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Editor's Note: Authors are invited to respond to Correspondence that cites their previously published work. Those responses appear after the related letter. In cases where there is no response, the author of the original article declined to respond or did not reply to our invitation.

Preprocedural COVID-19 Testing for High Risk Procedures

To the Editor:

We read with great interest the study published in this issue of *CHEST* by Abbas et al[1] that indicated that mandatory preprocedural COVID-19 testing for asymptomatic patients does not necessarily decrease infection rate among health care workers (HCW). Although it highlights the rate of symptomatic infection among the HCWs, the rate of asymptomatic infection among HCWs remains unknown. It is well-known that an age above 50 years, obesity, diabetes mellitus, heart conditions, and other chronic conditions are at high risk of severe infections.[2] Because we do not have the demographics, comorbid conditions, and the vaccination status of the HCWs in this study, we would like to raise the awareness that the results should be interpreted with caution because the research may be done with the HCWs who are at low risk of serious infections. Further, given that the rate of positivity in Florida during the study was 8.5% (2% to 24%),[1] the study may not be applicable for areas with higher infectivity rates. Major institutions across the United States still recommend mandatory preprocedural COVID 19 testing for asymptomatic patients who undergo procedures in a hospital setting that require anesthesia or deep sedation.[3-5] We agree with Abbas et al[1] that not mandating the test can reduce the burden on the health care symptoms and patients, but it may pose a risk to the HCWs. Until more data are available, replacing the reverse transcription polymerase chain reaction tests with rapid tests, extending the validity of preprocedure test results in specific scenarios may reduce the burden.[5] Because asymptomatic positive patients are a potential threat to HCWs with risk factors, more research is needed before loosening up the testing recommendation.

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Response

To the Editor:

We would like to thank Palaniswamy et al for their interest in our study[1] and for bringing to our attention genuine concern for asymptomatic infection and possible transmission. With regards to the demographics of bronchoscopy staff, we had a total of 18 health care workers (HCWs) in the bronchoscopy suite that included physicians, respiratory therapists, and nurses who were in close contact with the patients during the study period. The age ranged from 23 to 65 years, and several of them had comorbidities as highlighted by the authors; none of them had any evidence of symptomatic COVID infection during the study period.