-reported tests, it would be incumbent on the individual to accurately report their result and would be more open to fraudulent behaviour.

A requirement to undertake a supervised lateral flow test would clearly be extremely inconvenient to an individual, particularly for foreign travellers, and may increase the costs of travel testing significantly over the current PCR-based model.

Requiring a confirmatory PCR after a positive LFD will extend the timeline to a result for individuals, potentially resulting in extending periods of isolation, and also exposes the individual to additional testing requirements, creating unnecessary complexity for travellers.

LFD performance is best at high viral loads; performance drops when used in highly vaccinated populations. The primary risk associated with LFD testing is that individuals taking part may receive false-negative test results and, rather than self-isolating, they pass on COVID-19 to their contacts. This risk can lead to local outbreaks and a rise in the incidence of COVID-19.

For all of the above reasons, PCR testing for international arrivals is the best option available for both the customer journey and public health.

Cost and quality of PCR testing provision

Ensuring that the tests available for international travel are affordable and high quality is extremely important. This is why I have asked the Competition and Markets Authority to undertake a review of this market and provide me with swift recommendations on how we can address any overpricing or misleading practices. I welcome your support of my request for this review, and I look forward to their findings and seeing what further improvements can be made in this area.

NHS T&T is also working hard on ensuring that private providers provide accurate pricing for their services and monitors these prices regularly, removing providers from the list or amending prices which are not accurate.

Over and above this, NHS T&T amend the cost of their own testing packages, to track the mid-point, or under, to benchmark and set a precedent for pricing. You may have noticed that over the weekend we announced with immediate effect that we are slashing the price of Day 2 and 8 tests from NHS T&T by a fifth. Therefore, currently, NHS T&T tests are £136 (day 2 and 8) and £68 (day 2 only).

I have also asked officials in my department to liaise with their HMRC counterparts on the subject of VAT, to explore how we can reduce the costs of tests further.

We have also worked to assure the security of individuals' information. Randox have informed NHS T&T that there is no personal identifiable information (PII) within the test package, so no there are no issues with the data protection of individuals.

UKAS Accreditation

It is also to assure the quality of this market that we introduced a mandatory requirement for commercial providers of these services to obtain UKAS Accreditation to defined ISO standards. Due to the timescales involved in attaining accreditation, there are a growing

number of providers now becoming fully accredited. To assure standards among those undergoing their accreditation journey, we introduced a three-stage process:

- Stage 1 – self declaration of minimum standards. UKAS will assess each provider's self-declaration form, and if UKAS is confident that these requirements are met will recommend to DHSC that the provider be added to the government's published list of providers.
- Stage 2 - Stage two of the registration process requires the provider to complete a gap analysis against the requirements for accreditation and provide information that demonstrates the minimum requirements have been met. UKAS will conduct an appraisal of this information to confirm that providers are progressing towards accreditation. This needs to be completed four weeks after they have completed stage one.
- Stage 3 - Once the UKAS appraisal stage has been completed, applicants will be able to progress to full UKAS accreditation. A positive recommendation for UKAS accreditation must be achieved by June 2021, or four months after providers have completed Stage 2 UKAS appraisal. Full UKAS accreditation must be achieved by 31st August 2021 or the date six months after the completion of Stage 2.

As more organisations become accredited, we will also consider whether displaying accreditation stage/status of the provider publicly will be beneficial.

I hope all of the above has answered all of your questions and provided assurance and clarity on the steps that the department is taking to ensure safe, affordable travel to England.

Yours ever,

RT HON SAJID JAVID MP