Title: Testing and Tracing NPHET Paper, 22nd of October

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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, 22nd of October

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

1) Activity levels across sampling, laboratory testing and contact tracing,
2) End-to-end turnaround times,
3) Support services for delayed tests,
4) Process improvements,
5) Serial Testing Programme,
6) Future Service Model: Testing and Tracing,
7) Current 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, 13th – 19th of October, there has been approximately 115,271 swabs taken for COVID-19 testing. Over 73,988 of these were taken in the community, the majority were performed at fixed testing sites and a portion as home visits which have increased in recent weeks. Approximately 21,521 swabs were taken in acute settings. The remaining 19,762 swabs taken were taken as part of the Serial Testing programmes of staff in residential care facilities for older persons and workers in food production plants.

Please note; data from 11th October – 17th October shows that the 0-10 age group makes up 14.5% of all referrals, a slight increase from last week where this age group made up 14.2% of all referrals. The age group with the highest percentage of referrals from 11th October – 17th October is the 11-20 age group, making up 19.8% of all referrals. The detected rate of this 11-20 age group, from this sample of 4th October – 10th October is 10.8%.

Laboratory Testing

There have been over 111,688 lab tests completed in the past seven days. Approximately 83,440 of these tests were processed in community laboratories and 28,248 processed in acute laboratories.

Contact Tracing

Last week, a total of 27,726 calls were made in the Contact Tracing Centres. A total of 4,884 of these were Call 1s which involves the communication of a detected result. A total of 22,842 calls were completed relating to contact tracing.

Over the past seven days, the average number of close contacts per case was 4.4.

There are four contact tracing centres currently in operation to support the contact tracing work, these are open in Galway, UCD, Limerick and Cork. Overall staffing has been increased to meet demand in line with our triggers and escalation plan.
2. **Turnaround Times**  
   *(13th – 19th of October)*

**End-to-end turnaround time**

Over the seven-day period, 13th October – 19th October, the median end-to-end turnaround time for **not detected** tests in the community setting was 2 days.

Please note that both **detected and not detected** results are now being communicated by text message. The TAT systems are currently being updated to capture this. Once available this will be included in this report. However, the new system does mean detected cases are contacted within the same timeframe roughly as detected cases, meaning

Over the seven-day period, the median end-to-end turnaround time for detected tests in the community will be similar to not detected at 2 days to notification of positive. Tracing however has experienced a backlog so the time to call all contacts is at a median of 3.8 days. We have taken actions to address this.

Across all our testing service pathways including community, acute and serial testing programmes, the current end to end turnaround time for detected and not detected results from referral to communication of result was a median of 1.9 days.

We are continuing to keep sharp focus on end-to-end turnaround times, while recognising that some cases are increasingly complex in nature.

**Overall Swab to laboratory result communicated - Medians**

- 25 hours in Acute
- 29 hours in Serial Testing
- 32 hours in Community

**Referral to appointment**

In the community, the median time for community referral to appointment was 0.8 days.

94% of GP referrals are provided a swabbing appointment the same day or next day.

**Swab to lab result**

For swabs processed in a community lab, the median time for swab to lab result was 28 hours.

For swabs processed in a hospital lab the median time for swab to lab result was 16 hours.

The combined median time from swab to lab result was 27 hours.

**Contact Tracing:**

The median time to complete all calls for contact tracing, from the 13th – 19th of October was 3.8 days.

The time to complete all calls is 3.8 days due to a number of factors;
Firstly, there is an increase in the number of calls being made, with an increase of 4,742 calls on last weeks volumes. Secondly, calls are becoming more complex as contact tracers are met with frustration from those who are receiving the close contact calls. It is important to note that some laboratory results are received late in the evening and informing patients of a detected result takes place the next morning.

The impact of the high number of contact tracing calls required can be seen over the past weekend. In response to the high numbers of people testing detected for COVID-19 over the past weekend, and in a continuing effort to maintain effective turnaround times for contact tracing, the HSE is asking a limited number of people to alert their own close contacts of their detected result. This step is being taken to ensure that each person receives information as quickly as possible, allowing them to be aware of their status and to take action to care for themselves, and protect others from infection.

People who received notification by SMS of a detected COVID-19 result on Friday 16, Saturday 17 or Sunday 18th October, will from today (21st October) receive a second text message which can be forwarded to their close contacts. The message advises close contacts of the detected result and that they should restrict their movements and immediately contact their GP to arrange a test. This SMS will be replacing the traditional contact tracing call for these people. The HSE is making calls as usual to people who tested detected from Monday 19th onward, in order to focus on achieving the shortest possible turnaround time to alert all close contacts from this week.

This one-off temporary measure is being implemented in consultation with GPs, to ensure those affected are tested as quickly as possible. This step is also to support our contact tracing teams who continue working under significant pressure due to the increasing detected rate at this point in the pandemic.

The HSE is also currently recruiting additional contact tracers; the first 600 people are through the interview process, and 230 have been hired so far. We expect to continue bringing in 60-70 new staff to the service every week over the coming period. The HSE plans to recruit up to an initial 800 tracers, and then review the requirement for further recruitment.
3. **Support services for delayed tests** - Delayed Test Result Search Service for GPs, members of the public and HSE staff/healthcare workers. A result is considered delayed if not received within 3 days of having had a COVID-19 test.

**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 (Oct 12th – Oct 18th), 31 queries have been received.
- This has increase from last week where 18 queries were received (72% ↑ increase).
- This has decreased slightly in comparison to the last thirty days, where 32 queries were received weekly on average (3% ↓ decrease).
- A total of 87% of queries received in the last seven days were fully resolved within the 24-hour target.

**HSELive**

If a member of the public has been waiting longer than three 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 (Oct 12th – Oct 18th), 1614 queries have been received.
- This has increased from last week where 1175 queries were received (38 % ↑ increase).
- This has also increased in comparison to the last thirty days, where 1191 weekly queries were received on average (35 % ↑ increase).
- A total of 96% 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 (Oct 12th – Oct 18th), 74 queries have been received.
- This has decreased from last week where 37 queries were received (50% ↑ increase).
- This has also decreased in comparison to the last thirty days, where 58 weekly queries were received on average (21% ↓ decrease).
- A total of 88% of queries received in the last seven days were fully resolved within the 24-hour target.
4. Update on developments/process enhancements

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. Work is also ongoing to investigate the data flow between COVID Care Tracker (CCT) to Public Health’s system (CIDR) and analysis being done on how best to automate this process.

Schools Testing Process

Following the return of students to primary schools, secondary schools and various after school services at the end of August there is now a demand for testing of groups of students where a detected case has been linked to a school setting. To cater for this new testing pathway a working and steering group were set up to define a clear and concise process for schools testing. This group has developed a testing pathway, templates for data collection and communication materials with the Department of Education.

A process is currently in operation to support all ongoing schools testing including childcare facilities. As of October 20th, 544 schools have had/are having some testing completed as a consequence of a Public Health Risk Assessment. From the 544 schools that had mass tests there have been an additional 355 detected cases have been identified over and above original cases. 13,289 students and teachers have been involved in mass testing.

SMS to patients who receive a detected COVID-19 result

As of 12th of October, patients who receive a COVID-19 detected result, will receive a text message to inform them of their result where a valid mobile number has been provided. This is an improvement to the current process and will result in a reduced turnaround time ensuring individuals are notified as soon as possible. The national contact tracing centre will be in contact with this person to provide clinical guidance and to carry out relevant contact tracing as per the normal end to end process.

Additional testing centres opened to meet growing community demand

Additional testing centres have been opened in areas identified where improved access to local testing was needed. This includes a large-scale testing centre which was opened in Croke Park on 12th October to improve accessibility to those requiring testing in the North City and surrounding areas. A testing centre was opened on 5th October in Galway City. There is also an additional pop-up centre in Cork City on the opposite side of the city to the Lee Testing Centre is, this is in its second
Finally, greater guidance has been provided to both HSELive Staff and to Contact Tracing Teams to encourage those who may wish to avail of home testing to understand how to travel safely to a Community Testing Centre.
5. **Serial Testing Programmes**

**Serial Testing in Residential Care Facilities (RCFs) for Older Persons**

A number of improvement initiatives continue to be in place for the serial testing of all staff in RCFs. These include revised timetables for swab collections, automated reporting via dashboards, training material to support the RCFs in both swabbing and packaging of swabs and the set-up of direct access to the test referral system, for each RCFs to improve data quality.

Cycle 3 of serial testing of all staff concluded on Tuesday, 13th of October. Cycle 3 of this serial testing programme has carried out 61,420 tests carried with 261 cases detected. This represents a detected rate of 0.42%.

Cycle 4 of serial testing of all staff in RCFs commenced on Wednesday, 14th of October. As of 20th of October, there has been 13,929 tests carried out, with 106 cases detected. This represents a detected rate of 0.78%.

**Serial Testing in Food Production facilities**

Cycle 2 of serial testing of food production facilities has commenced on 12th of October with a planned four-week cycle. As of 20th of October, Cycle 2 has carried out 4,746 tests with 29 detected cases. This represents a detected rate of 0.61%. The HSE is working closely with internal and external stakeholders to identify and implement improvements which can be built into the serial testing programme.

An increased level of communications with Food Processing facilities has been implemented to continually improve this programme of serial testing. Some facilities have identified they will be hiring additional seasonal staff to manage demand throughout November and December which is being factored into planning of any future rounds of testing.
6. **Future Service model: Testing and Tracing**

Implementation is continuing of the service model for Test and Trace including recruitment to enable the staffing of the service model for community swabbing, labs and contact tracing and Estate improvement in terms of a permanent and sustainable testing centre and contact centre footprint.

Progress has been made on four key areas, identified in the Future Operational model report as requiring further work:

1. Process improvements to enhance GP referral OOH evening and weekend service.
2. Plan to increase testing capacity beyond 15k per day across the end to end pathway as well as the implications in terms of cost, workforce and operational requirements.
3. Implementation of the enduring governance structures and the design and strengthening of capabilities underpinning the core functional areas and accelerated recruitment for these posts.
4. Development of core high-level service KPIs and a roadmap outlining their evolution.

The overarching priority now is to continue to develop and mobilise all projects across the pathway in line with the stated model improvements, while remaining flexible to the evolving requirements of the pandemic and the Test and Trace response.
7. **Update on any key challenges/issues**

1. There continues to be an increasing demand for testing across the community. There are many actions which are in place to address this demand. These actions include continued expansion of opening hours at testing centres, augmentation of resources at testing centres and deployment of pop up testing centres in various areas of the country.

2. The proportion of complex cases to routine cases has increased and this is likely to continue as increased mass testing in congregated settings is required. This presents a risk that the demands on Public Health Departments who manage complex cases will increase beyond available capacity. The bulk testing protocol and ongoing public health alignment initiatives are designed to mitigate this risk.

3. There is increasing demand for staff who have been temporarily seconded to swabbing centres and contact tracing centres to return to their permanent roles. This risk will need to be mitigated to protect the testing and tracing service in advance of the implementation of the strategic solution. This risk is currently being mitigated through a recruitment drive which is underway. This recruitment drive is an example of actions we are taking in response to critically assessing the demand on the test and trace system. The HSE is also currently recruiting additional contact tracers; the first 600 people are through the interview process, 65 new staff started on 6th October and 70 started last week. We expect to continue bringing in 60-70 new staff to the service every week over the coming period. The HSE plans to recruit up to an initial 800 tracers, and then review the requirement for further recruitment.

4. The test appointment queue continues to increase and specifically, the list for patients requesting home tests through NAS is also increasing. Given the current wait period of for a home test, as well as a return to a regular schedule for NAS, there is an increasing pressure on the system that is impacting those who genuinely require a home test. A number of actions have been taken to address this challenge. These actions include the provision of greater clarity and guidance to members of the public on how to safely travel to a Test Centre – new information has been posted on HSE.ie and additional guidance has been issued to GPs.

5. The resumption of schools is already driving increased demand for testing. This is likely to put a considerable additional 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 lined to the specific school for follow-up) and that increased administrative support is made available to public health.