



UK Health  
Security  
Agency

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

**17 to 23 February 2022**

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# Contents

Main points for the latest week (17 to 23 February 2022) .....	3
Introduction .....	5
Publication update .....	6
Background.....	6
LFD tests reported, England .....	8
LFD tests reported as part of testing in education, England.....	11
Tests reported and registered to care home settings, England.....	18
LFD tests reported by NHS staff, England .....	23
Tests reported and registered to workplace settings, England.....	26
About this data .....	28

## Main points for the latest week (17 to 23 February 2022)

### Lateral flow device (LFD) and polymerase chain reaction (PCR) tests reported in pillar 2 (virus testing for the wider population)

Over 4.0 million LFD tests were reported, a 15.4% decrease from the previous week (10 to 16 February 2022)

Over 502,751 PCR tests were reported, a 34.4% decrease from the previous week. This is the lowest level of PCR testing seen in a week since July 2020.

### Confirmatory PCR tests

For self-reported LFD positives that were matched to a confirmatory PCR, 89% were confirmed positive by a subsequent PCR test.

For assisted LFD positives that were matched to a confirmatory PCR, 88% were confirmed positive by a subsequent PCR test.

### LFD tests in education, England

301,230 LFD tests were reported within primary schools and nurseries, a decrease of 34.1% from the previous week.

412,977 LFD tests were reported within secondary schools and colleges, a decrease of 32.3% from the previous week.

### LFD and PCR tests in care homes, England

836,398 LFD tests were reported in care homes, a 0.6% increase from the previous week.

198,997 PCR tests were reported in care homes, a decrease of 36.7% from the previous week. This is the lowest level of PCR testing in care homes seen since August 2020.

### LFD tests taken by NHS staff, England

In the week ending 23 February 2022, 79,316 LFD tests were reported by NHS primary care staff, a 16.9% decrease on the previous week. This is the lowest level of testing in NHS primary care seen since January 2021.

In the week ending 23 February 2022, 29,205 tests were reported by other NHS employees, a 13.9% decrease on the previous week.

In the week ending 16 February 2022, 270,675 LFD tests were reported by secondary care staff in NHS Trusts, a 18.6% decrease from the previous week.<sup>1</sup>

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<sup>1</sup> The timing of the weekly process of submission by NHS trusts means that data for the latest week is not available. Figures for tests reported 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 [NHS Test and Trace methodology](#).

## 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 reported by test result
- the number of LFD tests and confirmatory PCR tests reported linked to education settings
- the number of LFD and PCR tests reported in care homes
- the number of LFD tests reported by NHS staff
- the number of LFD tests reported 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 reported' data tables on the [Weekly statistics for NHS Test and Trace](#) 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 NHS 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.

## Publication update

On 21 February 2022, the [Prime Minister set out a new plan on living with COVID-19](#). As the current reporting week covers 17 to 23 February 2022, some of the effects of this announcement can be seen in this release.

## 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 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 reported. 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 considering the lower prevalence of COVID-19 and the benefits of PCR testing for detecting variants of concern. From 11 January 2022, individuals who received a positive LFD test are no longer required to take a confirmatory PCR and thus this period cannot be accurately compared to the period 29 March 2021 to 10 January 2022.

The confirmatory PCR data for LFD tests taken during periods when it is not a requirement to take one cannot be directly compared to the other periods when it is a requirement.

## 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 reported<sup>2</sup>, England<sup>3</sup>

The number of LFD tests reported rose sharply to a recent peak of just over 8.0 million in the week ending 5 January 2022 over the Christmas and New Year period. Following that peak, the number of LFD tests reported have decreased overall. The figures presented in this release are for LFD tests reported and therefore are likely to underreport the actual number of LFD tests taken as not all individuals who are self-testing will report their results.

The number of LFD tests reported has decreased to 4,076,841 in the latest week (17 to 23 February 2022) compared with 4,817,233 tests in the previous week. Of the LFD tests reported in the latest week, 195,064 tests returned a positive result, a decrease from 244,838 tests in the previous week (10 to 16 February 2022), and in the same period 3,878,366 tests returned a negative result, a decrease from 4,568,696 tests in the previous week. Since LFD tests were introduced, 5,089,864 positive results and 266,656,491 negative results have been reported.

In comparison, 502,751 PCR tests were reported in the latest week (17 to 23 February 2022), which is a decrease from 766,410 tests in the previous week. This is the lowest level of PCR testing seen in a week since July 2020. In the latest week, 92,654 PCR tests were returned positive in comparison with 124,919 positive tests in the previous week. This is a decrease of 32,265 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 reported 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 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 reported 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 reported.

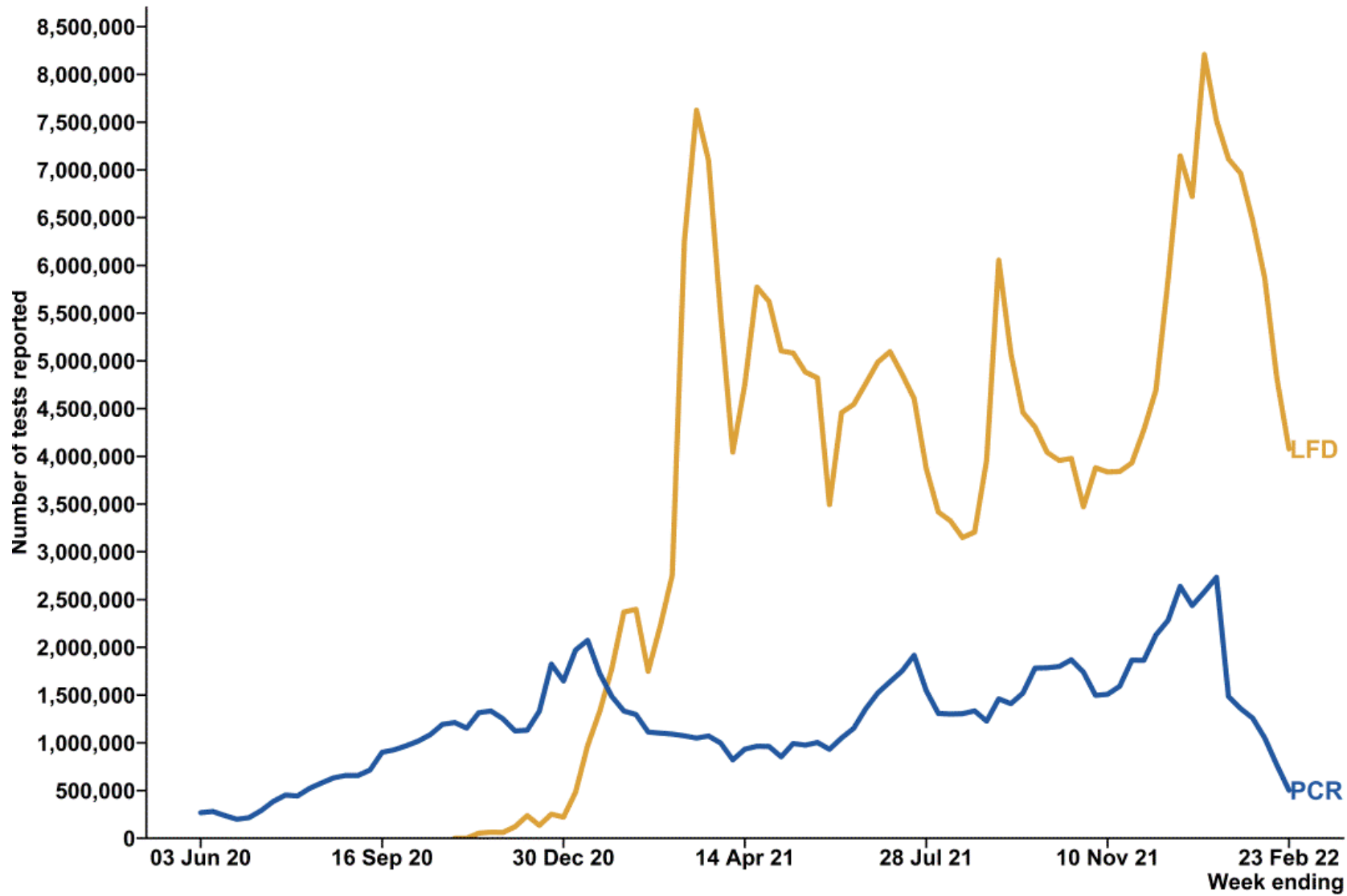
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<sup>2</sup> Total LFD tests reported are under reported in the period covering 21 to 30 July 2021 inclusive due to a minor data quality issue which affects around 1% of tests reported during those periods. If you are using this data including these periods, please be aware the associated totals may be affected by this data quality issue.

<sup>3</sup> Counts of LFD tests reported 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 reported, England



This data can be found in the 'table\_1' and 'table\_3' tabs of the 'Tests reported: 28 May 2020 to 23 February 2022 data tables' on the [Weekly statistics for NHS Test and Trace](#) page.

## Confirmatory PCR tests

From 11 January 2022, individuals who received a positive LFD test are no longer required to take a confirmatory PCR. There are some exceptions to this and further information can be found in the [press release on confirmatory PCR testing](#). Figures for confirmatory PCR tests that are taken will continue to be published in this report.

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.

In the latest week ending 23 February 2022, 1,349 positive LFD test results were reported from an asymptomatic test site, of which 253 were matched to a confirmatory PCR test<sup>4</sup>. Of those 253 matched PCR tests, 222 (88%) were positive. For self-reported LFD tests, 193,715 positive test results were reported, of which 23,344 were matched to a confirmatory PCR test. Of those 23,344 matched PCR tests, 20,751 (89%) 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.

There are several 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 NHS Test and Trace, which shows LFD tests have a specificity of at

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<sup>4</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.

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 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 [NHS Test and Trace statistics methodology](#).

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

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

Academic setting	Dates	Frequency	Group tested
Primary schools and nurseries	18 January 2021 to 20 February 2022	Twice a week	Staff
	1 March 2021 to 20 February 2022	Twice a week	Households and bubbles of staff and students
Secondary schools and colleges	4 January 2021 to 20 February 2022	Once a week then increased to twice a week	Staff and students*
	8 March 2021 to 20 February 2022	Three tests on return (spaced 3 to 5 days apart) then twice a week	Students
	1 March 2021 to 20 February 2022	Twice a week	Households and bubbles of staff and students
Higher education	27 November 2020 to 20 February 2022	Twice before leaving and twice on return	Staff and students
	25 January 2021 to 20 February 2022	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.

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](#).

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 [NHS Test and Trace statistics methodology](#).

## LFD testing in primary schools and nurseries

In the week beginning 20 January 2022, over 1 million LFD tests were reported within primary schools and nurseries as the start of the new term in schools. Since then, the number of LFD tests reported has decreased overall.

In the latest week ending 23 February 2022, the number of tests reported decreased to 301,230 compared with 457,191 tests in the previous week. This decrease in testing coincides with the advice that staff in schools no longer need to continue with asymptomatic testing on 21 February 2022. Of those 19,494 positive test results were returned in the latest week within primary schools and nurseries, a decrease from 30,482 positive results in the previous week.

## LFD testing in secondary schools and colleges

Similarly, within secondary schools and colleges, the number of LFD tests reported peaked at over 2.1 million in the week ending 5 January 2022 coinciding with testing on the return to schools. Tests reported have steadily decreased overall since then.

In the latest week (17 to 23 February 2022), the number of tests reported within secondary schools and colleges decreased to 412,977 compared with 610,078 in the previous week. This decrease in testing coincides with the advice that staff and pupils in secondary schools no longer need to continue with asymptomatic testing on 21 February 2022. The number of positive test results decreased in the latest week to 19,679 compared with 32,508 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 reported: 28 May 2020 to 23 February 2022 data tables' on the [Weekly statistics for NHS Test and Trace](#) page.

## LFD testing in higher education

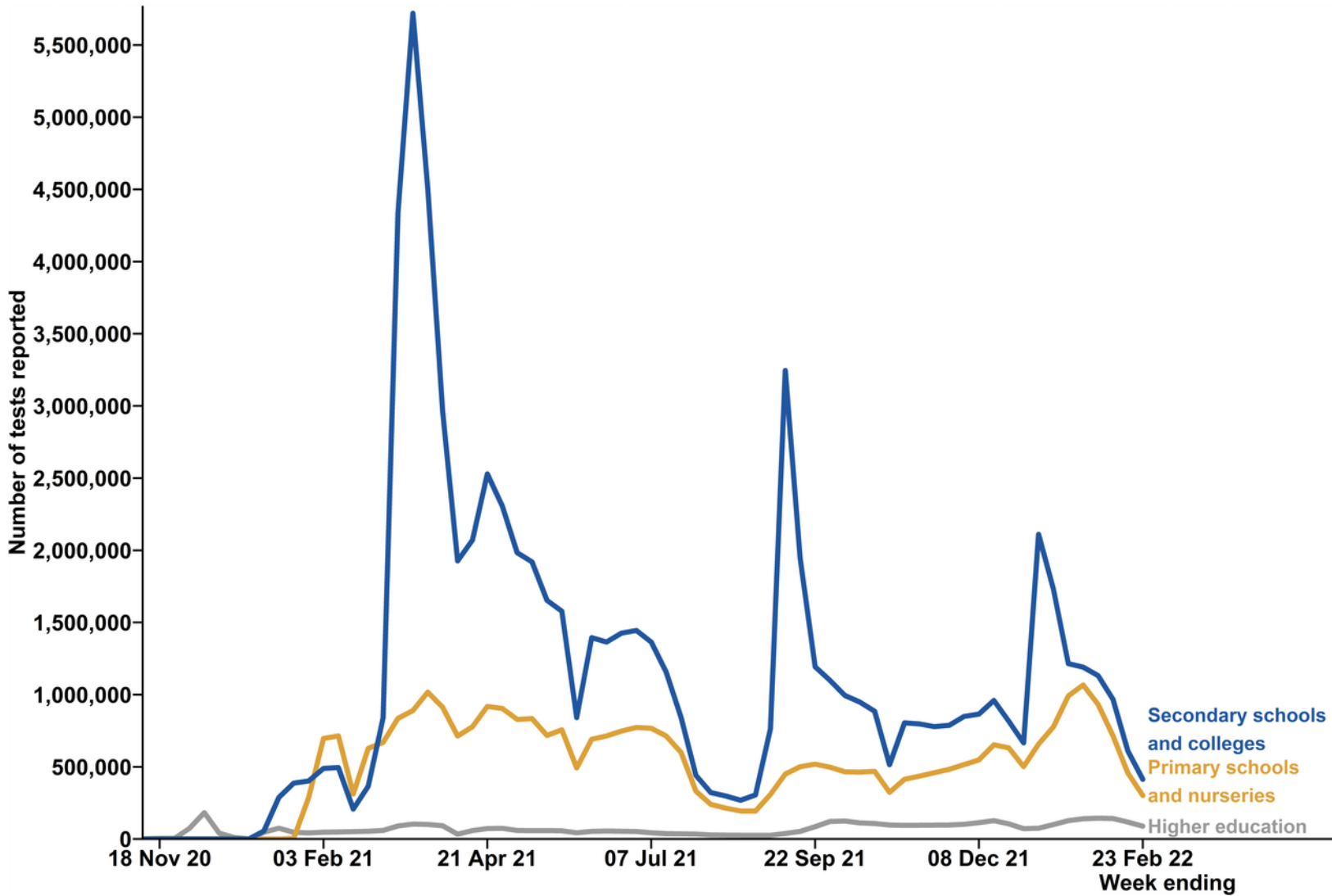
Figures for LFD testing in higher education institutions were first removed from the bulletin on 26 August 2021 due to an identified data quality issue, believed to be caused by students re-registering themselves when moving from their university address to their home address at the end of the academic year. This issue caused the number of tests by higher education students to be revised down by around 90,000 tests in total for the period 20 May 2021 to the most recent week, with the drop being up to 20 per cent for some weeks. Therefore, the current published figures are likely to underestimate the level of testing and this should be considered when using the data on higher education testing.

The number of LFD tests reported in higher education increased from just over 70,000 in week beginning from 23 December to a recent peak of just under 145,000 in the week ending 2 February 2022. This increase in LFD testing coincided with the start of the new term in higher education institutions. Following that sharp increase, the number of tests reported has decreased overall.

In the latest week (17 to 23 February 2022), 88,329 LFD tests were reported in higher education, which is a decrease from 117,140 tests in the previous week. This decrease in testing coincides with the advice that staff and students in higher education no longer need to continue with asymptomatic testing on 21 February 2022. Of the tests reported during the latest week, 3,223 tests were returned as positive compared to 4,391 in the previous week.

The number of positive test results is not published as a proportion of the total tests reported 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 reported in education, by phase of education, England



This data can be found in the 'table\_7' tab of the 'Tests reported: 28 May 2020 to 23 February 2022 data tables' on the [Weekly statistics for NHS Test and Trace](#) page.

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

In the latest week ending 23 February 2022, 163,695 LFD tests were taken by students in secondary schools which is a decrease from 260,248 tests in the previous week. Of these 3,822 tests were assisted at a test site and 159,873 tests were self-reported.

In the latest week ending 23 February 2022, 7,074 positive LFD tests were received by secondary school students, of which 26 were assisted at a test site and 7,048 were self-reported<sup>5</sup>. Of those which were self-reported, 655 were matched to a confirmatory PCR test<sup>6</sup> and 566 (86%) received a subsequent positive PCR test result, the remaining 89 (14%) were negative or void.

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

In the latest week ending 23 February 2022, 258,020 LFD tests were reported by staff in schools, which is a decrease from 375,848 tests in the previous week. Of these, 286 tests were assisted at a test site and 257,734 tests were self-reported.

In the latest week ending 23 February 2022, 10,839 self-reported positive LFD tests were received by school staff<sup>7</sup>. Of those which were self-reported 1,184 were matched to a confirmatory PCR test<sup>8</sup> and 1,038 (88%) received a subsequent positive PCR test result, the remaining 146 (12%) were negative or void.

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 reported at asymptomatic test sites cannot be directly compared across the full time period or to those taken at home before 30 March 2021<sup>5</sup>.

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

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<sup>5</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 reported: 28 May 2020 to 23 February 2022 data tables' on the [Weekly statistics for NHS Test and Trace](#) page.

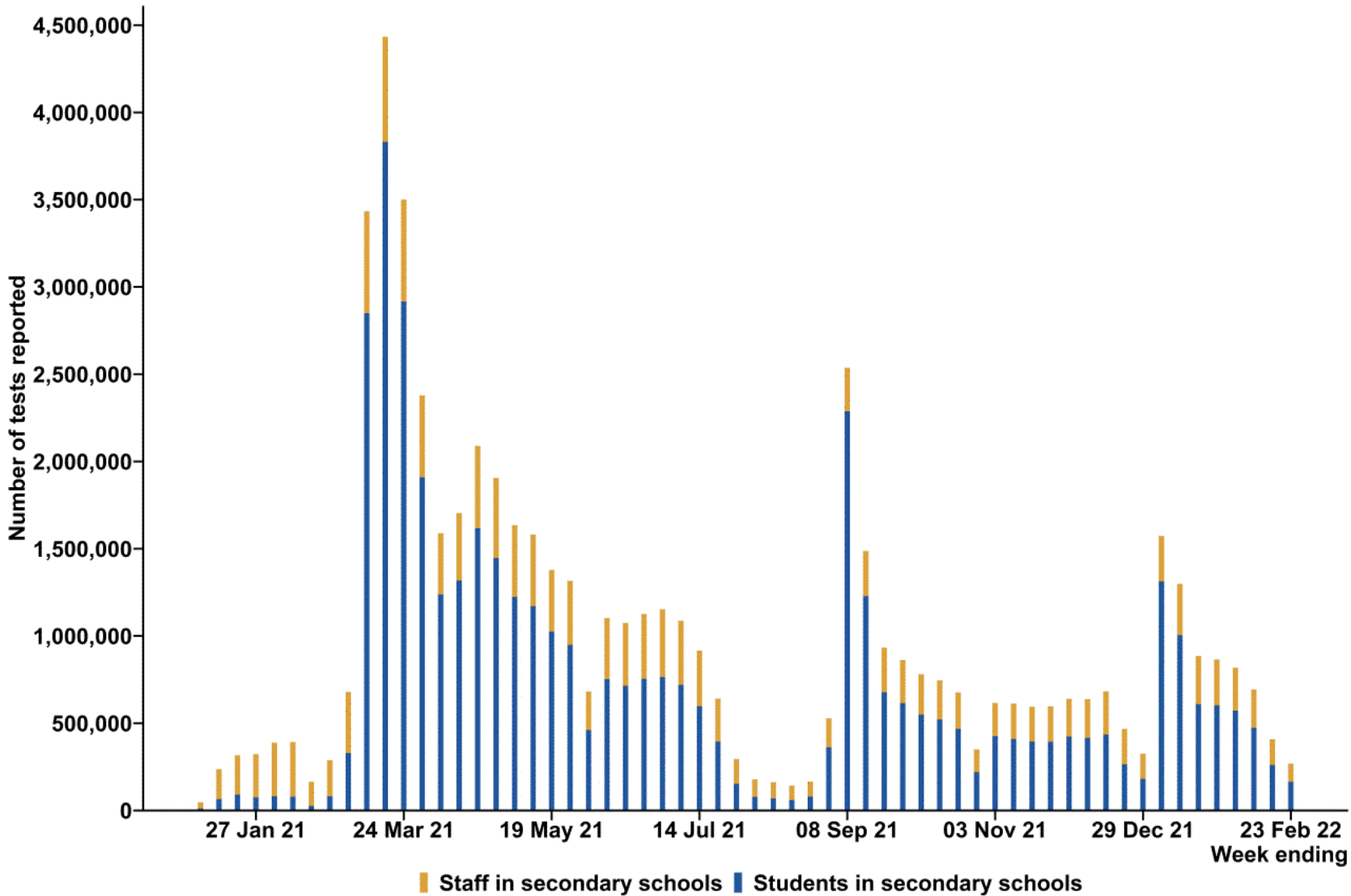
## LFD tests reported by staff, household bubbles and support bubbles

In the latest week ending 23 February 2022, 103,858 LFD tests were reported by staff in secondary schools, a decrease from 146,801 in the previous week. Similarly, the number of tests reported by staff in primary schools and nurseries has decreased to 154,162 tests, from 229,047 tests in the previous week.

87,614 tests were reported by individuals that belong to a household bubble of a student or staff member at school or nursery and 13,463 tests were reported by individuals in their support bubbles. The number of tests reported by household bubbles and support bubbles have decreased in comparison to the previous week.



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



This data can be found in the 'table\_8' tab of the 'Tests reported: 28 May 2020 to 23 February 2022 data tables' on the [Weekly statistics for NHS Test and Trace](#) page.

## Tests reported 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. For more information on this see the [COVID-19 care home guidance](#).

The number of tests reported 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 [NHS Test and Trace 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 15 February 2022	Weekly In the event of an outbreak: day 1 and between days 4 to 7	PCR
	16 February 2022 to present	Test before shifts on each working day	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 home visiting professionals – CQC inspectors	14 December 2020 to present	Weekly	PCR
	22 March 2021 to present	Before visit	LFD

Care setting	Dates	Frequency	Test kit
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 [NHS Test and Trace methodology](#) for more information.

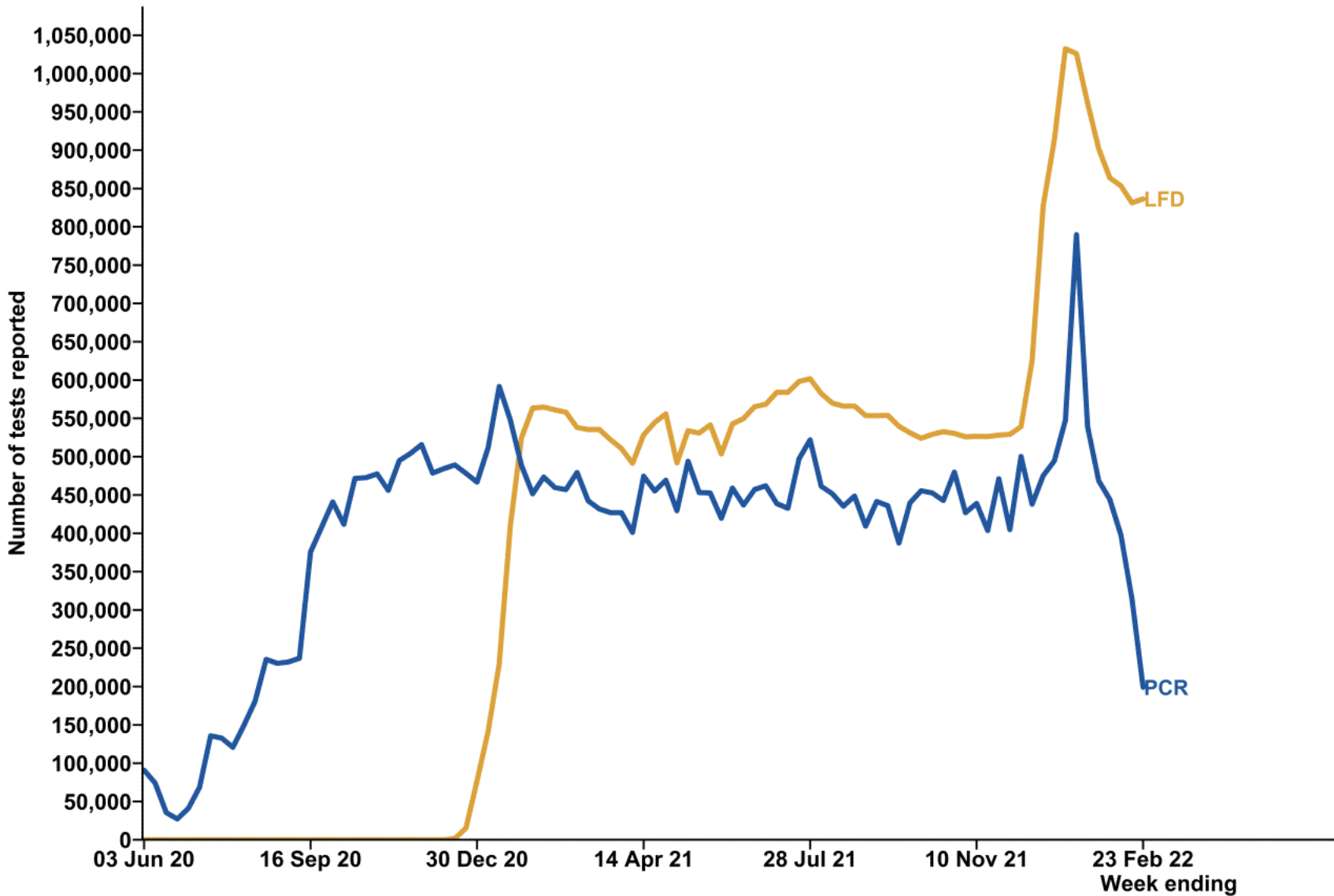
## PCR and LFD tests reported and registered to care home settings, England

Throughout 2021, the number of PCRs reported in care homes has fluctuated but remained broadly stable. PCR tests reported reached a recent peak of over 780,000 tests in a week at the start of 2022. In the latest week (17 to 23 February 2022), the number of PCRs reported has decreased to 198,997, compared to 314,289 in the previous week (10 to 16 February 2022). This decrease coincides with removal of regular PCR testing for care homes' staff from 16 February 2022. This is the lowest level of PCR testing in care homes seen since August 2020.

From the week beginning 16 December 2021, LFDs in care homes increased rapidly. This coincided with staff in care homes being advised to take 3 tests a week rather than 2 from the 15 December 2021. In the latest week ending 23 February 2022, 836,398 LFD tests were reported and registered to care homes, which is an increase compared to 831,276 tests in the previous week.

Of the LFD tests reported in the latest week (17 to 23 February 2022) 8,941 tests returned a positive result, and 827,284 tests returned a negative result. Since LFD tests were introduced, 175,307 positive results and 35,399,797 negative results have been reported.

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



This data can be found in the 'table\_11' and 'table\_12' tab of the 'Tests reported: 28 May 2020 to 23 February 2022: data tables' document on the [Weekly statistics for NHS Test and Trace](#) page.

## LFD testing in care homes by staff and residents

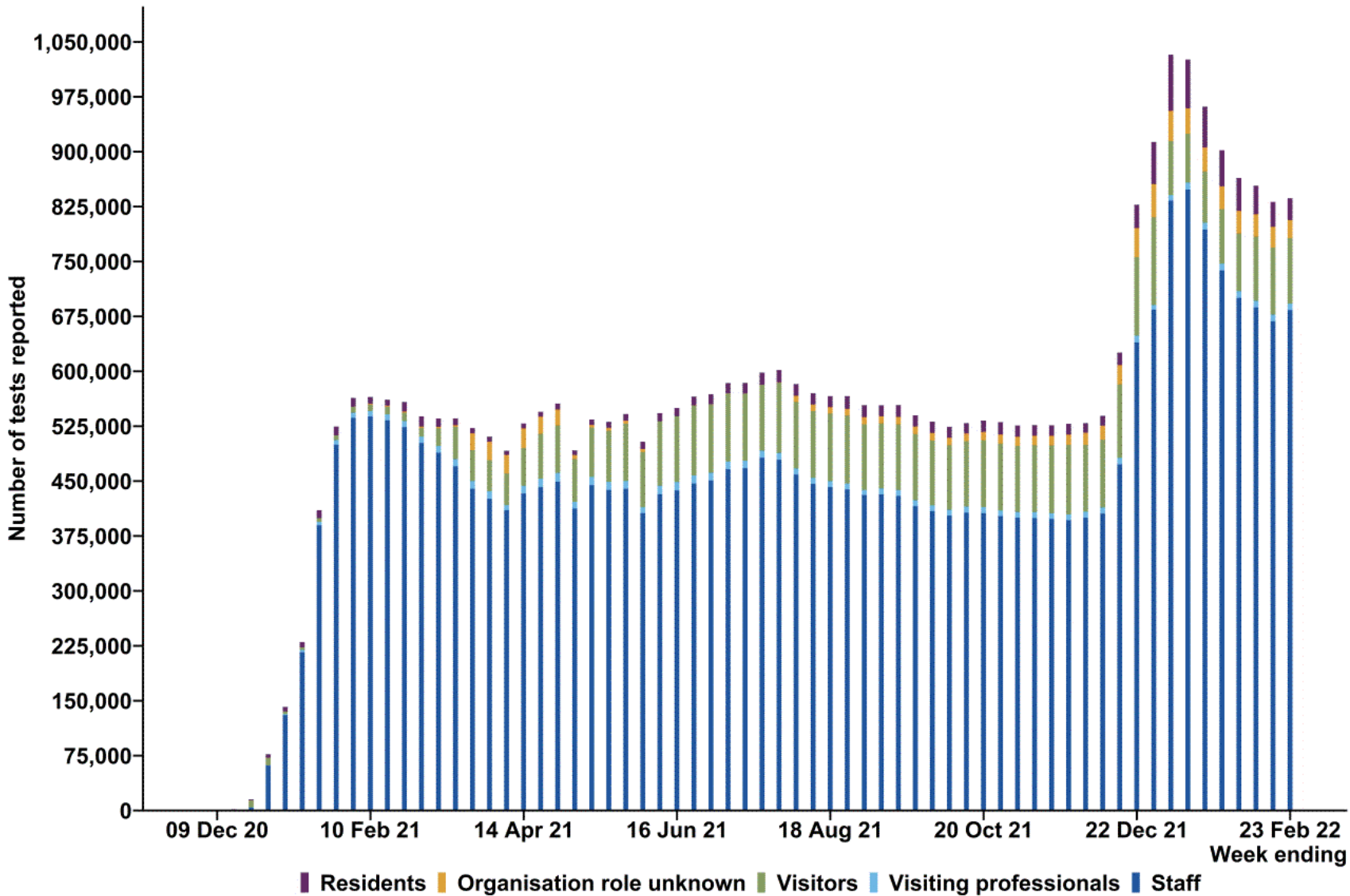
The number of LFD tests reported by staff in care homes has increased to 683,421 in the latest week (17 February 2022 to 23 February 2022) from 668,199 tests in the previous week. Of these, 6,005 returned a positive result compared to 6,882 in the previous week.

In the latest week (17 February 2022 to 23 February 2022), 29,827 LFD tests were reported by care home residents, a decrease from 33,914 in the previous week.

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

In the latest week (17 February 2022 to 23 February 2022), 8,919 LFD tests were reported by visiting professionals in care homes, which is a slight decrease from 9,195 in the previous week. The number of tests reported by visitors has decreased to 89,603 in the latest week compared to 91,420 in the previous week (10 February 2022 to 16 February 2022).

**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 reported: 28 May 2020 to 23 February 2022: data tables' document on the [Weekly statistics for NHS Test and Trace](#) 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 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 reported via this route. We report them separately here.

Staff in NHS trusts and services can 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 reported 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 increased from mid-December 2021 to peak at over 148,000 in January 2022. In the latest week (17 February to 23 February 2022), 79,316 LFD tests were reported by NHS primary care staff which is a decrease from 95,435 in the previous week. This is the lowest level of testing in NHS primary care seen since January

2021. This is 2,698 positive LFD test results were returned in the latest week by NHS primary care staff, a decrease from 2,893 in the previous week. Since LFD testing for primary care staff began, there have been a total of 47,547 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 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 reported 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 [NHS Test and Trace statistics methodology](#).

The number of LFD tests reported by staff in NHS trusts had been on a steady decline since January 2021 but have increased overall since mid-December. In the latest week (10 February to 16 February 2022), the number of LFD tests reported by staff in NHS trusts decreased to 270,675 from 332,432 tests in the previous week (3 February to 9 February 2022). Of the tests reported during the latest week, 11,822 tests were positive, a decrease from 15,927 in the previous week.

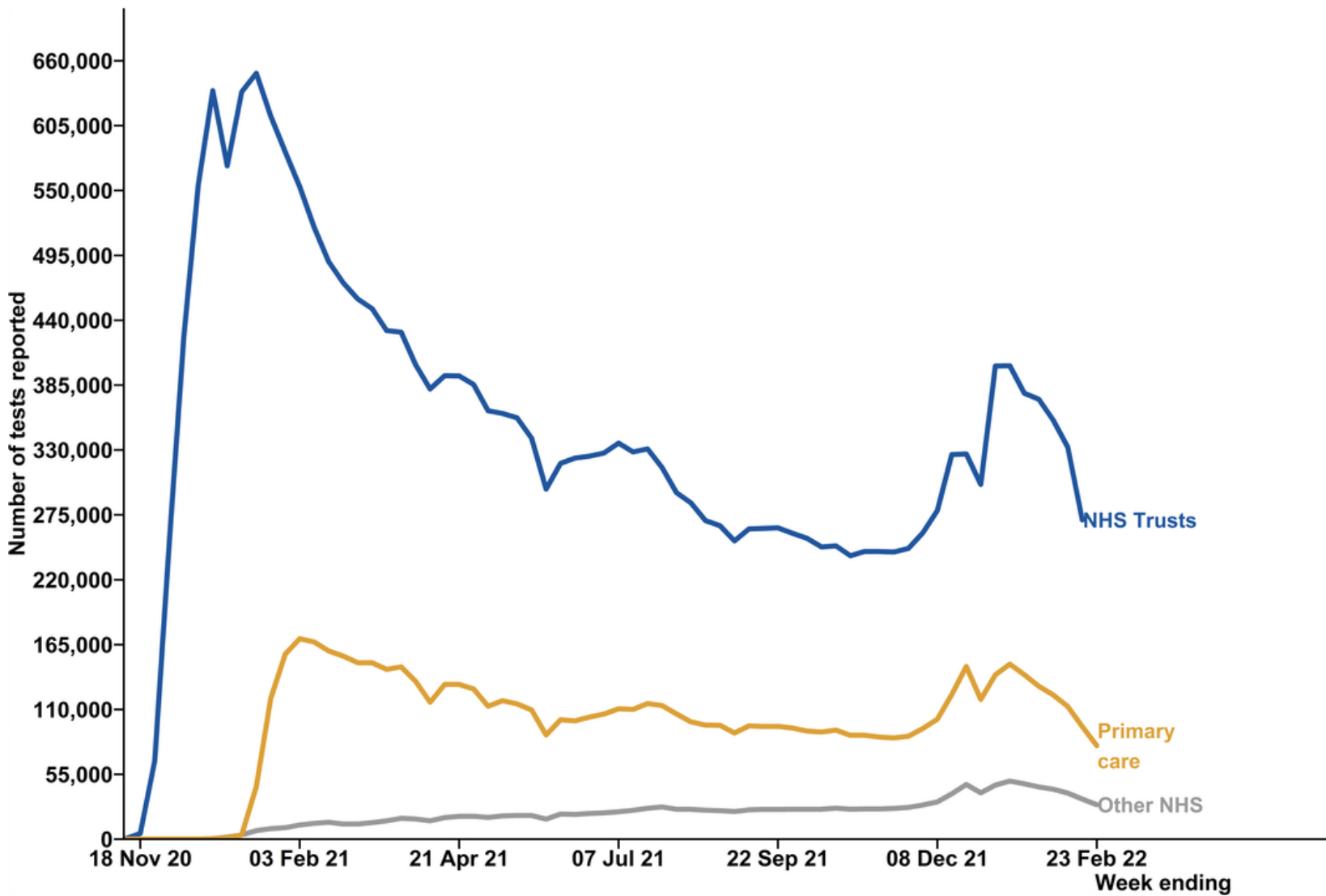
## LFD tests reported by other NHS staff (including the independent sector)

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. From August, the number of LFD tests reported by other NHS staff remained stable around 25,000 but since December they have increased. In the latest week ending 23 February, 29,205 tests were reported by other NHS employees which is a decrease from 33,926 tests in the previous week (10 to 16 February 2022) and 1,023 positive test results were reported, a decrease from 1,177 in 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 'NHS Test and Trace statistics, 28 May 2020 to 23 February 2022: data tables' document on the [Weekly statistics for NHS Test and Trace](#) page.

## Tests reported 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 reported 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 [NHS Test and Trace methodology](#).

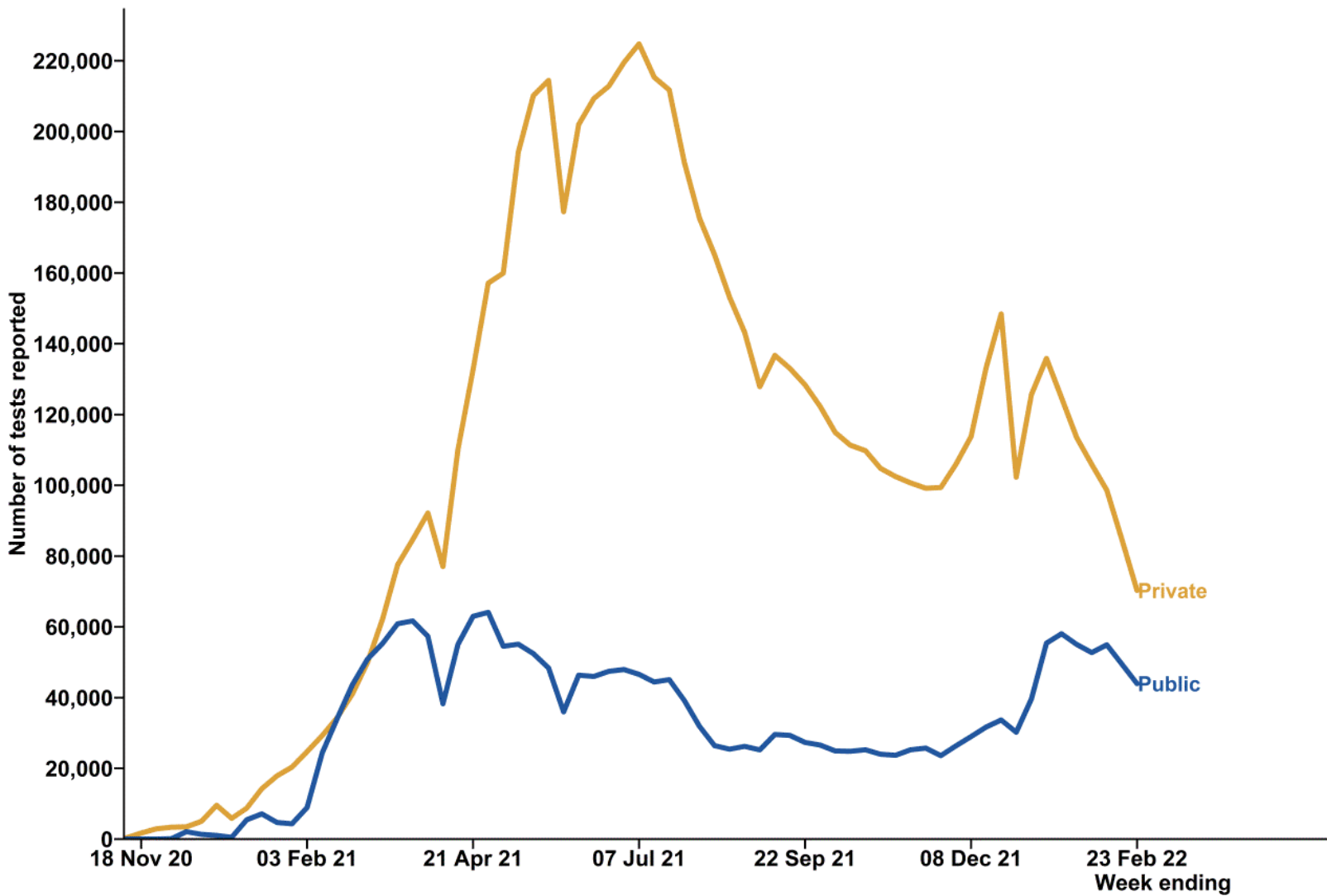
Sector	Dates	Frequency	Test kit
Private sector staff	5 November 2020 to present	Twice weekly	LFD (assisted)
	6 April 2021 to present	Twice weekly	LFD (self-report)
Public sector staff	November 2020 to present	Twice weekly	LFD (assisted)
	March 2021 to present	Twice weekly	LFD (self-report)

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

The number of LFD test reported within private sector workplace settings has been on the decline from over 220,000 in the week beginning 1 July. In the latest week (17 to 23 February 2022), 70,288 tests were reported which is a decrease from 84,726 in the previous week. Of the tests reported in the latest week 1,618 tests returned a positive result, a decrease from 1,968 in the previous week (10 to 16 February 2022).

The number of LFD tests reported in the public sector workplace settings has declined overall since it peaked at over 64,000 in the week beginning 22 April. In the latest week (17 to 23 February 2022), 43,951 LFD tests were reported within public sector workplace settings, a decrease from 49,448 in the previous week. Of the test reported in the last week, 596 returned a positive result, a decrease from 821 positive tests in the previous week (10 to 16 February 2022).

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



This data can be found in the 'table\_16' tab of the 'Tests reported: 28 May 2020 to 23 February 2022 data tables' on the [Weekly statistics for NHS Test and Trace](#) 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 reported 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 [NHS Test and Trace methodology](#).

## Data quality

Given the importance of this service and the commitment of NHS 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>6</sup> are in place, it is likely that the number of tests reported are under-reported. 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.

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

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<sup>6</sup> Self-reporting LFDs are where the individual carrying out the test on themselves is expected to report their own test and subsequent result.

- the number of tests reported 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 reported 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 reported 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 cannot be used is outlined in the [NHS Test and Trace methodology](#).

## Future developments

We continue to explore the feasibility of adding new breakdowns to the publication on rapid testing to support user needs. Any future additions will be flagged here to signal forthcoming inclusion.

## About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

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