17 August 2020

Dear Lewis,

As I indicated to you in my response to your question on testing contacts in the Scottish Parliament on 11 August 2020, the Scottish Government has been developing a revised COVID-19 Testing Strategy, reflecting the fact that scientists’ and clinicians’ understanding of the virus has and will continue to evolve.

The Scottish Government is therefore publishing its updated Testing Strategy today, setting out the role that testing continues to play in our approach to tackling coronavirus. A copy can be accessed via the following link:

https://www.gov.scot/isbn/9781839607790

The Strategy sets out our focus on five key areas of testing:

- whole population testing of anyone with symptoms (Test & Protect);
- proactive case finding by testing contacts and testing in outbreaks;
- protecting the vulnerable and preventing outbreaks in high risk settings by routine testing;
- testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart; and
- surveillance to understand the disease, track prevalence, understand transmission and monitor key sectors.
I am clear that to meet the challenge that the virus continues to pose, we must utilise a comprehensive set of public health measures of intelligence, anticipation, prevention, mitigation and response – no one intervention on its own will be sufficient. Our testing strategy is one fundamental component of this approach, as we work to drive the number of cases down to the lowest possible level.

One significant development that is contained within our Strategy is confirmation that all contacts of COVID-19 index cases will now be offered testing regardless of whether they have symptoms. At present, recent close contacts of those people with a positive test result, are asked to isolate for 14 days. While they will still have to do this, they will now also be advised to get a test, allowing for further contacts to be identified and potential, wider outbreaks contained.

It is also important to stress that our Strategy will not be set in stone and will continue to evolve and adapt in line with the different stages of the pandemic, as our understanding of the behaviour of the virus grows.

Finally, I can inform the Committee that from September 2020, Scotland will participate in the Office for National Statistics COVID-19 Infection Survey. This development represents the single biggest expansion to date of asymptomatic testing for surveillance purposes in the pandemic. In Scotland, the survey will see approximately 15,000 individuals tested – both those with and without symptoms – over a two-week rolling period, equating to approximately 9,000 households.

I hope that the Committee finds this material helpful and I will keep the Committee updated on any further developments to our approach to testing in due course.

JEANE FREEMAN