Title: NPHET Test and Trace Paper

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NPHET Testing and Tracing Paper, 14th of January 2021

Updates are provided below regarding the following aspects of Testing and Contact Tracing:
1. Activity levels across referrals, sampling, laboratory and contact tracing

**Referral Data and results**
Referral data from 4th – 10th of January shows that the group with the largest amount of all referrals is the 21-30 age group, which makes up 22.4% of all referrals. The detected rate for the 21-30 age group is significantly high at 29.4%.

**Sampling in the community and in acute settings.**
Over the seven-day period, 6th – 12th of January, there has been approximately 156,903 swabs taken for COVID-19 testing. A total of 97,320 swabs were taken in the community, the majority were performed at fixed testing sites and a portion as home visits. Approximately 33,259 swabs were taken in acute settings. The remainder 26,324 swabs were taken as part of the Serial Testing Programmes of staff in Residential Care Facilities and staff in Food Production Facilities.

**Laboratory Testing**
Over the seven-day period, 6th – 12th of January, there has been 166,930 lab tests completed. A total of 107,556 of these tests were processed in community laboratories, 36,906 tests were processed in acute laboratories, 6,360 were processed in private labs and 16,108 in offshore labs.

**Contact Tracing**
Contact tracing is carried out in contact tracing centres in Galway, Limerick, Cork and Dublin.

On the 1st January we changed the way we organise our work to respond to the significant surge in cases by doing call 1 (inform positive patient) and call 2 (take contact details) together, therefore these calls are reported in this paper as 1.

From 6th – 12th of January, a total of 39,382 calls were made in the Contact Tracing Centers. A total of 33,312 of these calls were Call 2 as. This call informs the patient that they have received a detected COVID-19 result and collects their contacts. A total of 6,070 of these calls were Call 3s. A number of individuals who are deemed close contacts are being referred for a COVID-19 test, close contacts associated with an outbreak setting, a school or childcare setting and health care workers.

From 6th – 12th of January, of those tested with close contacts, the average number of close contacts per case was 3. As of 1st January, close contacts no longer receive a phone call, they receive a SMS which notifies them of their close contact status and to provides public health advice.
2. Turnaround Times (6th – 12th of January)

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 6th – 12th of January;
- The median end-to-end turnaround time, from referral to SMS, for not detected tests in the community setting was 1.8 days.
- The median turnaround 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 results in the community setting was 2 days.

Overall Swab to laboratory result communicated – Medians

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

Referral to appointment
In the community, the median time from referral to appointment was 0.3 days.

92.5% 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 22 hours.
For swabs processed in an acute lab, the median time for swab to lab result was 24 hours.
The combined median time from swab to lab result was 24 hours.

Contact Tracing
The median time to complete all calls is currently 0.55 days.
3. Delayed Test Services

**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 (Jan 5th – Jan 11th), 1263 queries have been received.
- This has decreased from last week where 2497 queries were received. (49% decrease).
- This has also decreased in comparison to the last thirty days, where 1347 weekly queries were received on average. (6% decrease).
- A total of 97% 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 (Jan 5th – Jan 11th), 44 queries have been received.
- This has increased from last week where 21 queries were received. (109% increase).
- This has also increased in comparison, where 17 queries were received weekly on average. (158% increase).
- A total of 76% 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 (Jan 5th – Jan 11th), 53 queries have been received.
- This has increased from last week where 44 queries were received. (20% increase).
- This has also increased in comparison to the last thirty days, where 42 weekly queries were received on average. (26% increase).
- A total of 98% of queries received in the last seven days were fully resolved within the 24-hour target.
4. Testing Programmes

**Serial Testing in Residential Care Facilities**
Serial testing in Residential Care Facilities (RCF) commenced on the 23rd of June. To date, the programme has completed 444,928 tests and identified 2,479 detected cases. This is a detected rate of 0.56%.

Cycle 7 of serial testing of RCF’s commenced on January 4th, as of January 13th a total of 26,996 tests have been completed, with 593 detected cases (detection rate: 2.20%).

At present, work is underway to include mental health facilities and disability RCFs that provide 24-hour care to their residents, as part of this testing programme. Direction on the inclusion rationale of these facilities is being guided by Public Health. Staff from one Disability RCF’s were tested on December 18th as a trial in order to gather lessons learned for upcoming testing requirements.

**Serial Testing in Food Production Facilities**
Serial testing in food production facilities commenced on the 21st of August. To date, the programme has completed 88,271 tests and identified 531 detected cases. This is a detected rate of 0.60%.

Cycle 4 of the food production serial testing programme commenced on the 7th of December and concluded on the 11th of January. Cycle 4 of serial testing has completed 19,749 tests with 170 Detected Cases (0.86% detection rate).

Cycle 5 of serial testing commenced on 12th of January and as of the 13th of January, a total of 1,706 swabs have been completed with 5 detected cases (detection rate: 0.29%).

**Schools Testing Programme**
COVID-19 testing is ongoing in school settings and childcare facilities. As of January 12th, 1,560 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 43,956 tests have been carried out as part of this mass testing. From the 1,560 facilities that had mass tests, an additional 1,375 detected cases have been identified over and above original cases. This equates to a detected rate of 3.1%.
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 investigation to ensure facilities that are part of serial testing are receiving an overview of their results as quickly as possible. Ensuring accurate data is submitted when the test is being scheduled will generate faster and more accurate reports.

A comprehensive review of Pending Patient Queue processes has been conducted and will be finalised this week. This will ensure that patients with a detected case of COVID-19 that have been identified as having a DQ issue, will be resolved and added to the call queue more expediently. The process for dealing with 'unknown' test results has been working well, with active follow-up and solutions being iterated to deal with these scenarios.

Additional initiatives are being considered with acute labs to identify more significant efficiency opportunities following the initial data capture point. Specific pathways are being explored that relate to the identification of hospital inpatients that have undergone a COVID-19 PCR Test and the prevention of further communication being provided. A trial has commenced in an acute hospital to test improvements that have been identified. Upon successful completion, implemented improvements may be rolled out to a broader number of acute hospitals. An overview has been developed to indicate expected timings and to consider critical aspects of an automated solution.

Ongoing investigation and results monitoring analysis are underway to identify the source of insufficient data entering the CRM system, Covid Care Tracker. Where required, appropriate guidelines and next steps are communicated to ensure processes are improved and continuous data quality improvements.
6. Service model: Test and Trace

The implementation of the service model for Test and Trace is well progressed. 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.

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 towards 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, which have been shared for review and input.

The service experienced a significant and unprecedented surge between 22nd December and this week commencing. Recent trends are showing an abatement in terms of referral activity (15.4% decrease week on week), positivity (currently c.20%, down from a peak of 25.3%) and the average number of close contacts (currently 3.1). In response to this surge short-term escalation of activity, plans were put in place to prioritise the available capacity. This enabled the service to meet demand far beyond the standing capacity and levels predicted. Demand planning scenarios are being refreshed on an ongoing basis to support operational planning and a resumption of normal service across the end-to-end pathway.

Recruitment of staff to support contact tracing activity and swabbing activity is ongoing. As of 8th of January, a total of 826 staff have been hired and retained to support the contact tracing function. As of 8th of January, a total of 661 swabbers have been placed.
7. Update on any key challenges/issues

1. Over the past week, we have seen a slight decrease in demand for community testing as well as a slight decrease in positivity rate (19.1% this week, vs. 20.1% last week). A total of 22.4% of all referrals in the last week were associated with the 21-30 age group.

In order to ensure that our services can continue to meet demand now, the Community Testing team are working above the stated capacity at present. To deliver this level of testing, the full team of over 600 community swabbers are being deployed. In addition, the network of testing centres is also set up to address this surge in demand. There are 35 permanent community testing centres currently operating. In addition, we are deploying additional pop-up test centres in areas of most acute need. These have included the following: Tallaght Stadium, St Joseph’s Hospital Limerick, Donegal Town, Slane, New Ross, Ennis and Waterford City. In addition, there are 6 NAS teams available to support establishment pop-up centres at short notice, as needed to support surge capacity

In addition, our network of labs has a daily capacity of 24,750 tests in our community labs, 2,000 tests in our offshore labs and an additional 4,000 lab capacity in our acute labs. Our lab network has engaged surge capacity in order to respond to the significant increases in demand felt across the test and trace system.

This influx in volumes has also had an impact in our contact tracing centres. This increase has required a combined Call 1 and Call 2, an individual will be informed of their detected result and their contacts will be collected in one single call. Furthermore, as of 1st of January, close contacts are not receiving a phone call to inform them of their close contact status but instead receive a text message.