Exploring the value of in-practice point-of-care testing (POCT) for high-risk groups

Background
Mounting evidence for poorer seroconversion and accelerating vaccine waning in clinical risk groups (CRGs) suggests that, even if vaccinated, monoclonals and antivirals may still be required. However, the efficacy of said alternatives are highly time sensitive. As such, a clinical workflow that unlocks access to these treatments in both a timely and antimicrobially-responsible manner is essential. In-practice point-of-care testing (POCT) may offer a solution to this dual challenge.

Aim
The present study investigated the uptake and prescription outcomes of POCT in a past patient cohort that attended primary care with symptoms of influenza-like illness (ILI). This work extracted CRG patient data from the overall cohort with a special emphasis on the immunosuppressed.

Method
Researchers utilised data gathered between October 2019 and March 2020 where POCT was instituted in 12 practices within the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) network. Researchers subdivided full cohort data (n = 648) by CRG and, specifically, immunosuppressed status.

Results
Patients in CRGs constituted 24.8% of swabbed patients; the immunosuppressed constituted 1.9%. Key predictors for POCT positivity in CRG patients were similar to those of the underlying cohort. Evidence was found for increased — and sometimes inappropriate — antibiotic prescription in CRGs via inflated odds ratios (ORs) between POCT positivity and antibiotic prescribing in these patients versus the full cohort (OR 0.75, 95% confidence interval [CI] = 0.31 to 1.80, P = 0.52 versus OR 0.61, 95% CI = 0.38 to 0.99, P = 0.03). Antivirals were consistently underutilised.

Conclusion
This work highlights the value of POCT for vulnerable patients.

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