Despite the massive reduction in air passengers flying into the UK over the last few months (see chart), I've been baffled since February that there's no airport testing.

Working with Dr Kit Yates from the University of Bath, Edge and Oxera were asked by an industry consortium* to review the evidence on the effectiveness of airport testing, which was covered in the press today.

The main reasons for the Government's reluctance to introduce arrival testing is a finding from a PHE model that it would detect only 7% of infected travellers and provide a false sense of security.

But the 7% only includes passengers that become detectable during the flight - anyone that is symptomatic or detectable before the flight is screened out of the model. Evidently, these people do fly to the UK and including them in the PHE model increases 7% up to 63%.

Importantly the outputs of the model are not calibrated on real-world data (we are looking into this now) or the wider Government strategy on Covid-19.

As Paul Nuki from the Telegraph puts it (much more coherently than me), there are three points:

"First, *the current policy does not consider actual infection rates in the country of origin and therefore fails to provide any real insight into the relative risk that inbound travellers pose to the UK population. Someone travelling from Donald Trump's Covid-splattered White House is treated exactly the same as someone flying in from southern Italy where the infection rate is lower than in much of Britain, for example.*

Second, *the UK national policy is one of viral suppression, not eradication as is being pursued in countries including Taiwan, South Korea and New Zealand. Yet the decision to not to allow testing at airports is premised on the idea that community transmissions from flight passengers should be zero. "These two positions are inconsistent", the authors note.*

Third *– and perhaps most powerfully – the authors point out that the current 14-day quarantine*

policy takes no account of compliance, estimated by some studies to be as low as 20 per cent."

Clearly, it's better to have a policy that captures most cases and is properly compiled with than one, which is hypothetically perfect but suffers from poor compliance.

As with the mutant-exams-algorithm and Excel-gate, the core problem is the lack of humanity in how models and algorithms are developed, considered, and turned into decisions. Too often, models are developed behind closed doors and become impervious to dissenting voices - as my article in the Telegraph today suggests the more we rely on models, the more this needs to change.

Read more about our work on air passenger testing, including the full report, here: https://www.edgehealth.co.uk/air-passenger-testing-schemes

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* *The consortium includes: Virgin Atlantic, IAG, TUI, Heathrow, MAG, Collinson, Airlines UK and IATA*

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