Testing and Tracing updated for NPHET, 5th 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) 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, 27th of October- 2nd of November, there has been approximately 89,502 swabs taken for COVID-19 testing. Over 48,205 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 20,844 swabs were taken in acute settings. The remaining 20,453 swabs taken were taken as part of the Serial Testing programmes of staff in residential care facilities for older persons and staff in food production plants.

Please note: data from 25th October – 31st October shows that the 0-10 age group makes up 15% of all referrals, a slight decrease from last week where this age group made up 16.2% of all referrals. The age group with the highest percentage of referrals from 25th October – 31st October is the 21-30 age group, making up 17.8% of all referrals. The detected rate of this 21-30 age group, from this sample of 25th October – 31st October is 8%.

Laboratory Testing

There has been c.87,001 lab tests completed in the past seven days. Approximately 61,777 of these tests were processed in community laboratories and 25,224 processed in acute laboratories.

Contact Tracing

Last week, a total of 19,839 calls were made in the Contact Tracing Centres. A total of 4,440 of these were Call 1s which involves the communication of a detected result. A total of 15,399 calls were completed relating to contact tracing.

Over the past seven days, the average number of close contacts per case was 3.6.

Contact tracing is carried out in HSE Galway, HSE Kells, HSE Cork, Defence forces Cork, Defence forces Athlone, Defence forces Dublin, Revenue Commissioners Limerick and UCD.

A new steering group has been established to drive a 6 week service improvement plan for contact tracing. It will set a clear vision and set of actions to be implemented to improve the service overall.
2. Turnaround Times
(27th of October- 2nd of November)

End-to-end turnaround time

Both detected and not detected results are now being communicated by SMS. This enhancement made to the test and trace system has resulted in an improved turnaround time for the end to end process. 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, 27th of October- 2nd of November;

- The median end-to-end turnaround time for not detected tests in the community setting was \(1.8\) days.
- The median turnaround time for time from referral to communication of a detected result in community settings was \(2\) days.
- The median end-to-end turnaround time for detected cases in the community is \(2.1\) days.

Overall Swab to laboratory result communicated - Medians

- \(27\) hours in Acute
- \(28\) hours in Serial Testing
- \(29\) hours in Community

Referral to appointment

In the community, the median time for community referral to appointment was \(0.2\) days.

\(92\)% of GP referrals are provided a swabbing appointment within 24 hours.

Swab to lab result

For swabs processed in a community lab, the median time for swab to lab result was \(26\) hours.

For swabs processed in a hospital 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 for contact tracing, from the 27th of October- 2nd of November was \(0.8\) days.
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 26th – Nov 1st), 7 queries have been received.
- This has decreased from last week where 22 queries were received. (68%↓ decrease)
- This has also decreased in comparison to the last thirty days, where 18 queries were received weekly on average. (61%↓ decrease)
- A total of 100% 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 26th – Nov 1st), 1,327 queries have been received.
- This has decreased from last week where 2,106 queries were received. (36%↓ decrease)
- This has also decreased in comparison to the last thirty days, where 1485 weekly queries were received on average. (11%↓ decrease)
- A total of 94% 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 26th – Nov 1st), 63 queries have been received.
- This has decreased from last week where 103 queries were received. (38%↓ decrease)
- This has also decreased in comparison to the last thirty days, where 65 weekly queries were received on average. (3%↓ decrease)
- A total of 87% 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.

A process improvement initiative went live on 2nd of November which will result in a faster turnaround time for non-detected results, where texts fail in the system. These individuals will now be called within a day of their text failing, rather than a letter being processed and sent. As well as this improvement, work is 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. Further investigation is also underway into ‘unknown’ test results which are being received from acute labs with active follow up and solutions being put in place to deal with these scenarios.

Latest release of the COVID Tracker App

The COVID Tracker app currently has 1.32 million users and has sent close contact alerts to 8.2k people, allowing them to restrict their movements quickly and get receive access to testing.

The latest release of the COVID tracker App has been launched with a new feature specifically developed for healthcare workers. The new feature allows the user to pause contact tracing for a period and will thereafter send you a reminder to switch the function back on.

It is recommended that if a healthcare worker is wearing appropriate PPE when providing care to patient that this feature is paused. Using this functionality to pause contact tracing will ensure that healthcare workers don’t receive close contact notifications for periods of time when they are wearing appropriate PPE.
Schools Testing Process

A process is currently in operation to support all ongoing schools testing including childcare facilities. As of November 3rd, 657 school facilities (primary, post primary and special education) have had/are having some testing completed based on a Public Health Risk Assessment. From the 657 schools that had mass tests there have been an additional 444 detected cases have been identified over and above original cases. 17,167 students and teachers have been involved in mass testing.

As of November 3rd, 174 childcare facilities have had/are having some testing completed based on a Public Health Risk Assessment. From the 174 childcare facilities that had mass tests there have been an additional 190 detected cases have been identified over and above original cases. 3,566 children and staff have been involved in mass testing.

Additional supports to enhance the schools testing pathway

To date, the HSE and the Department of Education have been successful in their response to the testing and tracing of COVID-19 in school settings. The HSE is working closely with the Department of Education in order to continue to strengthen the schools testing pathway. These enhancements include the following;

A dedicated phone number

A dedicated phone number 'HSELive Covid-19 Principal school line', open 7 days a week from 8am to 4.30pm Monday to Friday and from 10am to 4.30pm Saturday and Sunday, is being provided by the HSE for principals to ring in circumstances where they need assistance from Public Health in relation to a confirmed case of Covid-19 within their school community and have not yet heard from Public Health. The operator will take basic details and provide the details directly to the relevant public health department. Every effort will be made for a same day response, unless it is later in the afternoon, if this is the case the response may come the following morning.

Dedicated Schools Teams

The Public Health response to schools in the coming term will be further enhanced by the HSE through the increased resourcing of existing School Teams in each HSE area. These multi-disciplinary teams are being led by public health professionals; whom all clinical governance will remain the responsibility of. These teams will be supplemented by inspectors assigned for this work to the HSE from the Department of Education as well as other staff reassigned from within the health services.

Public Health team members will take calls and phone schools following the identification of a detected Covid-19 case and having been trained in Public Health protocols undertake the schools’ component of the initial public health protocolised risk assessment. They will inform schools of any further actions as required under the direction of Public Health. Assigned inspectors and other team members will respond to queries from the HSElive Principals line and take schools’ queries that come directly to the Department of Public Health.
Dedicated testing of close contacts from a school when there is a detected case

Public Health has in place prioritised testing for those close contacts of a confirmed case within the school community.

Covid-19 test appointments are issued as a priority for school based close contacts through a specific schools referral process within the HSE. Public health will determine when swabs should be undertaken. This may be ‘as soon as possible’ but it may also be determined for clinical reasons that the swabs should be undertaken in a day or so time. At the point of testing, swabs for the school group are sent to the laboratory as a ‘red flagged’ batch to be processed as a priority on delivery to the laboratory. The swabs have a specific school reference number to allow batch reporting of results for the particular school setting. This ensures fast turnaround times for testing and enables swift onward further public health actions if required.
5. Serial Testing Programmes

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

Serial testing in residential care facilities, to date, has completed 265,886 tests, identified 756 detected cases, a detected rate of 0.28%. The serial testing programme in residential care facilities is currently engaged in its fourth cycle. A separate paper is provided to NPHET showing a breakdown by cycle, of the serial testing programme.

Cycle 4 of serial testing of all staff in RCFs commenced on Wednesday, 14th of October. As of 3rd of November, there has been 46,527 tests carried out, with 252 cases detected. This represents a detected rate of 0.54%.

Serial Testing in Food Production facilities

Serial testing in food production facilities, to date, has completed 43,235 tests, identified 201 detected cases, a detected rate of 0.46%. The serial testing programme in residential care facilities is currently engaged in its second cycle.

Cycle 2 of serial testing of food production facilities has commenced on 12th of October with a planned four-week cycle. As of 3rd November, Cycle 2 has carried out 13,534 tests with 80 detected cases. This represents a detected rate of 0.59%.

A schedule for Cycle 3 of serial testing of food production facilities has been developed and will commence from 9th November for four weeks. Each facility will be tested once in Cycle 3.

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 they will be hiring additional seasonal staff to meet the increased demand throughout November and December. This increase in staffing numbers is being factored into planning of future rounds of testing.

The Department of Agriculture, Food and the Marine (DAFM) have veterinary inspectors that work alongside food production facilities which are included in the serial testing programme. A new process has been designed and is being implemented in Cycle 3 for DAFM staff to manage and update their own data through the SwiftQueue system. This will enable a summary of results to be issued to the Lead Vet for each testing site.
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 development in terms of a permanent and sustainable testing centre and contact centre footprint.

The recruitment of additional contact tracers has onboarded an additional 319 contact tracers to date. A further 80 contact tracers are expected to be onboarded by the end of this week with an additional 70 onboarded next week. A total of 240 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.

The overarching priority is to conclude final engagement between the HSE and the Department of Health with respect to a decision on testing volumes and associated costs. This is now critical as procurement, contracting and cost-impact decisions and actions are required to ensure capacity of c.25k RT-PCR tests can be done daily. This is important, especially as the Testing Strategy is being considered by NPHET and there is an imperative to ensure future strategy aligns with daily testing capacity.
7. Update on any key challenges/issues

1. The resumption of schools continues to drive increased demand for testing. This is an additional and considerable strain on Public Health Departments who take the lead when assessing risks in a school setting in the case or 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. The HSE is also implementing a schools testing team that will support the demand made on Public Health.

2. Over the past week, we have seen a decrease in demand for testing and the number of calls required to be made by our contact tracing centres. This decrease is likely to be as a result of the current restrictions in place throughout the country. In order to ensure that our services can continue to meet demand now and when restrictions are less, 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; an additional 319 contact tracers have been onboarded to date. A further 80 contact tracers are expected to be onboarded by the end of this week with an additional 70 onboarded next week. A total of 240 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 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 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 opening of additional pop up test centres and 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.