

Rapid COVID-19 Testing Was Necessary From The Beginning

In December of 2019 news cycles began to pick up stories of a mysterious respiratory virus that had begun spreading in China. By January 2020 other countries began reporting cases of the same virus that came to be known as COVID-19. Cases around the world began rising, hospitals were reaching capacity by mid-March in some countries, and the death tolls were beginning to ascend globally due to the rapid spread. With an overwhelmed regulatory pipeline and divergent opinions on testing methodologies and frameworks, thousands of lives were lost due to an uncoordinated and disorganized response.

In the early months of the pandemic prior to multiple shutdowns around the globe, the FDA authorized the development of COVID-19 testing to be manufactured by existing diagnostic test-makers. This decision limited the number of tests available for the general public. The virus, at the time, was a looming mystery many health experts and scientists were still trying to unravel. Eventually, the FDA reversed its restrictive regulations allowing more tests to be produced outside of diagnostic facilities, but the virus had already spread across multiple countries.

Had rapid COVID-19 testing been approved earlier, there is a chance the spread would have been contained sooner. Near immediate results with rapid antigen tests meant those who were infected, especially asymptomatic carriers, would have known to quarantine and limit their contact with others. Infected individuals would also have been able to alert anyone with whom they were in close quarters to their infection status, effectively cutting through the spiderweb of person-to-person infection.

Rapid COVID-19 testing would not have blocked the virus from spreading completely but it is possible that health experts would have been able to trace and control the spread at a far quicker rate. Instead, people who were not even aware they were infected due to the inability to get tested in the early months of the pandemic continued to interact with other people. Had routine testing become available, the positive effects in stopping the spread might have been drastic.

Take for example the routine rapid testing implemented twice a week for Premier League members. The PL returned in August of 2020 with rigid COVID-19 protocols to ensure the safety of team members and staff. Each team was given eighty rapid tests in order to perform twice-weekly COVID-19 testing on their set of 40 staff routinely. Any members who tested positive were able to immediately quarantine and have their positions filled while they were out. Implementing routine COVID-19 testing for the latter half of 2020 kept the PL organization from shutting down due to high infection rates. The season continued without a hitch and they are now down to a weekly rapid test for all staff and players.

The unknown is what made COVID-19 dangerous at the beginning of the pandemic. That reason alone became one of the driving forces behind public health experts pressuring the FDA

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to approve at-home rapid testing and rapid testing for the general public. The disease was new and riddled with uncertainties. Nobody knew how it spread, where it originated from, or how sick people would get from the virus. Thousands of people died from COVID-19 complications. Overcrowding stretched healthcare workers and their supplies thin. Hospitals ran out of ventilators. PPE was in short supply in hospitals which weakened the barrier between infected patients and the doctors caring for them.

By the time large amounts of PCR tests were available it was too late. The shutdowns beginning in March extended through the summer. Schools closed their campuses, relegating students from kindergarten to seniors in college to at-home e-learning. Businesses shuttered. Field hospitals began popping up to handle the overcrowded ICU wards caring for patients suffering from extreme COVID-19 symptoms. As of now, there have been 3.78 million COVID-19 deaths globally.

In the summer of 2020, the general public in many parts of the world was able to receive a COVID-19 test via outdoor testing sites. Lines of cars wrapped around parking lots left people sitting for over two hours in some cases waiting to get swabbed. PCR test results can take anywhere from a few days to a week to get back due to their time-intensive process and the high volume of samples needing to be tested. There were test shortages in the early stages of the rollout. Not everyone was able to find a testing center near them or they did not have the time to travel to the nearest testing facility. Issues with testing plans appeared in almost every country and governments and public health officials scrambled to find solutions.

It wasn't until August that healthcare facilities were able to acquire rapid antigen tests despite the applied science and development of the test being available months prior. Rapid testing became available but only for individuals at doctor's offices, emergency rooms, and some school settings. Individuals had to have symptoms of COVID-19 a few days prior to the testing. The limited practice helped people who were already suspected to have COVID-19 but did nothing for asymptomatic carriers. It wasn't until May of 2021, over a full year into the pandemic, the FDA approved at-home rapid COVID-19 testing kits to be purchased at local pharmacies.

Frontline workers and health experts who have watched the pandemic unfold as countries and governments scrambled to find a solution are urging the public not to forget about testing despite vaccine rollouts. The current vaccine options do not make individuals immune to the virus. The vaccine's purpose is to lower the chance of death or extreme symptoms if an individual becomes infected. Vaccinated individuals can still spread the virus to others. Rapid antigen testing and at-home rapid testing kits will remain important tools in returning to the world we knew before 2020.

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