

ADVICE ON TESTING TO REDUCE THE RISK OF SARS-COV-2 TRANSMISSION IN CARS

RAG subgroep Testing – 15 March 2021

Cet avis a été présenté au RMG le 17 mars. Étant donné que les conditions optimales de la gestion des risques, telles qu'elles figurent dans l'avis du RAG, ne peuvent pas toujours être réunies, le RMG a décrit un certain nombre de conditions minimales qui doivent être respectées.

Pour plus d'informations, voir :

[https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/3.2_decision_rmg - transport des personnes fragiles vaccination.pdf](https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/3.2_decision_rmg_-_transport_des_personnes_fragiles_vaccination.pdf)

CONTEXT AND QUESTION

From mid-March onwards the vaccination of elderly people (>65 years old) living at home will start. The Flemish region is working with home nurses and non-medical volunteers who will transport those elderly who have difficulties in getting to the vaccination center on their own. They will use their own vehicle for this purpose (no plexiglass). Because the risk of transmission in a vehicle is high (closed space, little ventilation, usually longer than 15 minutes, conversations), even if all are wearing mouth masks, an advice was requested to the RAG if testing could be useful in this context.

The RAG testing therefore gave an advice on the risk of transmission during car transport and the possibility to mitigate it.

DISCUSSION

- Contacts in cars have previously been qualified as high-risk contacts¹. There is indeed a substantial risk of transmission, even if protective measures are correctly applied.
- Elderly or persons having chronic conditions are in particular a risk group for severe disease.
- The most efficient protection is to put in place a physical barrier (e.g.: Plexiglass) between the driver and the passenger in addition to hygiene measures (disinfection, hand wash, ...),

¹ See: https://covid-19.sciensano.be/sites/default/files/Covid19/20201126_Advice%20RAG_Varia%20questions%20on%20risk%20analysis%20Covid-19_final.pdf

protective measures (wear masks, ...), keeping distance (sit as far from each other as possible) and improving ventilation (open windows).

- The context fulfills the criteria established by the RAG Testing in which testing was considered useful².
- In such situation, it is useful to test the people transporting the people at risk (elderly, persons having chronic conditions) but not necessarily the people at risk.
- There are different testing options:
 - Repetitive (weekly) screening with an RT-PCR on saliva: is still the preferred strategy for repetitive testing. Is currently piloted in teachers with some logistical challenges.
 - Repetitive (weekly) screening with an RT-PCR on a combined nasal/oral swab (possibly self-administered): swabs might logistically be easier to collect than saliva. Non-supervised self-collection induces a risk of lesser compliance.
 - Repetitive screening with a rapid Ag test, preferably with a higher periodicity (twice a week) to compensate for the lower sensitivity of the rapid Ag test. Either on a provider-collected nasal/oral swab, or on a self-collected nasal/oral swab.

RECOMMENDATION

- It is recommended that transport of people, and especially of elderly people, is done by their close contact or in a car with a plexiglass separation, like is the rule for taxis.
- It is not recommended to deviate from this rule and if no other alternative can be found when circumstances require to do so, the risk can be mitigated by testing. In that event, it is recommended:
 - To propose to all people who will regularly transport people, and especially elderly people, such as for example people transporting elderly to and from a vaccination center, to be periodically tested.
 - Different testing options are acceptable:
 - Weekly self-collection of a spitted saliva or a gargled sample for testing with an RT-PCR.
 - Weekly collection of a combined nasal/oral swab for testing with an RT-PCR. The swab is preferably collected by health staff or self-collected under supervision of health staff, or collected at a testing center.

² See: [20201214_Advice_RAG_teststrategy_updateDecember_Nl.pdf \(sciensano.be\)](#) and [20201214_Advice_RAG_teststrategy_updateDecember_FR.pdf \(sciensano.be\)](#)

- Bi-weekly collection of a combined nasal/oral swab for testing with a rapid Ag test. The swab is preferably collected by health staff or self-collected under supervision of health staff, or collected at a testing center. The rapid Ag test is done by health staff or a testing center.
- Only antigen tests that are sufficiently validated and meet minimum requirements may be used. The specificity (compared to an RT-PCR) must be at least 97% and the sensitivity must be at least 95% in subjects with a high viral load ($\geq 10^5$ RNA copies/mL or Ct value < 25). These threshold values must be confirmed by at least three independent evaluations.
- All results of tests performed, or at least the positive ones, should be reported to the contact investigation centers through Health/data.
- All tests should be performed on prescription and under the responsibility of a physician.
- The persons performing rapid Ag tests must have received proper training.
- All conditions regarding sufficient space, necessary equipment and personal protective equipment must be fulfilled if testing with a rapid Ag test.
- All tests are voluntary. The driver chooses whether or not to take it. The contractors organizing the transport can decide if they want to employ only drivers who consent to test, or not.
- Drivers with a negative result can transport people in a car without physical barriers (e.g.: Plexiglas). All precautionary measures need nevertheless be maintained (hand hygiene, wear mask correctly, keep distance where possible, maximal ventilation, disinfection of surfaces...).

Les personnes suivantes ont participé à cet avis :

Emmanuel André (KU Leuven-NRC); Bénédicte Delaere (CHU-UCL Namur); Olivier Denis (CHU-UCL Namur); Laura Cornelissen (Sciensano); Marie Pierre Hayette (CHU-Liège); Yves Lafort (Sciensano); Barbara Legiest (ZG); Tinne Lernout (Sciensano); Pieter Libin (UHasselt); Romain Mahieu (COCOM); Elizaveta Padalko (UZGent); Sophie Quoilin (Sciensano); Olivier Vandenberg (LHUB-ULB); Ann Van den Bruel (KU Leuven); Dimitri Van der Linden (UCLouvain); Steven Van Gucht (Sciensano); Pieter Vermeersch (UZ-Leuven).