Weekly update from Simon de Lusignan, **@Lusignan_S**

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# Plan B Ends… What's *Our* Plan?

**Ending of Plan B Restrictions makes our disease surveillance and sampling more important than ever!**

With the end of "Plan B pandemic restrictions" the data coming from our network has become even more important.

This is because alongside removing these measures there is going to be a shift away from "PCR" virology laboratory analysed specimens to the cheaper and more convenient lateral flow tests.

**Two ways our fantastic general practice network contributes to surveillance are:**

**1: Coding Data**
It's really important to code what you think, on the balance of probabilities, the disease the patient has – e.g. Influenza like illness, URTI etc. Our mantra is "Coding is Caring"
https://www.bmj.com/content/373/bmj.n1262.long

**2: Taking Samples**
Around 400 of our practices collect specimens – swabs and/or an extra blood bottle when people attend for blood tests. We need more practices to collect a greater number of samples. If you are a sampling practice please can you make every effort to collect more samples.
***Sampling will be continuing all year round.*** More details about our schemes are below:

**Virology swab sampling.**

We have two virology swab sampling schemes:

(1) Online request system so patients are sent virology swabs to their home

**Serology (an extra blood bottle) sampling.**

When people come for a blood test they are asked for an additional bottle of blood. Verbal consent is fine. These are then sent to a UK Health Security Agency (UKHSA) seroepidemiology unit.

(2) In-surgery testing / handing out of kits. Practices are asked to collect up to two specimens per half-day they are open if they see people with influenza-like-illness, plausible COVID-19 or in the under 5 years old acute bronchitis. The illness must have started in the last 10 days.

***As "PCR" Nightingale laboratories are run down these tests will be essential for identifying the circulating COVID-19 strain.***

Lateral flow tests (LFTs) don't give you this information.

***Antibody tests inform about levels of population immunity. Data are used to make decisions about if or when boosters are required.***

This work will go on through to April 2023.
It is really important to know if any age-bands or risk groups are likely to need boosters prior to next winter. Patients are very happy to contribute.

A text message to those who have booked a blood test, that invites them to volunteer and is linked to our patient information sheet (Patient Information Sheet for General Serology Surveillance 2021/22), really improves uptake.

Practices are paid for undertaking both these types of sampling – payment is per specimen collected. Importantly, these data contribute to national policy about vaccine effectiveness and when boosters will be needed.

## ClinT of the Week!

**Remember - *Coding is caring!***

For patients with ongoing symptoms 3 months after acute COVID-19 infection, please use:

*Post-COVID-19 syndrome (disorder) SCTID: 1325161000000102*

*Please also code the date of resolution of symptoms using:*

*Post-COVID-19 syndrome resolved (finding) SCTID: 1326351000000108*


## Publication of the Week:

JOURNAL OF INFECTION

An example of our work including serology and vaccine effectiveness data was recently published in the journal of infection:

*'Pfizer-BioNTech and Oxford AstraZeneca COVID-19 vaccine effectiveness and immune response among individuals in clinical risk groups.'*

www.journalofinfection.com/article/S0163-4453(21)00664-2/fulltext