Injured individuals were identified and isolated early in infection, preventing spread.

**Interventions** Daily or frequent testing using three NAAT platforms, rapid point-of-care testing, and symptom monitoring.

**Main Outcome Measurements** COVID-19 infection.

**Conclusion** Routine RT-PCR testing allowed early detection of infection. Cycle threshold values provided a useful guidepost for understanding results. Confirmatory processing of initial positive values significantly improved PPV. Antigen POC testing was unable to reliably rule out COVID-19 early in infection. Adjudication processes were able to confirm or rule out SARS-CoV-2.

### 416 ASSESSING THE RISK OF SARS-COV-2 TRANSMISSION IN INTERNATIONAL PROFESSIONAL GOLF

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**Background** There is no published data on the incidence or risk of SARS-CoV-2 virus transmission when playing golf, a sport played outdoors where social distancing is possible.

**Objective** The purpose of this prospective study was to report incidence and transmission regarding SARS-CoV-2, of professional golfers competing on the PGA European Tour across 23 events in 11 countries.

**Design** Prospective cohort study

**Setting** PGA European Tour events

**Patients (or Participants)** Professional golfers participating on the PGA European Tour

**Interventions (or Assessment of Risk Factors)** Daily symptom and temperature checks, and weekly Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) screening were performed to determine potential carriage of SARS-CoV-2.

**Main Outcome Measurements** Onset and type of symptomology were analysed. Gene expression and Cycle Thresholds were reviewed for all positive cases. Repeat PCR testing was performed on all positive players. RT-PCR analysis included human house-keeping genes, and various RNA genes specific for SARS-CoV-2.

**Results** During the study period, there were 2900 RT-PCR tests performed on 195 professional golfers competing on the European Tour. Four players tested positive on-site during the study period (0.14% of tests; positive results were declared with Ct <40). Two positive tests were returned as part of routine protocols while two reported a history of close contact with an individual who had tested positive for SARS-CoV-2 and were isolated and targeted tested. All were asymptomatic at time of testing, with three developing symptoms subsequently. None required hospital admission. There was no transmission from player to player.

**Conclusions** Risk of transmission of SARS-CoV-2 virus can be mitigated by highly accurate RT-PCR testing of participants and by setting up a safe bubble which includes testing players and support staff, as well as all persons coming into contact with them during the course of the tournament for example drivers and hotel staff. This report can also provide reassurance for participants and policy makers regarding community golf, which can be encouraged for the health benefits it provides, in a relatively low risk environment, with minimal risk of transmission by observing sensible viral hygiene protocols.