Dear [Headteacher/Governor/Local Education Authority]

I wish to inform you that I do not give my consent for [\*\*\*\*] to have the SARS-CoV-2/COVID-19 Lateral Flow or PCR tests being offered. This includes tests performed at school, at home or elsewhere. I do appreciate that this has been presented as an important way of reducing transmission of COVID-19 in schools and I support these aims and that we are taking every precaution to reduce any such risk. I would like to reassure you that if [\*\*\*\*] develops symptoms of a respiratory illness we will inform you immediately and not attend school. Below I set out my reasons for opting my child out of this mass-testing and why any ‘consent’ obtained directly from my child would not be valid.

The proposed testing for SARS-CoV-2 in schools constitutes a mass screening programme. The rationale for mass testing in schools, however, is not backed by scientific evidence. The validity of screening programmes is based on the 10 Wilson-Junger Criteria[[1]](#endnote-1), published by the WHO in 1968 and accepted as the gold standard for more than 50 years. Mass testing for SARS-CoV-2 in schools fails to meet many of these criteria. Professor Allyson Pollock, Clinical Professor of Public Health has called for mass testing to be scrapped[[2]](#endnote-2).

I am therefore considering the impact this intervention will have on my family and the potential risk, even if rare, to [\*\*\*\*]’s health. A comprehensive review of over 50 published scientific papers by Professor John Ioannidis of Stanford University has shown that SARS-CoV-2 is less dangerous to children than yearly circulating flu viruses[[3]](#endnote-3). Therefore, any screening (and other) measures are not for the benefit of the children, which raises important ethical questions.

With respect to children being ‘asymptomatic carriers’, and posing a risk to teachers and parents, the scientific evidence does not support this hypothesis[[4]](#endnote-4). Children as ‘asymptomatic carriers’ has been promoted by the media as a fact, however, published data does not back this up[[5]](#endnote-5). What the research has made evident however is that children are less likely to become seriously ill from covid-19, be infected (<5% of overall cases in Europe) or to transmit the virus. Furthermore, there is no evidence of an increased risk of severe covid-19 outcomes in children living with adults. 300,000 healthcare worker households in Scotland were found to be less likely to be infected or hospitalised if they had young children. Scientific evidence shows that transmission between children is limited and very rare in schools. In countries where schools have remained open, they have yielded fewer positive cases than have been suggested by the media and teachers were not found to be at an elevated risk compared to other occupations.

Screening tests are required to be simple, safe, precise, and validated. These criteria are not met by either PCR tests, or Lateral Flow Tests (LFT)[[6]](#endnote-6). The LFT has been assessed using the PCR test as a gold standard. However, PCR tests are not designed for either diagnosis of infectious disease or for mass screening of asymptomatic populations, confirmed in the test instructions. They also have significant levels of false positives, which increase with the number of Cycle Thresholds used by the analysing laboratory.

There are no high-quality randomised controlled trials showing that PCR or LFT screening programmes are effective in reducing illness or deaths[[7]](#endnote-7). If either of these tests is used in a mass screening situation where there are very few real cases of COVID-19, such as mass screening of healthy, asymptomatic children then the false positive rate (i.e., children testing positively despite having no infection with SARS-CoV-2) will potentially be greater than true positives and will risk false outbreaks being declared and schools being unnecessarily shut down. These tests are therefore being used in an experimental and unscientific way.

Young people over the age of 16 can apparently self-consent, however it is not usual practice for this ‘Gillick competence’ to be applied to experimental procedures. Professor Deeks, leader of the Cochrane Collaboration’s COVID-19 Test Evaluation, states that Lateral Flow Tests are being used off label[[8]](#endnote-8), for a purpose they were not designed or approved for. It is not acceptable for children to be subject to experimentation, even during a pandemic, and their consent would not be valid.

All screening tests have negative psychological and physical impacts. It is therefore important that those being screened gain benefit from the procedure, and that these benefits outweigh the risks. In the case of screening schoolchildren with either PCR or Lateral Flow Tests this is not the case. The test is uncomfortable and invasive, with the potential to cause physical symptoms or damage and psychological trauma[[9]](#endnote-9), The child receives no benefit from testing negative, but will be expected to self-isolate for two weeks if they test positive. It is a “lose, lose” situation for the child.

UK and International Law is clear that consent must be given freely, without pressure or undue influence, and after receiving all relevant information. Rolling out a testing scheme in schools risks applying coercion to consent through peer- and societal-pressure and may lead to significant bullying in schools.

Many thanks indeed for considering my points and noting our non-consent for [\*\*\*\*] having any tests for SARS-CoV-2 performed.

Yours sincerely

1. [https://www.gp-training.net/ebm-audit-statistics/wilson-jungner-screening-criteria/https:/www.gp-training.net/ebm-audit-statistics/wilson-jungner-screening-criteria/](https://www.gp-training.net/ebm-audit-statistics/wilson-jungner-screening-criteria/https%3A/www.gp-training.net/ebm-audit-statistics/wilson-jungner-screening-criteria/) [↑](#endnote-ref-1)
2. <https://www.msn.com/en-gb/news/uknews/scrap-rapid-covid-tests-in-england-s-care-homes-experts-urge/ar-BB1bBPBq> [↑](#endnote-ref-2)
3. <https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v3> [↑](#endnote-ref-3)
4. <https://usforthem.co.uk/evidence/transmission-evidence/> [↑](#endnote-ref-4)
5. <https://www.bmj.com/content/371/bmj.m4851> [↑](#endnote-ref-5)
6. <https://www.bmj.com/content/371/bmj.m4436> [↑](#endnote-ref-6)
7. <https://www.bmj.com/content/371/bmj.m4438> [↑](#endnote-ref-7)
8. <https://www.bmj.com/content/371/bmj.m4469> [↑](#endnote-ref-8)
9. <https://www.standard.co.uk/news/health/coronavirus-swab-test-womans-nose-brain-leaked-a4562066.html> [↑](#endnote-ref-9)