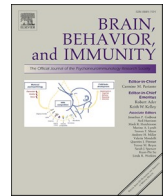




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## Letter to the Editor

## Mass COVID-19 testing and its implications amidst the Omicron variant surge

Dear Editor,

We read the article by Bhagavathula et al. (2022) with great interest. The Omicron (B.1.1.529) variant has been shown to be highly transmissible but less virulent (Bhagavathula et al., 2022). Patients are reporting less severe symptoms and fewer require oxygen support and critical care. As such despite record waves of COVID-19 cases, critical care capacity has not been severely strained unlike previous waves of the pandemic (El Guerche-Séblain et al., 2021).

Having successfully achieved high rates of COVID-19 vaccination, many countries around the world have not tightened movement restrictions but have instead moved towards relaxing these measures (Fisher and Mak, 2021) even with the emergence of the Omicron variant. There have indeed been questions about the test, trace and isolate strategy (Contreras et al., 2021) that has been employed since the start of the pandemic. People are worn out from COVID-19 daily case counts, changing public measures and restrictions.

Singapore continues to encourage regular testing and social responsibility in a bid to manage the pandemic numbers (Fisher and Mak, 2021). Whilst this has helped preserve critical care capacity, the current Omicron wave has predominantly strained primary care services nationally. This is unlike previous waves that primarily taxed critical care and acute hospital services. Those testing positive for COVID-19 on home-administered test kits continue to seek primary care even if they are asymptomatic or have mild symptoms. There are various reasons for this including patients' interests to register their diagnosis officially in the national health system and employers' handling amidst widespread community transmission with record daily cases. Furthermore, being registered officially allows for residents to collect free Antigen Rapid Test (ART) kits from vending machines nation-wide (Living with COVID-19, 2022). These ART kits are useful to facilitate early de-isolation as the national protocol allows for de-isolation once one tests negative after 72 h (Living with COVID-19, 2022). Negative ART tests are required for entry back to schools, childcare and eldercare facilities and into high-risk areas such as hospitals, long term care facilities and large-scale events. Furthermore, registering as having contracted COVID-19 would lead to exemptions for subsequent testing for a period of 180 days, COVID-19 vaccination booster doses and testing requirements for overseas travel (Living with COVID-19, 2022).

This has led to unprecedented attendances at primary care during this Omicron wave. Testing is advocated to encourage social responsibility to reduce the spread of COVID-19. However, it has created incentives to seek official testing at primary care and has strained healthcare services for administrative, rather than medical care reasons.

In response, the government and political leaders have come out to urge employers not to request for official medical certificates to account for absenteeism due to COVID-19. Telehealth providers and quick test centres have been rapidly scaled up to supervise self-administered ARTs which enable COVID-19 diagnoses to be registered into the national healthcare record system.

There are many public health, logistical and administrative issues to consider when dealing with a highly transmissible but less virulent strain of SARS-2-CoV. An integrated multi-pronged approach – involving stakeholders from policymakers, employers, society and public leaders – is essential for a rationalised adjustment to a new variant of COVID-19 in order to minimise pandemic fatigue and societal fallout.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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