Testing and Tracing updated for NPHET, 15th 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, 6th October – 12th October, there has been approximately 103,254 swabs taken for COVID-19 testing. Over 64,137 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 21,010 swabs were taken in acute settings. The remaining 18,107 swabs taken were taken as part of the Serial Testing programmes of healthcare workers in residential care facilities and employees in meat and food production plants.

Please note; data from 4th October – 10th October shows that the 0-10 age group makes up 14.2% of all referrals, a slight decrease from last week where this age group made up 14.7% of all referrals. The age group with the highest percentage of referrals from 4th October – 10th October is the 21-30 age group, making up 19.8% of all referrals. The detected rate of this 21-30 age group, from this sample of 4th October – 10th October is 9.5%.

Laboratory Testing

There have been over 99,269 lab tests completed in the past seven days. Approximately 71,374 of these tests were processed in community laboratories with 27,878 processed in acute laboratories and 17 tests processed by our offshore laboratory partner.

Contact Tracing

Last week, a total of 22,984 calls were made in the Contact Tracing Centres. A total of 4,798 of these were Call 1s which involves the communication of a detected result. A total of 18,186 calls were completed relating to contact tracing.

Over the past seven days, the average number of close contacts per case was 5.2.

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**  
   *(6th October – 12th October)*

**End-to-end turnaround time**

Over the seven-day period, 6th October – 12th October, the median end-to-end turnaround time for not detected tests in the community setting was 2 days.

Over the seven-day period, the median end-to-end turnaround time for detected tests in the community has been reducing from 3 downwards. Since Monday we have begun to test positive results. We are updating our dashboard with this new timestamp and will report next week on a weeks data on 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 is a median of 1.5 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**

- 24 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 0.7 days.

95% 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 29 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 28 hours.

**Contact Tracing:**

The median time to complete all calls for contact tracing, from the 6th – 12th October was 2 days.

The time to complete all calls is 2 days due to a number of factors, firstly there is an increase in the number of calls being made, with an increase of 4,860 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. Finally, 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.
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 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 5th – Oct 11th), 18 queries have been received.
- This has decrease from last week where 49 queries were received (63% ↓ decrease).
- This has also decreased in comparison to the last thirty days, where 33 queries were received weekly on average (45% ↓ decrease).
- A total of 61% of queries received in the last seven days were fully resolved within the 24-hour target. The GP queries by their nature can be more complex and require more extensive searches.

**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 5th – Oct 11th), 1175 queries have been received.
- This has increased from last week where 954 queries were received (23 % ↑ increase).
- This has also increased in comparison to the last thirty days, where 983 weekly queries were received on average (20 % ↑ increase).
- A total of 93% 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 5th – Oct 11th), 37 queries have been received.
- This has decreased from last week where 84 queries were received (55% ↓ decrease).
- This has also decreased in comparison to the last thirty days, where 48 weekly queries were received on average (22% ↓ decrease).
- A total of 86% 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 13th, 364 schools have had/are having some testing completed as a consequence of a Public Health Risk Assessment. From the 364 schools that had mass tests there have been an additional 172 detected cases have been identified over and above original cases. 8,606 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.
5. Serial Testing Programmes

Serial Testing in Residential Care Facilities for Older Persons

Cycle 3 of the serial testing programme has commenced on Wednesday 16th of September 2020. A number of improvement initiatives which were implemented in Cycle 2 continue to be in place, 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.

As of 13th of October, cycle 3 of this serial testing programme has carried out 59,226 tests carried with 226 cases detected. This represents a detected rate of 0.38%.

Cycle 4 of serial testing of healthcare workers in residential care facilities will commence on Wednesday, 14th of October.

Serial Testing in Food Production facilities

Cycle 1 of the serial testing programme in Food Production facilities commenced on Friday 21st of August and concluded on Friday 9th of October. Cycle 1 of the serial testing programme of food production facilities carried out 30,109 tests with 127 of these tests detected. This represents a detected rate of 0.42%,

Cycle 2 of serial testing of food production facilities has commenced on 12th of October for a four-week cycle. To date, cycle 2 has carried out 416 tests with 3 detected cases. This represents a detected rate of 0.72%. The HSE is working closely with internal and external stakeholders to identify and implement improvements which can be built into the serial testing programme.
6. Future Service model: Testing and Tracing

A report describing the future service model for testing and tracing has been finalised. The document was discussed and endorsed by HSE Board 25th of September 2020.

There are five parallel priorities now being progressed.

1. Areas requiring urgent implementation such as recruitment, process enhancements and growing test centre estate;
2. Engagement with the Department of Health with respect to increasing testing capacity beyond 15k tests a day and the full suite of operational considerations and implications, including budget, required to deliver this.
3. Implementation of governance structures;
4. Planning on an enhanced referral pathway with GPs;
5. The development and mobilisation of an overarching implementation structure and portfolio of projects across the end to end pathway in line with the target operating model improvements

When implemented there will be an enduring, fit-for-purpose operation and structure for testing and tracing with a defined set of performance metrics. This service model will deliver a best-in-class and patient-centred service. This new and improved service model builds on the blueprint established in March, acknowledging the significant progress and service enhancements achieved. It also reflects the national and international experience and learnings of operating Test and Trace services. Finally, the operating model for these services takes into account the evolving needs and future potential service demands in the context of Covid19 surges in disease transmission.
7. **Update on any key challenges/issues**

1. 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 as businesses resume. 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.

2. 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. The HSE are recruiting for 700 community swabbing positions and 500 contact tracers. This recruitment drive is an example of actions we are taking in response to critically assessing the demand on the test and trace system. For contact tracing, the first 400 individuals are now through the interview process and 65 new staff commenced work on the 6th of October. A further 70 staff will start this week and we expect to continue to bring on 60-70 staff each week thereafter.

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 of circa 2-3 days 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. Community planning have taken a number of follow-on actions to address this challenge. These include the need to remind GPs to always only flag those that need a home test when they truly cannot travel to a static test centre. As well as this reminder to GPs, we continue to make as many Residential Care Facilities and other facilities undergoing serial testing self-sufficient as possible in terms of being able to conduct their own tests to reduce burden on NAS. Furthermore, the future service model for testing and tracing is taking this challenge into consideration in building out the sustainable long-term operational model.

4. It will be necessary to have a clear prioritisation process in place for asymptomatic testing, as the potential for increased symptomatic and outbreak testing increases. The volumes could bring the planned testing capacity beyond the daily capacity available. The prioritisation framework is being developed to support decision making on testing priorities during this period.

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 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.