

## TRANSLATION

### REPORT #4 CA-COVID-19-OMC on massive diagnostic tests to populations

#### **CARRYING OUT SEROLOGICAL TESTS FOR COVID-19 TO THE ENTIRE POPULATION DOES NOT PROVIDE ANY HEALTH VALUE AND IS AN INEFFICIENT USE OF PUBLIC FUNDS**

Carrying out massive diagnostic tests to the entire population to detect the presence of antibodies to SARS-CoV-2 is **not recommended from a scientific and professional point of view**, for the following reasons:

1- Because the **epidemiological information** that it gives can be obtained with a population sample, avoiding that the inconvenience and costs multiply.

2- Because the **individual information** obtained can be misleading:

a) the presence of antibodies (**IgG +**) may not guarantee that individuals are **effectively immunized**, nor how long this immunity will last. In the case of "**False +**" individuals are totally susceptible to infection even though the result makes them believe that they have already had the disease and that they are protected.

b) When antibodies are not detected (**IgG-**), it does not mean that individuals have not had contact with the virus, or even that they are in the early stages of the disease. **Caution is necessary to know how this population interprets the negativity** of the antibody test, and to ensure that individuals maintain their self-protection behaviour against infection.

c) Moreover, the same test can be performed with **different techniques / technologies** that have different levels of sensitivity and specificity, and that are sometimes not comparable to each other (positive values for some techniques that give negative results for others). For this reason, the evaluation must be carried out by a **doctor in a specific clinical setting** based on a **laboratory report** that includes interpretative aspects.

3- Because carrying out massive diagnostic antibody tests, without **clinical judgment** to guide their performance, drastically reduces the positive predictive value of diagnostic tests, and overstates the effect of "False +" and "False -" .

4- Because the **adequate and effective use of public resources** is an obligation of political and institutional decision-makers. At the present time, there are significant deficits in health resources, particularly in **Primary Care, Epidemiology and Public Health, and Laboratory**; and all three are essential in order to identify cases, locate contacts, manage isolation, and monitor and support patients and their relatives. That would be an effective and efficient allocation of resources to improve the population health.

5- And, finally, because such actions generate **false expectations in the population** and tend to substitute the personal responsibility of each citizen for a classification of risks based on an analytical result that may have a questionable and even misleading value.

For all these reasons, **CGCOM is against massive diagnostic tests to populations**, and calls for the regional Public Health Directorates to make



prevail the **scientific perspective** against the demands of municipalities and neighbours, that although they are partially understandable by the existing uncertainty and fear, they are not rational or appropriate, and they do not add value from the perspective of Public Health.

This “do not do” recommendation could be extended to the workplace, where many companies are performing quick serological tests on all their employees. Also, at the present time and with the information available, the concept of “immune passport” is not recommended.

This recommendation could be re-evaluated and updated based on future changes in the prevalence of the disease, the improvement of diagnostic tests or in a better understanding of the immunity developed after infection.

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