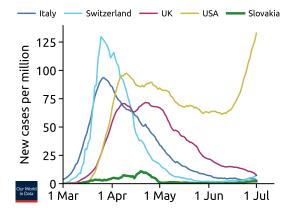
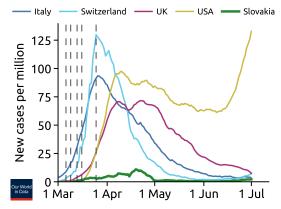
Effects of population-wide antigen testing in Slovakia

Matúš Medo

ISPM Monday Research Meeting, June 28, 2021

Department of Radiation Oncology, Inselspital Department for BioMedical Research, University of Bern





March 6: First confirmed case

March 9: Closing all schools in the capital region March 13: 14-day quarantine upon returning from abroad March 16: Non-essential stores closed March 25: Compulsory face masks in public



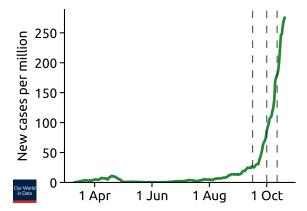
Joe Klamar / AFP / Getty (March 21, 2020)

Deaths per million until July 1, 2020

575
227
598
388
5

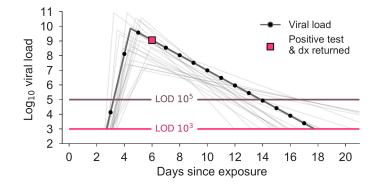
Our World in Data

COVID-19 and Slovakia until October 20, 2020

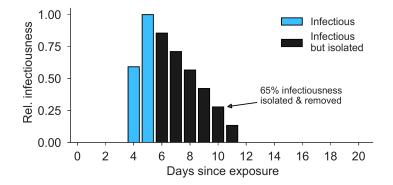


September 16: Plan to limit wedding guests to 30 cancelled October 1: Wedding receptions banned October 12: Closures of schools, restaurants, churches, etc. (*I*₁)

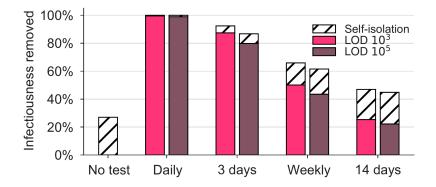
What to do?



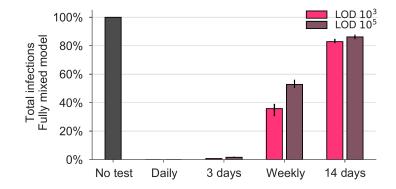
D. B. Larremore et al, Science Advances 7, eabd5393, 2021



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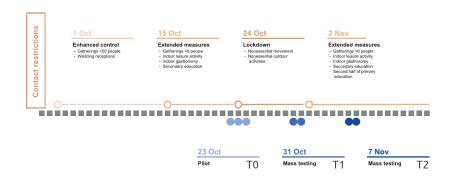


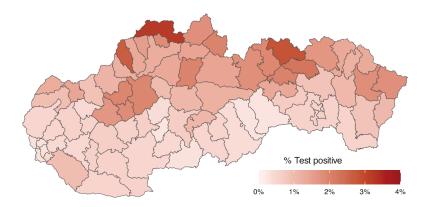




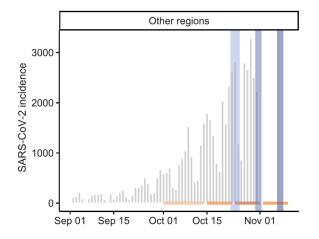
D. B. Larremore et al, Science Advances 7, eabd5393, 2021

Back to Slovakia: In October 2020, it was decided to employ a country-wide antigen testing (Operation Joint Responsibility)





M. Pavelka et al, Science 372, 635-641, 2021



M. Pavelka et al, Science 372, 635-641, 2021

• Age-eligible population:

• 10 to 65 years and older employed individuals

1. Not tested:

• 10 days quarantine

2. Tested positive:

 10 days quarantine (themselves, family members, self-traced contacts < 2 days)

3. Tested negative:

• "Ticket to freedom"

Huge effort, high participation (> 80% in each round)

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County	Pilot	Round 1	Round 2
Bardejov	3.25%	1.67%	0.83%

Test positivity in one county

Huge effort, high participation (> 80% in each round)

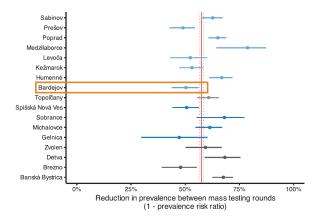
Test positivity in one countyCountyPilotRound 1Round 2Bardejov3.25%1.67%0.83%

Positivity reduction between Pilot and Round 1:

$$1 - 1.67/3.25 \approx 0.49$$

Positivity reduction between Round 1 and Round 2:

$$1 - 0.83/1.67 \approx 0.50$$



From the abstract: "Observed prevalence decreased by 58% (95% CI: 57–58%) within 1 week in the 45 counties that were subject to two rounds of mass testing."

This looks great but...

• "Observed prevalence" is test positivity, not prevalence

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The impact of population-wide rapid antigen testing on SARS-CoV-2 prevalence in Slovakia ↓ The impact of population-wide rapid antigen testing on positivity of rapid antigen testing

- "Observed prevalence" is test positivity, not prevalence
- Even if large, the **population samples were biased**:
 - 1. Individuals positive in T1 and their whole households were quarantined and skipped T2



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 - 2. After T1, people who suspected that they are positive could avoid T2 to prevent loss of income of the entire household



- "Observed prevalence" is test positivity, not prevalence
- Even if large, the **population samples were biased**:
 - 1. Individuals positive in T1 and their whole households were quarantined and skipped T2
 - 2. After T1, people who suspected that they are positive could avoid T2 to prevent loss of income of the entire household
 - 3. Residents from counties exempted from T2 who needed a negative test for commuting traveled to other counties



• Antigen testing was used both as an intervention and its efficacy measurement, other metrics were ignored

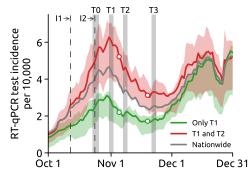
• Antigen testing was used both as an intervention and its efficacy measurement, other metrics were ignored

If one round would decrease prevalence by 58%, prevalence after three rounds should get as low as

$$(42\%)^3 \approx 8\%$$

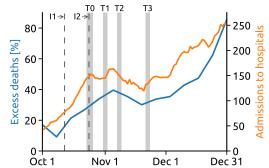
If the epidemic growth was 4.4% per day as before mass testing, it should take 60 days to get back

• Antigen testing was used both as an intervention and its efficacy measurement, other metrics were ignored



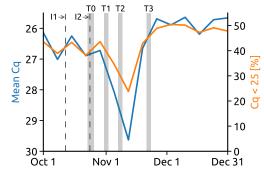
PCR incidence decrease in counties with T2: 40% PCR incidence decrease in counties without T2: 22%

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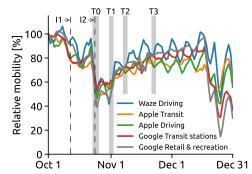
Hospital admissions decrease from the peak: 30% Excess deaths decrease from the peak: 24%

• Antigen testing was used both as an intervention and its efficacy measurement, other metrics were ignored



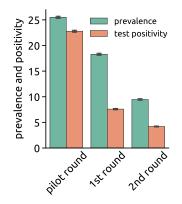
Drop of the average viral load for two weeks only The fraction of tests with high viral load too

• Antigen testing was used both as an intervention and its efficacy measurement, other metrics were ignored



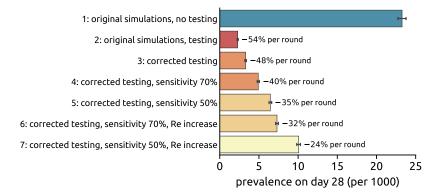
Mobility steadily increased after T1 (partly design, partly expectations)

Problems with Pavelka et al: Computational model...



Test positivity decrease between Pilot and Round 1: 67% Prevalence decrease between Pilot and Round 1: 28%

Problems with Pavelka et al: Computational model...



In summary

- One round of mass antigen testing reduced SARS-CoV-2 prevalence not by 58% but by 20-30%
- Despite several testing rounds, the rebound was quick:
 - Hospital admissions started to rise two weeks after T2
 - 4-month lockdown from January 2021
 - Most reported COVID deaths per capita in February 2021

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- Mass antigen testing can be useful in high prevalence regions
 - But you actually do not want to get to that point
- What does it tell us about how well science works at the time of an emergency?

Thank you for your attention!

Joint work with Martin Šuster, Katarína Boďová, Alexandra Bražinová, Broňa Brejová, Richard Kollár, Vladimír Leksa, Jana Lindbloom, Jozef Nosek, Veda pomáha COVID-19, Tomáš Vinař Full article: https://arxiv.org/abs/2105.13633 http://www.ddp.fmph.uniba.sk/~medo/physics/

matus.medo@unifr.ch

- October 12 (I1): limiting social contacts (closures of schools, restaurants, cultural venues, churches, etc.), mandatory masks outdoors
- October 24 (I2): nation-wide "stay-at-home" order
- October 23-25 (T0): pilot mass testing in four most-affected counties
- October 31-November 1 (T1): nation-wide first round of mass testing
- November 7-8 (T2): second round of mass testing in 45 counties (out of 80) with positivity at least 0.7%
- November 21-22 (T3): third round of mass testing in 447 municipalities with positivity at least 1% in T1 or T2

Figure 3B from Pavelka et al

