

The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

By email

07 April 2020

Dear Mr Hancock

COVID-19 – UK guidance on self-isolation

We, the undersigned, are concerned with regards to the discrepancy between UK and WHO guidance on the period of self-isolation following symptom onset and/or lab diagnosis with SARS-CoV-2, as well as the guidance on symptoms requiring self-isolation.

Current UK guidance recommends seven days of self-isolation from symptom onset; the WHO recommends 14 days of self-isolation after symptom resolution.

NHS England guidelines state: “If you have symptoms of coronavirus infection.... do not leave the house for 7 days from when your symptoms started.”

The WHO recommendations state: “For mild laboratory-confirmed patients who are cared for at home, to be released from home isolation, cases must test negative using PCR testing twice from samples collected at least 24 hours apart. Where testing is not possible, WHO recommends that confirmed patients remain isolated for an additional two weeks after symptoms resolve.”

The available literature is suggestive of a risk of infection beyond seven days from symptom onset. This has been reported to range from day 10 of symptoms¹ to up to 24 days after symptom onset.² A study published in The Lancet found the longest observed duration of viral shedding to be 37 days after symptoms onset in one participant.³ We therefore wish to know the rationale behind the UK’s seven day self-isolation guidance, and whether there are plans for PCR testing to be used to determine when individuals can leave self-isolation. PCR testing is available across numerous public, private and academic institutions in the UK. We appreciate the logistical and administrative hurdles that must be overcome to utilise these facilities, along with the global supply chain issues. However, given the importance of PCR testing as a key element in the strategy to navigate away from the need for further enforced lockdowns, we request more granular detail on your five pillar plan, specifically with regards to PCR testing capacity including how much of the 100k target will be PCR tests (given that we need PCR, rather than serological-based testing for the ‘test and trace’ approach).

¹ <https://www.nature.com/articles/s41586-020-2196-x>

² <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-Discharge-criteria.pdf>


³ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

We are also concerned about the narrow spectrum of symptoms the UK is using as an indication for self-isolation. Initial data demonstrate that other common symptoms include sore throat, fatigue, shortness of breath, and myalgia and we are aware that other countries are using a broader range of symptoms for self-isolation.

We therefore request that the evidence base informing the UK government strategy on self-isolation (both symptoms requiring self-isolation and length of time for self-isolation) be made publicly available, and that more granular detail be provided on your five pillar plan, specifically with regards to PCR testing.

We look forward to your reply.

Yours sincerely



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