Title: Testing and Tracing Paper

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Action required:
☐ For noting
☑ For discussion
☐ For decision

Approved for future publication: YES/NO (remove as applicable)
Testing and Tracing updated for NPHET, 25th of November

Updates are provided below regarding the following aspects of Testing and Contact Tracing:

1) Activity levels across sampling, laboratory testing and contact tracing,
2) Turnaround Times,
3) Support services for delayed tests,
4) Testing Programmes,
5) Process improvements,
6) Service Model: Testing and Tracing,
7) Update on key challenges and issues.

1. Activity levels across sampling, laboratory and contact tracing

Sampling in the community and in acute settings.

Over the past seven days, 16th – 22nd of November, there has been approximately 80,906 swabs taken for COVID-19 testing. A total of 37,085 of these were taken in the community, the majority were performed at fixed testing sites and a portion as home visits. Approximately 22,893 swabs were taken in acute settings. The remaining 20,928 swabs taken were taken as part of the Serial Testing programmes of staff in nursing homes and staff in food production facilities.

Please note; data from 15th – 21st of November show that the 0-10 age group makes up 17.7% of all referrals, the age group with the second largest percentage of referrals. The detected rate for the 0-10 age group is 3.5%. The 11-20 age group, which made up the highest percentage of all referrals, 18.1% of all referrals, have a significantly higher detected rate of 7.8%.

Laboratory Testing

There have been 77,605 lab tests completed in the past seven days. A total of 49,896 of these tests were processed in community laboratories and 27,709 tests were processed in acute laboratories.

Contact Tracing

Last week, a total of 11,468 calls were made in the Contact Tracing Centres. A total of 2,525 of these were Call 1s which involves the communication of a detected result. The remaining 8,943 calls that were completed related to contact tracing.

Over the past seven days, the average number of close contacts per case was 3.8.

Contact tracing is carried out in Galway (HSE), Limerick (HSE and Revenue), Cork (HSE), Dublin (Sandyford), Dublin (UCD), Parkgate street/Merion Lane and Kells (HSE).

We are introducing active surveillance of all contacts and cases this coming week. In addition to the daily active surveillance texts we have been sending since May we will call people daily or every second day to check in.

We are piloting Source Identification (Retrospective Tracing). We aim to implement this fully by mid December.
2. Turnaround Times  
(16th – 22nd of November)

End-to-end turnaround time

We continue to keep sharp focus on end-to-end turnaround times, highlighting any opportunity for improvement, while recognising that some cases are increasingly complex in nature.

Over the seven-day period, 16th – 22nd of November;

- The median end-to-end turnaround time, from referral to SMS, for not detected tests in the community setting was 1.4 days.
- The median turnaround time for time, from referral to communication of a detected result by SMS, in community settings was 1.8 days.
- The median end-to-end turnaround time, from referral to the end of contact tracing, for detected cases in the community setting was 2.1 days.

Overall Swab to laboratory result communicated - Medians

- 26 hours in Acute.
- 28 hours in Serial Testing.
- 28 hours in Community.

Referral to appointment

In the community, the median time from referral to appointment was 0.2 days.

92% of GP referrals are provided with a COVID-19 test appointment within 24 hours.

Swab to lab result

For swabs processed in a community lab, the median time for swab to lab result was 27 hours.

For swabs processed in an acute lab, the median time for swab to lab result was 15 hours.

The combined median time from swab to lab result was 25 hours.

Contact Tracing:

The median time to complete all calls, from the 16th – 22nd of November was 0.8 days, the average is 1.1 days.
3. Support services for delayed tests - Delayed Test Result Search Service for GPs, members of the public and HSE staff/healthcare workers.

**Note:** Since the 16th of November, a delayed test result is defined as two days or more since the COVID-19 test was taken. Prior to November 16th, a delayed test result was defined as three or more days since the COVID-19 test was taken.

**HSELive**

If a member of the public has been waiting longer than two days for a test result, they can contact HSELive on 1850 24 1850. The HSELive team will take all the required details and will send this information to the Delayed Test Result Search Service. The Search Service will get back to the caller directly and aims to complete searches within 24 hours of the @HSELive call.

- In the last seven days (Nov 16th – Nov 22th), 657 queries have been received.
- This has increased from last week where 436 queries were received. (50%↑ increase)
- This has decreased in comparison to the last thirty days, where 844 weekly queries were received on average. (22%↓ decrease)
- A total of 96% of queries received in the last seven days were fully resolved within the 24-hour target.

**GPs**

In collaboration with the ICGP, there is now an established email service for GPs whereby GPs can submit their query using a password protected form in respect of a delayed test result. Results are communicated to both the GP and patient.

- In the last seven days (Nov 16th – Nov 22th), a total of 10 queries have been received.
- This has decreased from last week where 26 queries were received. (62%↓ decrease)
- This has decreased in comparison to the last thirty days, where 13 queries were received weekly on average. (23%↓ decrease)
- A total of 80% of queries received in the last seven days were fully resolved within the 24-hour target.

**Healthcare Workers & HSE Occupational Health**

Staff can enquire about their delayed test result via the Healthcare Worker Covid-19 Helpline on 1850 420 420. Queries are directed to the Delayed Test Result Search Service. Occupational Health can also direct queries to the Search Service via the GP email address using a password protected form. Results are communicated to both occupational health physician and healthcare worker.

- In the last seven days (Nov 16th – Nov 22th), 119 queries have been received.
- This has increased from last week where 47 queries were received. (153%↑ increase)
- This has also increased in comparison to the last thirty days, where 67 weekly queries were received on average. (78%↑ increase)
- A total of 97% of queries received in the last seven days were fully resolved within the 24-hour target.
4. Testing Programmes

Serial Testing Programmes

**Serial Testing in Nursing Homes**

Serial testing in nursing homes commenced on the 23rd of June. To date, the programme has completed 314,581 tests and identified 981 detected cases. This is a detected rate of 0.31%.

Cycle 5 of serial testing in nursing homes commenced on the 11th of November for a four-week period. As of the 24th of November, Cycle 5 of serial testing has completed 30,090 tests and identified 132 detected cases. This represents a detected rate of 0.44%.

Currently results are being provided to Nursing Homes within 48 hours where these results were previously communicated after 72 hours.

At present, work is underway to include mental health facilities and disability services that provide 24-hour care to their residents, as part of this serial testing programme. Direction on the inclusion rationale of these facilities is being guided by Public Health.

A schedule of testing over the Christmas period is being developed and will be communicated over the next week.

**Serial Testing in Food Production facilities**

Serial testing in food production facilities commenced on the 21st of August. To date, the programme has completed 58,071 tests and identified 300 detected cases. This is a detected rate of 0.52%.

Cycle 3 of the food production serial testing programme commenced on the 9th of November for a four-week period. As of the 24th of November, Cycle 3 of serial testing has completed 10,004 tests and identified 73 detected cases. This represents a detected rate of 0.73%.

The HSE is working closely with internal and external stakeholders to identify and implement improvements which can be built into the serial testing programme and has increased the level of communications with food production facilities. A number of facilities have identified that additional seasonal staff will be hired, in order to meet the increased Seasonal demand throughout the months of November and December. The increase in staff numbers is factored into the planning of testing cycles and has resulted in additional facilities being included in the serial testing programme.

The next cycle of testing is currently being planned which will cover the Christmas period and will be communicated over the next week.

**Schools Testing Programme**

COVID-19 testing is ongoing in school settings and childcare facilities. As of November 24th, 1,022 facilities (primary school, post primary school, special education and childcare facilities) have had/are having some testing completed based on a Public Health Risk Assessment. A total of 26,400 tests been carried out as part of this mass testing. From the 1,022 schools that had mass tests, there
have been an additional 716 detected cases have been identified over and above original cases. This is a detected rate of 2.7%.

Note: The mechanism by which results are matched to referrals in the system has been improved to avoid duplicate results being reported, where multiple referrals exist for an individual. This has resulted in a reduction of the overall number of detected results reported associated with mass testing in schools and/or childcare facilities. Taking this improvement into account, as of November 24th, the total number of detected cases associated with mass testing in a school setting and/or childcare facility is 716.

5. Process Improvements

We continue to work to improve turnaround times, consistency and our end-to-end testing pathway in general. This section presents the latest set of enhancements.

Data quality improvements

Several major improvement initiatives have been identified to improve the test and trace process. When complete, these will deliver faster results to the public, accelerate issue resolution and enhance overall operational management and effectiveness. Immediate priority improvement initiatives include standardising a process for patients who enter the system with insufficient or missing data and optimising a data flow across systems to update patient data as and when it becomes available.

There is a focus on the handling of in-between results, such as indeterminate, inhibitory, invalid and not tested. A newly developed process to manage these results went live on November 24th. This process will ensure that any individual who had a COVID-19 test, where an outcome could not be determined, is contacted promptly by the contact management programme and a re-test is organised where required, in line with Public Health requirements.

Further investigation is also underway into ‘unknown’ test results which are being received from acute labs. Active follow up and solutions are being put in place to deal with these scenarios. A new process has recently been implemented in order to obtain the exact causes of unknown results allowing these instances to be treated accordingly.

Additional initiatives are being considered in relation to acute labs in order to identify opportunities for greater efficiency following the initial point of data capture. Specific pathways are being explored that relate to inpatients and the prevention of additional communication being provided, following provision of test results by a physician. At first, these pathways will be explored in relation to one acute hospital before considering how these improvements can be rolled out to acute hospitals on a wider basis.

As well as this improvement, work is ongoing to investigate the data flow between COVID Care Tracker (CCT) to Public Health’s system (CIDR), specifically analysis is being carried out on how best to automate this process.
GP Testing Pathway

The HSE, in recognising the critical role of the GP practice, has developed a testing pathway for symptomatic GPs and their practice colleagues to minimise the time from the point of referral to communication of result. The aim of which is to support efforts to reduce any interruptions to the delivery of GP services to the public. This enhanced testing pathway went live on the 23rd of November, 2020.

The key elements of this enhanced testing pathway include a new referral category which has been created for this group. Additionally, GP staff have the ability to seek access to a faster test appointment, if the appointment is not granted within the same day, assuming their referral was created before 11am that day. The individual can contact the Central Administration Team who will work to accommodate an earlier appointment, potentially at a different test centre location.

Finally, when the GP staff member attends for a test, best efforts are made to pack their swab with schools testing samples, as this will help to ensure that the sample is treated as priority in the lab. If there are no schools’ samples at a given test centre, on the day of the GP practice members swab, these swabs are packed as normal.

Family Referrals

The HSE has developed the option for members of the same family group, who have valid referrals for COVID-19 tests, to attend a test appointment centre in their family group.

If a family group have allocated appointments over the course of a single calendar day, we can accommodate all of these at a single visit, it is recommended that the family arrive for the earliest appointment time. If a family group have allocated appointments at a testing centres over 2 calendar days, we can accommodate the family group at a single visit, if the family attend on the earlier appointment day. If a family group have allocated appointments at different testing centres on a single calendar day, we can accommodate all of these at a single visit to one test centre. It is recommended that the family arrive to the test centre which most persons have been allocated.
6. **Service model: Test and Trace**

The implementation of the service model for Test and Trace is continuing. This includes recruitment to enable the staffing of the service model for community swabbing, labs and contact tracing and estate development in terms of a permanent and sustainable testing centre and contact centre footprint.

The recruitment of additional contact tracers has onboarded 530 contact tracers to date. A further 100 contact tracers are expected to be onboarded by the 29th of November with an additional 70 onboarded week ending 6th of December. A total of 440 additional people has been onboarded to date to carry out swabbing activities, whilst additional candidates are currently going through the compliance and interview process. When this recruitment drive is complete, any requirement for further resources to support the test and trace system will then be reviewed.

Engagement between the Minister, the Department of Health and the HSE has continued in respect of testing volumes and associated costs. With respect to testing volumes, the HSE is working toward daily capacity in the region of 25,000 tests. Several programmes of work are in place to implement this and to ensure a stable, quality assured service is developed at this scale. The next step is to finalise and agree the associated costs for the service with the Department of Health. The estimated costs have been shared with the Department for their review and input.
7. **Update on any key challenges/issues**

1. The volume of mass testing in school and childcare facilities is an additional and considerable strain on Public Health Departments, who take the lead when assessing risks in a school setting in the case of a confirmed case or a confirmed or suspected outbreak. To mitigate this, there is an enhanced testing pathway for schools in operation. The overall aim of this testing pathway is to ensure that testing at schools follows a single consistent process, that tests can be grouped (such that results come back in a batch and can be clearly linked to the specific school for follow-up) and that increased administrative support is made available to public health. The HSE have implemented a Public Health school support team and created additional support videos for school principals and parents alike.

2. Over the past week, we have seen a slight increase in demand for community testing. It is likely that current restrictions are impacting the demand on the test and trace system. In order to ensure that our services can continue to meet demand now and when restrictions are of a lesser extent, a recruitment drive is underway and is an example of actions we are taking in response to critically assessing the demand on the test and trace system.

The HSE is currently recruiting additional test and trace staff; 530 contact tracers have been onboarded to date. A further 100 contact tracers are expected to be onboarded by the 29th of November with an additional 70 onboarded week ending 6th of December. A total of 440 additional people has been onboarded to date to carry out swabbing activities, whilst additional candidates are currently going through the compliance and interview process. When this recruitment drive is complete, any requirement for further resources to support the test and trace system will then be reviewed.

3. The HSE continues to review the demand for testing across the country, opening up additional pop up centres, where necessary to meet demand. As of 24th of November, there are 36 testing centres in operation, 33 static test centres and 3 pop up test centres. These three pop up test centres open in Carlow Town, the Cleary Centre in Donegal Town and Charlestown in Finglas. Provision of greater clarity and guidance to members of the public on how to safely travel to a Test Centre is available on HSE.ie and additional guidance has been issued to GPs.