



UK Health  
Security  
Agency

# **Weekly statistics for rapid asymptomatic testing (England)**

**30 September to 6 October 2021**

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## Main points for the latest week

### Lateral Flow Device (LFD) and Polymerase Chain Reaction (PCR) tests conducted in pillar 2 (virus testing for the wider population)

Over 4 million LFD tests were conducted, a 6.2% decrease from the previous week.

Over 1.7 million PCR tests were conducted, a 0.3% increase from the previous week.

### Confirmatory PCRs

For self-reported LFD positives that were matched to a confirmatory PCR, 82% were confirmed positive by a subsequent PCR.

For assisted LFD positives that were matched to a confirmatory PCR, 80% were confirmed positive by a subsequent PCR.

### LFDs in education, England

465,682 LFD tests were conducted within primary schools and nurseries, a 6.4% decrease from the previous week.

994,364 LFD tests were conducted within secondary schools and colleges, a 9.5% decrease from the previous week.

### LFDs and PCRs in care homes, England

524,053 LFD tests were reported in care homes, a 1.5% decrease since the previous week.

454,875 PCR tests were reported in care homes, a 2.9% increase from the previous week.

### LFDs tests taken by NHS staff, England

In the week ending 6 October, 91,667 LFD tests were reported by NHS primary care staff, a 2.7% decrease from the previous week.

In the week ending 6 October, 25,245 tests were reported by other NHS employees, a 0.7% decrease from the previous week.

In the week ending 29 September, 251,851 LFD tests were reported by staff in NHS Trusts, a 1.5% decrease from the previous week.

Note: Figures for testing in higher education have not been updated this week due to a data quality issue identified between 20 May 2021 to 6 October 2021. This does not affect the higher education figures published before 2 September 2021. The updated figures will be published in future releases once the issue has been resolved.

## Introduction

This statistical publication provides information on rapid testing for people without coronavirus (COVID-19) symptoms in England. This includes:

- the number of LFD tests and confirmatory PCR tests conducted by test result
- the number of LFD tests and confirmatory PCR tests conducted linked to education settings
- the number of LFD and PCR tests conducted in care homes
- the number of LFD tests conducted by NHS staff
- the number of LFD tests conducted in private and public sector workplaces

This publication focuses on rapid testing using lateral flow device (LFD) tests. However polymerase chain reaction (PCR) tests are included where appropriate, either for comparison or where regular asymptomatic PCR testing is used. All data used in the report can be found in the 'Tests conducted' data tables on the [weekly collection page](#). This includes information on both LFD and PCR tests at lower tier local authority level.

The data in this release can be used to:

- determine the effectiveness of UKHSA Test and Trace in the expansion of rapid asymptomatic testing
- monitor the levels of testing and positive test results amongst various settings such as in education, care homes and by NHS staff

This data should not be used to:

- calculate the prevalence of COVID-19 in the wider population
- calculate case positivity rates, the reasons for which are explained in the [About this data](#) section
- assess the effectiveness of the testing types used in England
- compare the mass testing programmes across nations

PCR and LFD case positivity rates are published within [National flu and COVID-19 surveillance reports](#) and PCR positivity rates are also published on the [Coronavirus in the UK dashboard](#). Further information on prevalence and positivity rate can be found in the [Coronavirus \(COVID-19\) Infection Survey](#).

The figures in this report include LFD tests which were registered through the National Testing Programme digital infrastructure. They also now include the number of tests reported by secondary care NHS staff which were registered via a different route.

See the [About this data](#) section for more information.

# Background

## Types of tests

### PCR tests

PCR tests check for the genetic material of the coronavirus in the sample, which is taken using a swab and is processed in a lab via a polymerase chain reaction (PCR). This type of test is predominantly used:

- for anyone who has symptoms
- to confirm a positive LFD test result
- for regular asymptomatic testing in social care

### Lateral flow device tests

LFD tests, often referred to as rapid tests, test for the presence of proteins called 'antigens' which are produced by the virus. They are swab tests that give results in 30 minutes or less, without the need for processing in a laboratory. These tests are primarily used for those who do not have symptoms.

From 21 October 2020, LFD tests were made available in limited capacity except where rapid testing pilots were conducted. Since then, their availability has expanded, initially to a broader range of settings and from 9 April 2021 to everyone in England.

Prior to 27 January 2021, if an individual received a positive LFD test result, they were routinely asked to take a PCR test to confirm this. Between 27 January and 29 March 2021, confirmatory PCR was suspended, except for those self-reporting their test result and for some other use cases such as testing for cross-channel hauliers. From 30 March 2021, confirmatory PCR testing was reinstated for all positive LFD tests, taking into account the lower prevalence of COVID-19 and the benefits of PCR testing for detecting variants of concern.

### Rapid testing for people without symptoms

Rapid testing using LFD tests is currently being offered to people who do not have symptoms, in a range of different settings such as education providers, care homes and workplaces. In addition, anyone in England can now obtain LFD tests for the purposes of regular asymptomatic testing; see [regular rapid coronavirus tests if you do not have](#) symptoms for more information.

Some LFD testing is carried out at asymptomatic test sites, in a range of settings such as universities, schools, care homes and workplaces. They are also set up by local authorities as part of the [community testing programme](#). Testing at these sites is assisted: a person will take a swab test under the supervision of a trained operator who then processes the test and reads and records the result.

Most LFD testing is now carried out entirely by individuals themselves (that is an individual takes their own test, unassisted, and reports their own result). For more information see [understanding lateral flow tests for people without symptoms](#).

## LFD tests conducted<sup>1</sup>, England<sup>2</sup>

In the week beginning 19 August, over 3.2 million LFD tests were conducted and since then the number of LFD tests conducted rose sharply to just over 6.0 million LFD tests in the week ending 8 September following the start of the academic year in schools and colleges. Following that peak, the number of LFD tests conducted and reported decreased sharply.

The number of LFD tests conducted has decreased to 4,041,261 in the latest week (30 September to 6 October) compared with 4,306,457 tests in the previous week. Of the LFD tests conducted and reported in the latest week, 54,823 tests returned a positive result, an increase from 53,441 tests in the previous week (23 to 29 September), and in the same period 3,982,728 tests returned a negative result, a decrease from 4,249,120 tests in the previous week. Since LFD tests were introduced, 959,477 positive results and 164,272,072 negative results have been reported.

In comparison, 1,784,442 PCR tests were conducted in the latest week (30 September to 6 October), which is an increase from 1,779,579 tests in the previous week. In the latest week, 192,277 PCR tests were returned positive in comparison with 186,904 positive tests in the previous week. This is an increase of 5,373 positive tests from the previous week.

PCR and LFD tests have different uses and are therefore applied in different situations (see the [Types of tests](#) section above for more information). The primary purpose of rapid LFD testing is to identify people with COVID-19 who do not have symptoms. As the number of LFD tests conducted increases, more asymptomatic positive cases are identified earlier and therefore they are less likely to transmit the virus to their contacts.

The total number of LFD tests conducted and reported does not include tests taken by staff in NHS trusts as they report via a different route.

These figures are reported separately in the section for tests conducted by staff in NHS trusts and have an additional week's time lag (because they are collated weekly by trusts). The data therefore cannot be combined on a weekly basis to give an overall total number of LFD tests conducted.

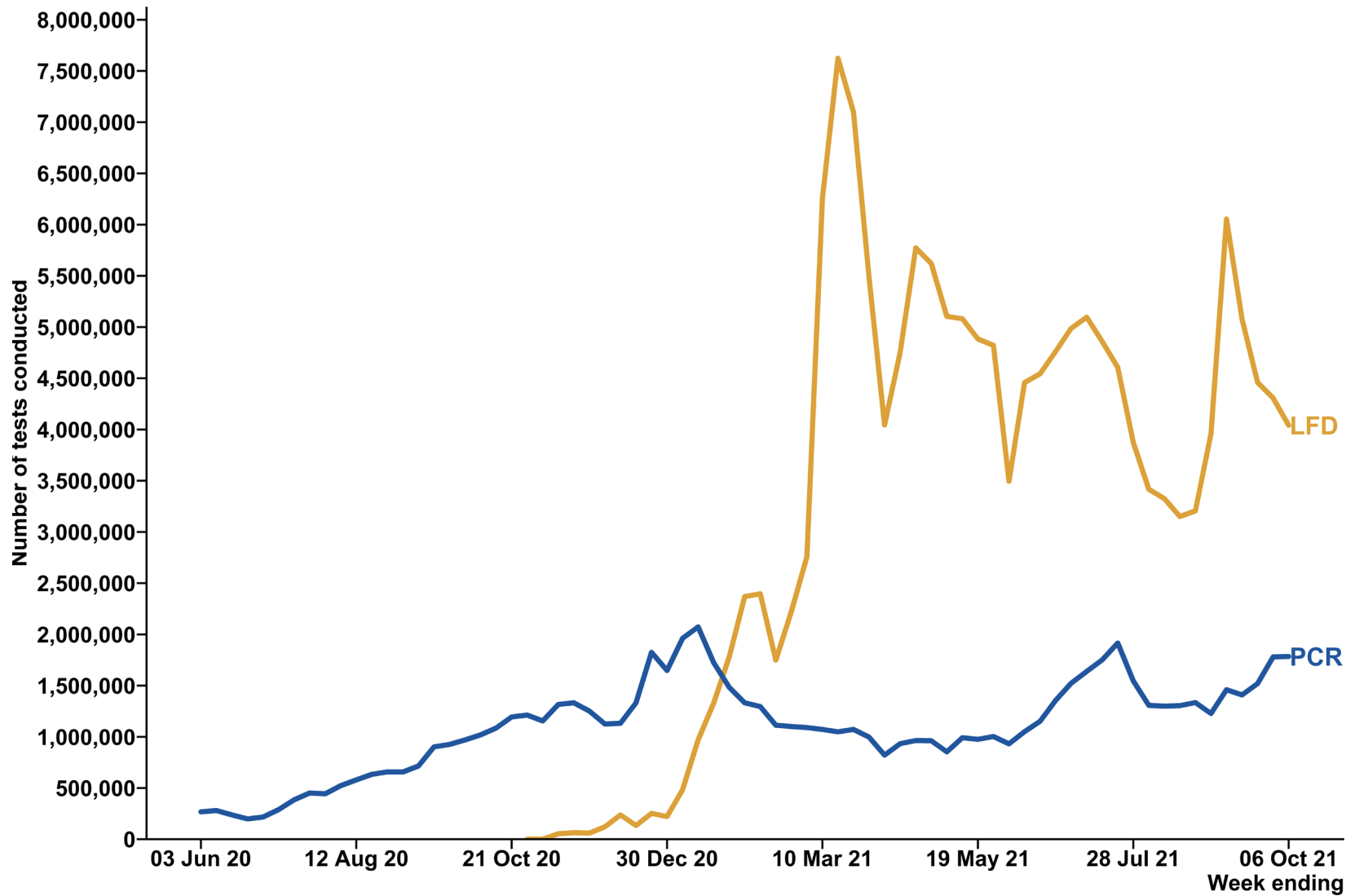
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<sup>1</sup> Total LFD tests conducted may be under reported in the period covering 21 to 30 July 2021 inclusive due to a minor data quality issue affects around 1% of tests conducted during those periods. Work is underway to ensure this is resolved as soon as possible. If you are using this data including these periods, please be aware the associated totals may be affected by this data quality issue.

<sup>2</sup> Counts of LFD tests conducted do not include tests which weren't reported through the National Testing Programme digital infrastructure. The majority of those not included are tests taken by staff in NHS trusts which are reported separately in the publication.



Figure 1. Number of LFD and PCR tests conducted, England



This data can be found in the 'table\_1' and 'table\_3' tabs of the 'Tests conducted: 28 May 2020 to 6 October 2021 data tables' on the [weekly collection page](#).

## Confirmatory PCR tests

In the latest week ending 6 October, 572 positive LFD test results were reported from an asymptomatic test site, of which 432 were matched to a confirmatory PCR test<sup>3</sup>. Of those 432 matched PCR tests, 345 (80%) were positive. For self-reported LFD tests, 54,251 positive test results were reported, of which 44,713 were matched to a confirmatory PCR test. Of those 44,713 matched PCR tests, 36,652 (82%) were positive. The remaining PCR tests were negative or void, however there are multiple reasons why an LFD test result and a PCR test result might differ. For more information on why an LFD test result and a PCR test result might differ see [UKHSA Test and Trace statistics methodology](#).

Since 9 April 2021, LFD tests have been made available to everyone, and anyone who receives a positive test result is advised to take a confirmatory PCR test. Historically, LFD testing was provided only in specific settings, with differences in the groups of individuals tested and the frequency of testing. The confirmatory PCR rate is likely to differ across these various LFD test settings and we intend to publish more information on this in the future.

Figures for confirmatory PCR tests taken after a positive LFD test result at an asymptomatic test site (assisted) are also published in the accompanying data tables.

There are a number of possible reasons why the results of the initial LFD and the confirmatory PCR may be different:

- issues in correctly reading or recording the result for LFDs, leading to reporting a positive result when it was negative
- the initial LFD may have incorrectly returned a positive result, which occurs in less than 1 in 1,000 tests
- the confirmatory PCR may have incorrectly returned a negative result which can occur if the sampling technique was poor. More information on false negatives in PCR testing can be found here: [GOS: Impact of false positives and negatives](#)
- the time delay between the taking of the 2 tests means that it is possible for an individual to have correctly tested positive when they took the LFD and then correctly negative when they took the PCR

Of all the confirmatory PCRs identified for self-reported LFDs, 85% were taken within one day of the LFD test meaning this is unlikely to be the reason for the negative confirmatory PCR test.

The data presented here is in line with previously published analysis [Lateral flow device specificity in phase 4](#) by UKHSA Test and Trace, which shows LFD tests have a specificity of at least 99.9%. The findings on specificity, which is a measure of how good the test is at detecting true negative cases, show that for every 1,000 lateral flow tests carried out, there is fewer than

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<sup>3</sup> The number of LFD tests not matched to a confirmatory PCR test include those where a confirmatory PCR test was not taken within 3 days of the LFD test, or where the LFD test could not be matched to a PCR test in the data.

one false positive result. The number of false positives as a proportion of all positive results varies depending on the prevalence of COVID-19 within the populations being tested – the higher the level of prevalence, the lower the probability that a positive result will be a false positive. For more technical information on LFD tests and false positives see [UKHSA Test and Trace statistics methodology](#).

## LFD tests conducted as part of testing in education, England

The rapid testing operation has been rolled out differently across the different education settings, as summarised in the table below. For more information see the [UKHSA Test and Trace statistics methodology](#).

Academic setting	Testing started	Frequency	Group tested
Primary schools and nurseries	18 January 2021	Twice a week	Staff
	1 March 2021	Twice a week	Households and bubbles of staff and students
Secondary schools and colleges	4 January 2021	Once a week then increased to twice a week	Staff and students*
	8 March 2021	Three tests on return (spaced 3 to 5 days apart) then twice a week	Students
	1 March 2021	Twice a week	Households and bubbles of staff and students
Higher education	27 November 2020	Twice before leaving and twice on return	Staff and students
	25 January 2021	Twice a week	Staff and students

\* Students in this time period only included children of critical workers and those in vulnerable groups who were currently attending school.

Between 27 January and 30 March 2021, staff, students, household bubbles and support bubbles who tested positive after using a home LFD test kit were required to take a confirmatory PCR test, and those who tested positive from an LFD test taken at an on-site test centre did not.

From 30 March 2021, the requirement to take a confirmatory PCR test was reinstated for all positive LFD tests. For more information on the testing methods for the different phases of education see the [UKHSA Test and Trace statistics methodology](#).

All secondary school pupils should receive 2 on-site LFD tests, 3 to 5 days apart, on their return in the autumn term. Students as well as staff should then continue to test twice weekly at home until the end of September, when this will be reviewed. For more information on testing in schools the different phases of education see the [Schools COVID-19 operational guidance](#).

For higher education, on arrival at university, students are advised to take 2 LFD tests (3 to 4 days apart) using home test kits or at an on-site testing facility. This is to reduce the risk of transmission following the movement of students across the country. Students and staff should test twice each week using home test kits or at an on-site testing facility until the end of September, when this will be reviewed. For information on testing in higher education please see the [Higher education COVID-19 operational guidance](#).

## LFD testing in primary schools and nurseries

The number of LFD tests conducted within primary schools and nurseries was under 200,000 in the week ending 25 August and since then the number of LFD tests conducted increased rapidly with the start of the academic year. In the latest week ending 6 October, the number of tests conducted decreased to 465,682 compared with 497,484 tests in the previous week. 6,153 positive test results were returned in the latest week within primary schools and nurseries, an increase from 6,028 positive results in the previous week.

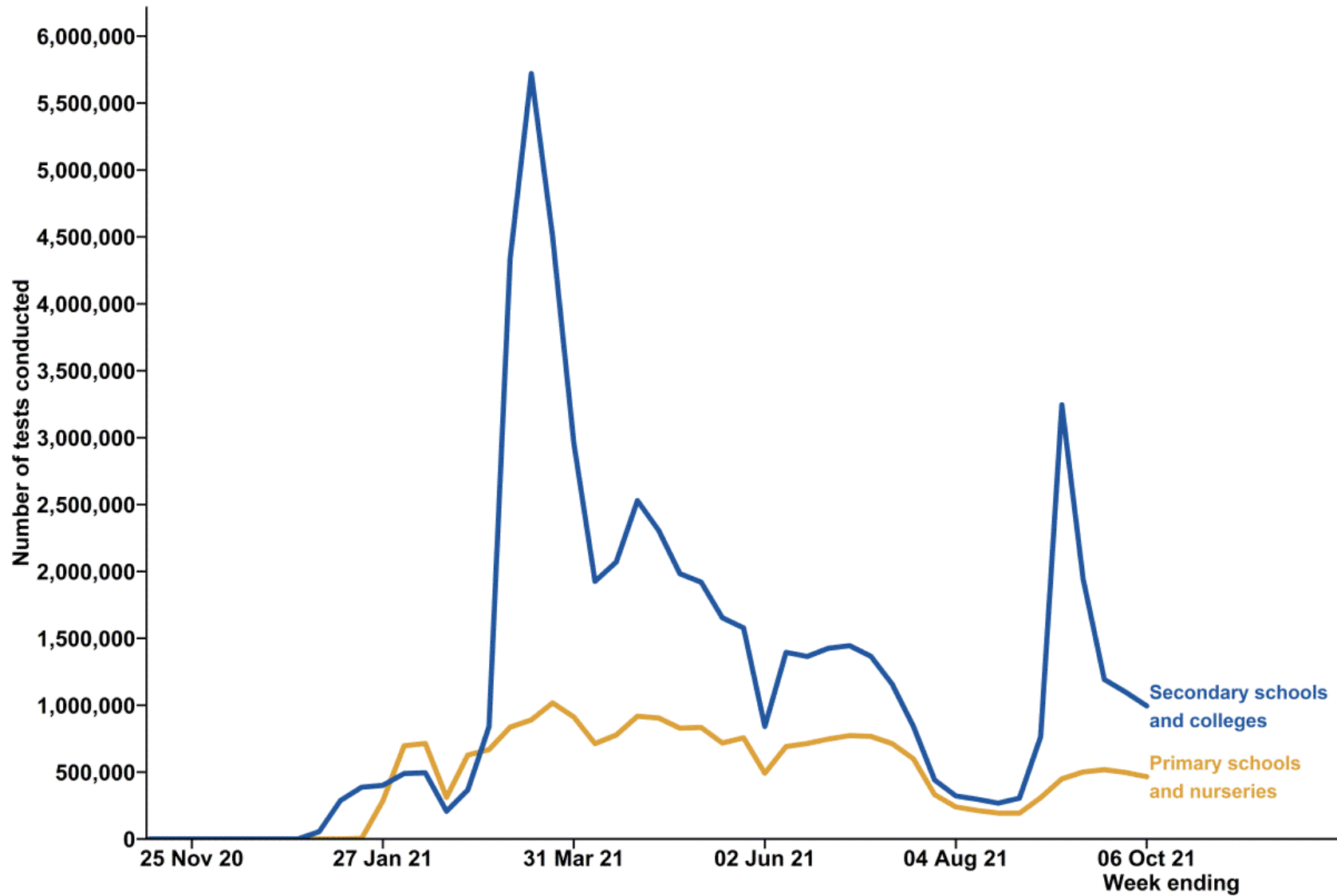
## LFD testing in secondary schools and colleges

Similarly, within secondary schools and colleges, the number of LFD tests conducted was just over 300,000 in the week ending 25 August. At the start of the 2021 academic year the number of LFD tests conducted increased sharply, peaking at just over 3.2 million in the week ending 8 September, as secondary school and college students started taking 2 tests on their return to school. Following that peak, the number of LFD tests conducted within secondary schools and colleges decreased sharply. In the latest week (30 September to 6 October), the number of tests conducted within secondary schools and colleges decreased to 994,364 compared with 1,098,642 in the previous week. The number of positive test results decreased in the latest week to 24,195 compared with 24,354 in the previous week.

The total number of LFD tests taken in secondary schools and colleges includes tests not registered. The full breakdown of tests registered and not registered in secondary schools and colleges is available in 'table\_7' of the 'Tests conducted: 28 May 2020 to 6 October 2021 data tables' on the [weekly collection page](#).

The number of positive test results is not published as a proportion of the total tests conducted due to the data quality. See the [Data quality](#) section for more information. In addition, because there are differences in the testing operation between the different phases of education, they cannot be directly compared.

**Figure 2. Number of LFD tests conducted in education, by phase of education, England**



This data can be found in the 'table\_7' tab of the 'Tests conducted: 28 May 2020 to 6 October 2021 data tables' on the [weekly collection page](#).

## LFD tests conducted and confirmatory PCR tests by secondary school students

Upon their return to school from 8 March, secondary school students were tested for COVID-19 at school-specific asymptomatic test sites (assisted), with each student asked to take 3 tests spaced 3 to 5 days apart. Those students who received a positive LFD test result were not asked to take a confirmatory PCR test. After these first 3 tests, students begin twice weekly LFD testing at home (self-reported), for which they are advised to take a confirmatory PCR test within 2 days if they receive a positive result.

In the latest week ending 6 October, 548,660 LFD tests were taken by students in secondary schools which is a decrease from 614,645 tests in the previous week. Of these 27,295 tests were assisted at a test site and 521,365 tests were self-reported.

In the latest week ending 6 October, 18,380 positive LFD tests were received by secondary school students, of which 187 were assisted at a test site and 18,193 were self-reported<sup>4</sup>. Of those which were self-reported, 15,750 were matched to a confirmatory PCR test<sup>5</sup> and 13,212 (84%) received a subsequent positive PCR test result, the remaining 2,538 (16%) were negative or void.

## LFD tests conducted and confirmatory PCR tests by staff in schools

In the latest week ending 6 October, 574,820 LFD tests were taken by staff in schools, which is a decrease from 613,350 tests in the previous week. Of these, 1,345 tests were assisted at a test site and 573,475 tests were self-reported.

In the latest week ending 6 October, 4,564 self-reported positive LFD tests were received by school staff<sup>6</sup>. Of those which were self-reported, 3,916 were matched to a confirmatory PCR test<sup>7</sup> and 3,007 (77%) received a subsequent positive PCR test result, the remaining 909 (23%) were negative or void.

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<sup>4</sup> The number positive LFD tests returned by secondary school students published by whether they were self-reported or assisted at an ATS will not sum to the total number of LFD positives for secondary school students as published in 'table\_8'. This is because the 2 data cuts are currently taken at slightly different times.

<sup>5</sup> The number of LFD tests not matched to a confirmatory PCR test includes those where a confirmatory PCR test was not taken within 3 days of the LFD test, or where the LFD test could not be matched to a PCR test in the data.

<sup>6</sup> The number of positive LFD tests reported by self-report and assisted for schools' staff will not sum to the total number of positive LFD tests by primary and secondary school staff reported in table\_8. This is because the 2 tables currently use different data sources and the data cuts were taken at different times, however the production process is being continuously improved to address this.

<sup>7</sup> The number of LFD tests not matched to a confirmatory PCR test includes those where a confirmatory PCR test was not taken within 3 days of the LFD test, or where the LFD test could not be matched to a PCR test in the data.

Figures for confirmatory PCR tests taken by secondary school students and staff in schools after a positive LFD test result at an asymptomatic test site (assisted) are also published in the accompanying data tables.

The advice for an individual to take a confirmatory PCR test after a positive LFD test result was reinstated for all positive LFD tests from 30 March 2021. Therefore, the confirmatory PCR data for those assisted LFD tests taken at asymptomatic test sites cannot be directly compared across the full time period or to those taken at home before 30 March 2021<sup>8</sup>.

There are a number of possible reasons why the results of the initial LFD and the confirmatory PCR may be different. These are listed in the confirmatory PCR section.

## LFD tests conducted by staff, household bubbles and support bubbles

In the latest week ending 6 October, 230,794 LFD tests were taken by staff in secondary schools, a decrease from 246,439 in the previous week. Similarly, the number of tests taken by staff in primary schools and nurseries has also decreased to 344,026 tests, from 366,911 tests in the previous week.

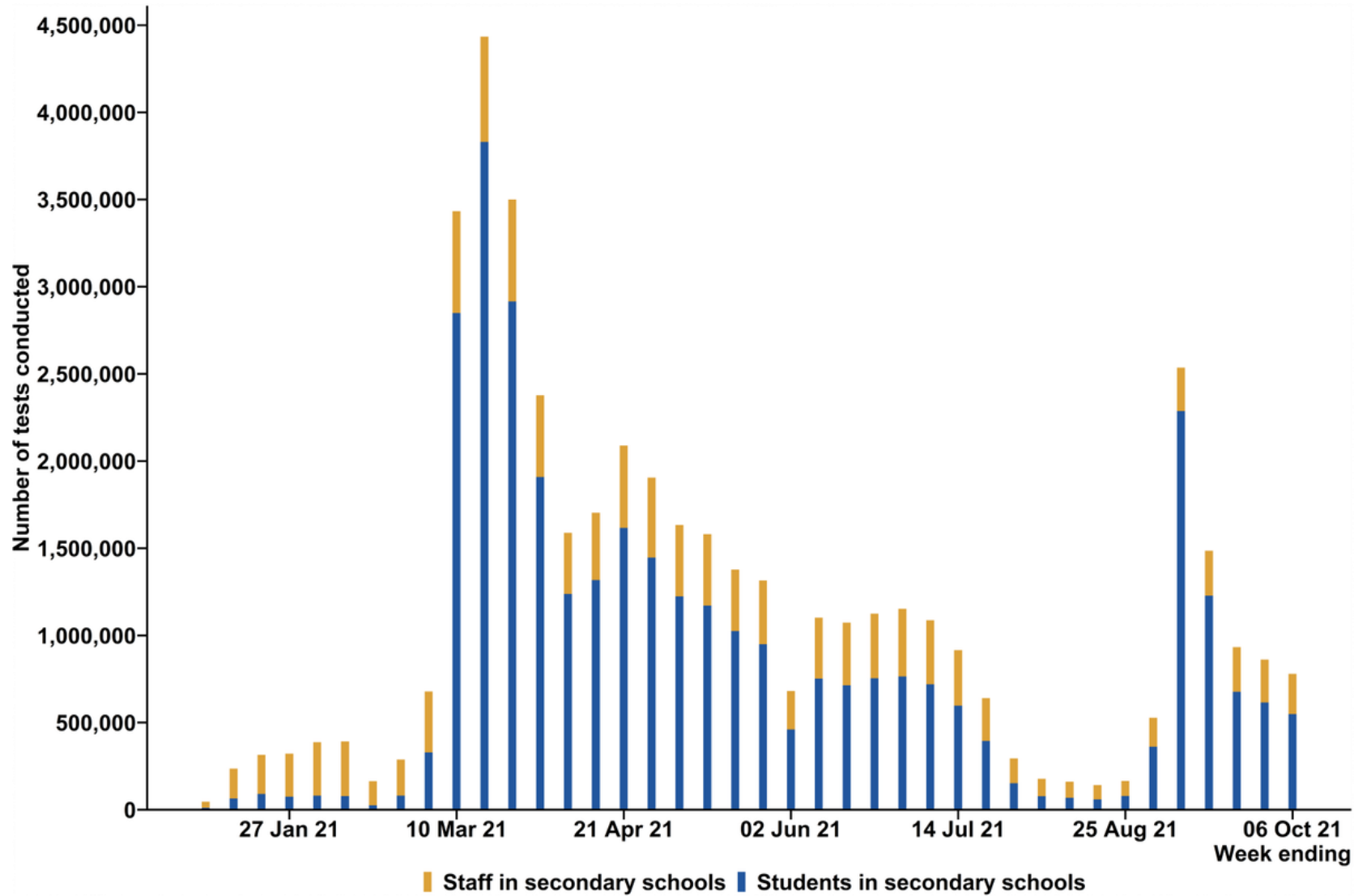
145,993 tests were taken by individuals that belong to a household bubble of a student or staff member at school or nursery and 15,795 tests were taken by individuals in their support bubbles. The number of tests conducted by household and support bubbles has decreased in comparison to the previous week.

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<sup>8</sup> The data for confirmatory PCRs for LFDs taken at school-specific asymptomatic test sites can be found in the 'table\_9' and 'table\_10' tab of the 'Tests conducted: 28 May 2020 to 6 October 2021 data tables' on the [weekly collection page](#).



**Figure 3. Number of LFD tests onducted by staff and students in secondary schools, England**



This data can be found in the 'table\_8' tab of the 'Tests conducted: 28 May 2020 to 6 October 2021 data tables' on the [weekly collection page](#).

## Tests conducted and registered to care home settings, England

Asymptomatic testing, using both rapid LFD tests and PCR tests has been rolled out differently across different care home settings and their residents, staff, and visitors, as summarised in the table below.

The number of tests conducted in care homes includes residents, staff, and visitors tested via test kits directly sent to the care home which were registered. It will not include care home residents, staff, or visitors who are tested via a different route, for example at a regional or local test site or a mobile testing unit or tests that were not registered.

For more information see the [UKHSA Test and Trace statistics methodology](#).

Care setting	Dates	Frequency	Test kit
Care home residents	7 June 2020 to present	Monthly  In the event of an outbreak: day 1 and between days 4 to 7	PCR
	22 February 2021 to present	In the event of an outbreak: day 1 and between days 4 to 7 at health protection team discretion	LFD
Care home staff	7 June 2020 to present	Weekly  In the event of an outbreak: day 1 and between days 4 to 7	PCR
	23 December 2020 to present	Twice weekly  In the event of a positive case in the care home: daily until 5 days without a positive	LFD
Care home indoor visitors	8 March 2021 to present	Weekly – essential care givers	PCR
	8 March 2021 to present	Twice weekly – essential care givers	LFD
	2 December 2020 to present*	On arrival	LFD

Care setting	Dates	Frequency	Test kit
Care home visiting professionals – CQC inspectors	14 December 2020 to present	Weekly	PCR
	22 March 2021 to present	Before visit	LFD
Care home visiting professionals – all other professionals	14 December 2020 to present	On arrival, unless part of a regular testing regime and can provide proof of a negative result within last 72 hours	LFD

\*Close contact visits with LFD testing began on 2 December 2020 but ceased on 6 January 2021 because of the national lockdown. Throughout the period of national restrictions, visits were limited to outdoors, in visiting pods, or with a substantial screen; as well as those in exceptional circumstances such as end of life.

DHSC also publishes care home testing data in the monthly Adult Social Care in England statistics. This publication uses the same data source but has a different methodology for presenting testing in care homes therefore differences in the figures will occur, see the [UKHSA Test and Trace statistics methodology](#) for more information.

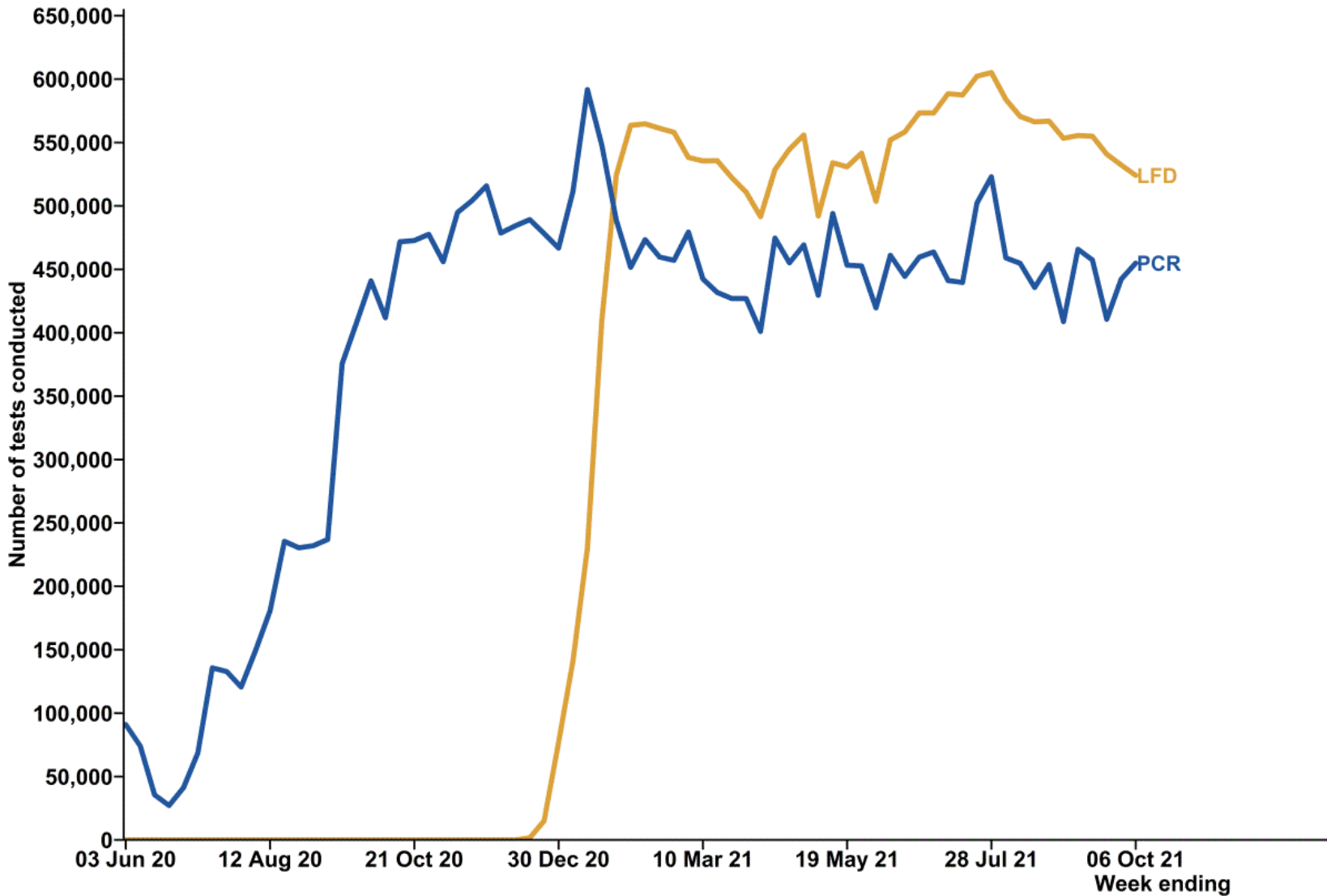
## PCR and LFD tests conducted and registered to care home settings, England

Over the past month, the number of PCR tests conducted within care homes has remained in between 405,000 and 470,000. In the latest week (30 September to 6 October), the number of PCRs conducted has increased to 454,875, compared to 442,247 in the previous week (23 to 29 September).

Over the past month, the number of LFD tests conducted within care homes has generally decreased from over 550,000 to just under 525,000. In the latest week ending 6 October, 524,053 LFD tests were conducted and registered to care homes, which is a decrease compared to 532,255 tests in the previous week.

Of the LFD tests conducted in the latest week (30 September to 6 October), 1,057 tests returned a positive result, and 522,871 tests returned a negative result. Since LFD tests were introduced, 41,056 positive results and 21,153,712 negative results have been reported.

**Figure 4. Number of LFD and PCR tests conducted in care homes, England**



This data can be found in the 'table\_11' and 'table\_12' tab of the 'Tests conducted: 28 May 2020 to 6 October 2021: data tables' document on the [weekly collection page](#).

## LFD testing in care homes by staff and residents

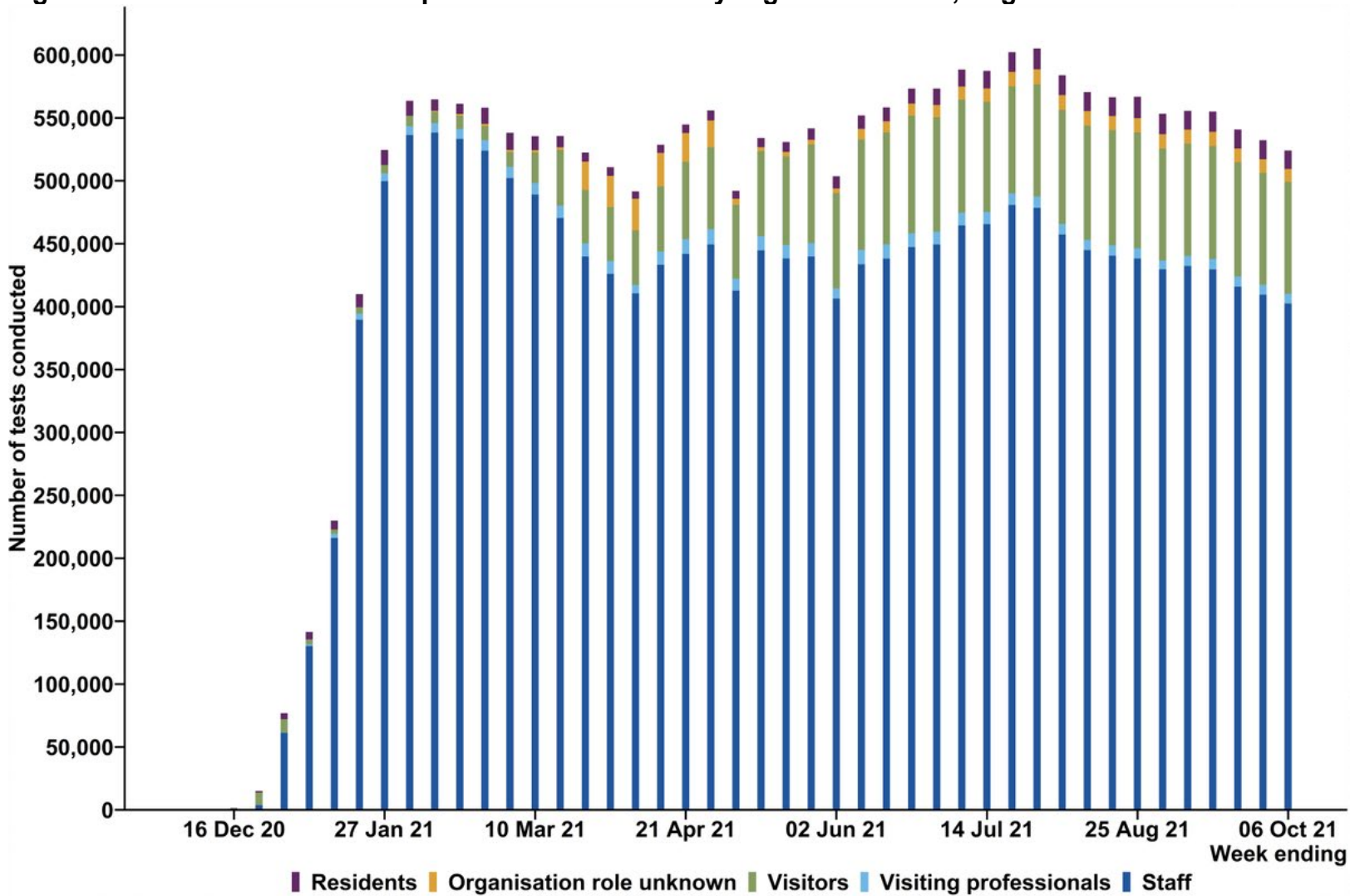
The number of LFD tests conducted by staff in care homes has decreased to 402,383 in the latest week (30 September to 6 October) from 409,452 tests in the previous week. Of these, 793 returned a positive result compared to 786 in the previous week.

Between 26 August and 29 September, the number of LFD tests conducted by care home residents has remained in between 14,500 and 16,500. In the latest week (30 September to 6 October), 14,595 LFD tests were conducted by care home residents, a decrease from 15,169 in the previous week.

## LFD testing in care homes by visitors and visiting professionals

In the latest week (30 September to 6 October), 7,850 LFD tests were taken by visiting professionals in care homes which is a slight decrease from 7,960 in the previous week. The number of tests conducted by visitors has decreased to 88,858 in the latest week compared to 88,935 in the previous week (23 to 29 September).

**Figure 5. Number of LFD tests reported in care homes by organisation role, England**



This data can be found in the 'table\_12' tab of the 'Tests conducted: 28 May 2020 to 6 October 2021: data tables' document on the [weekly collection page](#)

## LFD tests reported by NHS staff, England

Rapid asymptomatic testing by NHS staff began in November 2020 and has since expanded to include the following groups. All positive LFD test results in the NHS are followed up with a confirmatory PCR and contact tracing activities are triggered by the PCR test result.

Group tested	Date	Frequency
Staff in NHS trusts	November 2020	Twice weekly
Staff in primary care	December 2020	Twice weekly
NHS-commissioned services in the independent sector	January 2021	Twice weekly

Staff in primary care and those in the independent sector delivering NHS services self-report their test result through the Test and Trace GOV.UK portal, whereas staff in NHS trusts report their results to their employer. The NHS trust then submits data for their staff to NHS Digital (formerly to Public Health England) which is separate to reporting through the National Testing Programme digital infrastructure. This separate reporting system was established this way because NHS secondary care providers began testing with LFD's before an NHS Digital reporting solution for trusts was built. Because of this, the figures for NHS trusts are not included in the national figures for the number of LFD tests conducted reported via this route. We report them separately here.

Staff in NHS trusts and services are able to access additional forms of testing along with lateral flow testing, including asymptomatic testing with PCR and LAMP (loop mediated isothermal amplification). NHS staff testing via these additional methods are not included in these figures.

The number of positive test results received by NHS staff is not published as a proportion of the total tests conducted because individuals test repeatedly and therefore cannot be compared with other testing regimes. See the [Data quality](#) section for more information.

## LFD tests reported by NHS primary care staff

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.

The number of LFD tests reported by primary care staff was just over 90,000 at the beginning of September and since then tests reported remained in between 85,000 and 100,000. In the latest week (30 September to 6 October), 91,667 LFD tests were reported by NHS primary care staff which is a decrease from 94,211 in the previous week. 391 positive test results were

returned in the latest week by NHS primary care staff, an increase from 360 positive results in the previous week. Since LFD testing for primary care staff began, there have been a total of 8,049 positive test results.

## LFD tests reported by staff in NHS trusts

NHS trusts include acute and specialist hospitals, community, mental health and learning disability and ambulance services. Staff in NHS trusts report their test results via their employer, which is separate to reporting through the National Testing Program digital infrastructure. These tests are therefore not included in the total number of LFD tests conducted reported earlier in the bulletin.

The timing of the weekly process of submission by NHS trusts means that data for the latest week is not available. Figures for tests conducted by staff in NHS trusts are therefore published with an additional week's lag in comparison to the rest of the data in this publication. For more information see the

The number of LFD tests reported by staff in NHS trusts was just over 260,000 in the week ending 8 September and since then, the number of LFD tests reported by staff in NHS trusts decreased moderately. In the latest week (23 to 29 September), the number of LFD tests reported by staff in NHS trusts has decreased to 251,851 from 255,666 tests in the previous week (16 to 22 September). Of the tests reported during the latest week, 938 tests were positive, an increase from 783 in the previous week.

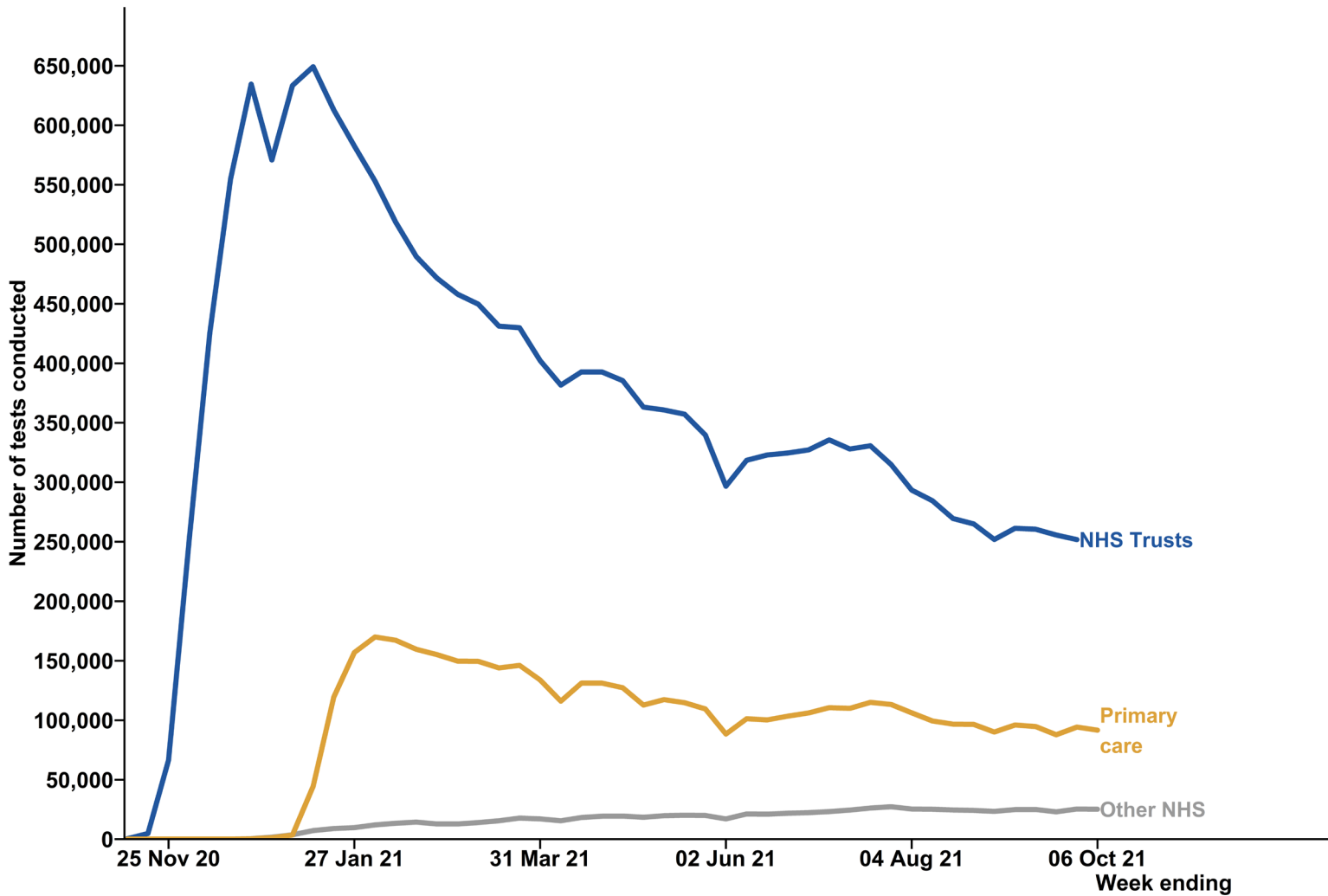
## LFD tests reported by other NHS staff (including the independent sector)

Most tests reported by other NHS staff, include members of staff working in the independent sector who have also had access to twice weekly LFD testing. Over the past 6 weeks, the number of LFD tests reported by other NHS staff remained in between 23,000 and 26,000. In the latest week ending 6 October, 25,245 tests were conducted by other NHS employees which is a decrease from 25,435 tests in the previous week (23 to 29 September) and 120 positive test results were reported, a slight decrease from 122 the previous week.

Within the NHS the majority of staff work in NHS trusts, followed by primary care and then the independent sector, hence testing volumes will reflect the number of staff working in each setting.



**Figure 6. Number of LFD tests reported by primary care NHS staff, staff in NHS trusts and other NHS staff, England**



This data can be found in the 'table\_13', 'table\_14' and 'table\_15' tabs of the 'UKHSA Test and Trace statistics, 28 May 2020 to 6 October 2021: data tables' document on the [weekly collection page](#).

## Tests conducted and registered to workplace settings, England

Asymptomatic testing, using rapid LFD tests, has been rolled out across private and public sector workplace settings as summarised in the table below.

The number of tests conducted in private sector workplace settings in this release is limited to test kits directly sent to the private companies which were registered. It does not include tests undertaken by private sector staff via a different route, for example at a regional or local test site or a mobile testing unit.

LFD testing via asymptomatic test sites at public sector workplaces was initially made available to organisations as part of a pilot before later expanding to include all workplaces that chose to sign up. Similarly, some public sector staff began self-reporting their test results at home during a 5-week trial period in March, after which self-reporting was expanded to all government departments.

For more information see the [UKHSA Test and Trace statistics methodology](#).

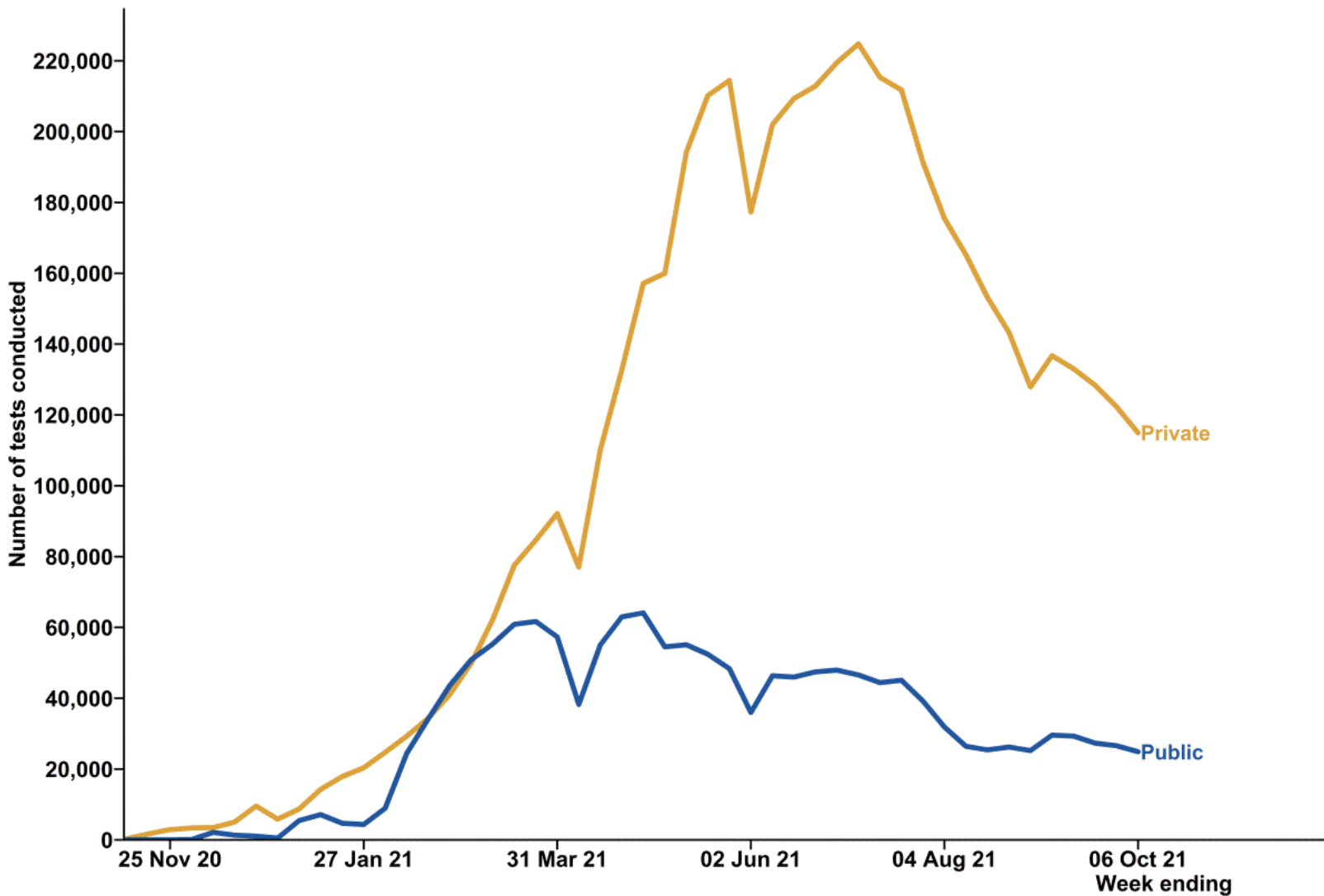
Sector	Dates	Frequency	Test kit
Private sector staff	5 November 2020 to present	Twice weekly	LFD (assisted)
	6 April 2021 to present	Twice weekly	LFD (self-report)
Public sector staff	November 2020 to present	Twice weekly	LFD (assisted)
	March 2021 to present	Twice weekly	LFD (self-report)

## LFD tests conducted and registered to private and public sector workplace settings

The number of LFD tests conducted within private sector workplace settings decreased gradually from just over 135,000 in the week beginning 2 September to just under 130,000 in the week ending 22 September. In the latest week (30 September to 6 October), 114,948 tests were reported which is a decrease from 122,298 in the previous week. Of the tests conducted in the latest week, 356 tests returned a positive result, a slight increase from 351 in the previous week (23 to 29 September).

The number of LFD tests conducted in the public sector workplace settings decreased from just under 30,000 in the week beginning 2 September to just under 27,000 in the week ending 22 September. In the latest week (30 September to 6 October), 24,885 LFD tests were conducted within public sector workplace settings, a decrease from 26,591 in the previous week, of which 67 tests returned a positive result, a slight decrease from 75 positive tests in the previous week (23 to 29 September).

**Figure 7. Number of LFD tests conducted and registered in private and public workplace settings, England**



This data can be found in the 'table\_16' tab of the 'Tests conducted: 28 May 2020 to 6 October 2021 data tables' on the [weekly collection page](#).

## About this data

Lateral flow device tests were first made available from 21 October 2020 in England. This data contains LFD tests reported through the existing National Testing Programme digital infrastructure and does not include LFD tests conducted where the tests were not registered via this route that is used to collect data for this report.

The following use cases for LFD tests are not currently reporting results digitally into Test and Trace systems, and therefore are excluded from this report:

- testing for some staff in private sector industries
- testing for some hauliers, these are published separately at [haulier coronavirus testing](#)

In these cases, test results should be reported directly into UK Health Security Agency. In future, all LFD tests will be reported via the existing National Testing Programme digital infrastructure and will be included.

A full explanation of the data sources and methods used to produce these statistics can be found in the [UKHSA Test and Trace statistics methodology](#).

## Data quality

Given the importance of this service and the commitment of UKHSA Test and Trace to be open and transparent with the public it serves, this data is being released at the earliest possible opportunity. However, the caveats and data quality issues in this section should be taken into consideration when interpreting results, and this analysis should be taken in the wider context of [COVID-19 Statistics](#).

An LFD test produces a result on the device almost immediately, without it being automatically recorded, therefore some results might not be captured. For settings where self-reporting LFD testing procedures<sup>9</sup> are in place, it is likely that the number of tests conducted are underreported. It is however their statutory duty to do so, and easier reporting tools are being rolled out to support these individuals to report their tests as quickly and efficiently as possible. It is possible that tests with a negative result are more likely to be affected, therefore it is not advisable to calculate a positivity rate with the data.

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<sup>9</sup> Self-reporting LFDs are where the individual carrying out the test on themselves is expected to report their own test and subsequent result.

Positive test results are not published as a proportion of the total number of tests conducted. There are several reasons why it is not advisable to calculate a positivity rate with this data:

- the number of tests conducted is not deduplicated, which is the process of removing multiple results from the same person and refers to the number of tests taken and not the number of people tested. Because people can have more than one test, the number of tests conducted therefore cannot be compared with prevalence or case positivity rates
- rapid testing is primarily used for repeat testing of asymptomatic individuals and the frequency of testing varies across different settings, therefore positivity rates would not be directly comparable
- the potential underreporting of tests conducted by individuals self-reporting is likely to affect the proportion of negatives and positives thus skewing any positivity rate calculation

More information on data limitations and how the figures in this publication can and can't be used is outlined in the [UKHSA Test and Trace statistics methodology](#).

## Future developments

We continue to explore the feasibility of adding new breakdowns to the publication on rapid testing to support user needs. Over the coming months, we intend to make data available on the following:

- confirmatory PCRs in other settings

# About the UK Health Security Agency

The [UK Health Security Agency](#) is an executive agency, sponsored by the [Department of Health and Social Care](#).

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