Title: Test and Trace Paper – NPHET

Author: Damien McCallion

Organisation: HSE

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

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Test and Trace: NPHET Update

2nd December 2021

1.0 Executive Summary

All parts of the testing pathway are operating at close to maximum surge capacity (referrals, swabbing, laboratory testing and contact tracing). The Test and Trace system has limited scope to further increase capacity. The new Omicron variant and international travel rules will add further considerable risk and complexity to the operation of the service.

- PCR Testing capacity has grown to 227,000 per week from the original 100,000 baseline capacity.
- There are final steps in the surge plan to take this up 250,000 per week.
- In the last six weeks there will have been one million PCR tests undertaken.
- Community referrals have increased by 5% in comparison to the same time-period last week while community positivity is now at 17.4%.
- Swabs completed in the community was 179,463, this is a 6% increase in comparison to the same time-period last week.
- The highest number of swabs over the past week was 28,196 swabs (including test centre and outbreak referrals).
- Monday, 29th November 2021 reported the single highest day for testing referrals to date. Over 38,707 referrals were recorded in total, with 17,116 of these being self-referrals.
- Additional capacity has been put in place in recent weeks through private agreements, utilisation of the Defence Forces, new community swabbing recruitment campaigns and engagement with private healthcare providers. This will bring in an additional 3,000 tests per day.
- In the past week 215,385 laboratory tests were completed, this is the highest volume of lab tests completed to date in a 7-day period.
- The median end to end TAT for a not detected result in the Community is 1.2 days.
- The median end to end TAT for a detected result in the Community is 1.9 days.
- Serial testing continues in residential care facilities (80 cases identified in the current cycle) and food production facilities (83 cases identified in the current cycle).
- RCF PCR staff serial testing will commence from Monday, December 6th which will consume an additional c3,000 PCR tests per day.
- Over 117,096 antigen tests have been reported through the public antigen results portal.
- The provision of antigen tests for asymptomatic children and staff in Primary schools, who are identified as members of a pod with a confirmed Covid-19 case, commenced on Monday 29th November. This project was implemented using a call center and distributor. Over 12,000 antigen test kits have been dispatched in the first 2 days. It will take at least 3/4 weeks to consolidate the information to evaluate results until results are loaded in and PCR confirmation results are completed.
- Given increasing demand and possible further impact of the new variant a contingency plan is being drafted to consider using antigen testing for symptomatic users, in line with WHO and ECDC guidance. Introduction of such a measure would require further guidance from NPHET.
- The HSE continues to engage with the Rapid Antigen Advisory Group, chaired by Professor Mary Horgan.
- A Variant of Concern (VoC) surveillance process has been operational since the first new variant was identified. This existing process is now being utilised for Omicron screening.
- VoC Testing Pathways active currently covering Passenger Locator Forms, Enhanced Contact Tracing and Patients identifying at Test Centres.
- A VoC working group has been re-established which is actively enhancing and monitoring the Testing Pathways as guidance emerges.
- If travel restrictions due to Omicron are implemented for a large number of countries, it will place additional pressure on our testing and tracing system that is already operating at close to maximum capacity.
2.0 Service Status

The Test and Trace system is now operating at surge and is under severe pressure. Further demands on the testing system in recent weeks, due to clinical referrals and close contacts, has led to delays in accessing the testing services in some parts of the country. 89% of the clinical priority referrals are getting appointments within same day/next day. Self-referral test appointments are being made available throughout the day to mitigate this demand pressure. Laboratories are continuing results within the key performance indicators for the programme.

We are continuously and actively monitoring the demand status, considering the evolving needs and potential service demands in the context of increasing virus transmission within the community. However, prioritisation measures are now needed to reduce pressure on the system.

3.0 Current Trends

3.1 Overview

- From the 24th – 30th November, there were c.211,332 community referrals. Overall, total community referrals have increased by 5% in comparison to the same time-period last week while Community positivity has decreased to c.17.4%.

- From 24th – 30th November, there were:
  - 103 international travel portal referrals (↓ 14% compared to last week)
  - 108,176 self-referrals (↓ 0.6% compared to last week)
  - 41,953 GP referrals (↑ 18% compared to last week)

- Over the last 7 days, the number of swabs completed in the community was 179,463 this is a 6% increase in comparison to the same time-period last week. The highest community swabbing day over the past
week reached **c.28,196 swabs**. This translates into delays in getting an appointment for self-referrals in most areas excluding the west of the country.

- Approximately **89%** of GP and Close Contact Referrals received an appointment on the same day or on the next day.
- Total daily capacity is currently at **32,400** at surge levels, of which 24,500 is in Community Test Centres.
- From the **24th – 30th November**, there have been approximately **215,385 lab tests** reported in community, private and acute labs.

![Lab Activity Week on Week](image)

- In the community, over the last 7 days (24th – 30th November), the median end-to-end turnaround time from referral to:
  - SMS for **not detected** tests was **1.2 day**
  - Communication of a **detected result by call** was **2.0 days**
  - Contact tracing completed, for **detected results** was **1.9 days**

- Of those tested with close contacts during the same 7-day period, the average number of close contacts was **3.1**.
- From the **24th – 30th November**, there were:
  - 30,729 call 1s (↓1% compared to last week)
  - 29,902 call 2s (↓4% compared to last week)
  - 4,035 call 3s (↓11% compared to last week)
- Recruitment of staff to support swabbing and contact tracing is ongoing. As of the **29th November 2021**, **791 contact tracing** staff have been hired and placed. Of the 791 contact tracing staff, 705 have been hired and retained as part of the dedicated workforce supporting contact tracing function whilst the 86 remaining are deployed staff from the HSE and other public service roles.
3.2 Serial Testing Programmes

- Serial testing of staff in RCFs commenced on 20th June 2020. To date, \textbf{890,350 swabs} have been completed in \textbf{598 facilities}, identifying \textbf{5,264 detected cases}, resulting in a \textbf{0.59\% detection rate since the beginning of testing}.

- Cycle 18 commenced on 8th November. To date, the cycle has completed \textbf{7,322 swabs} and identified \textbf{80 detected cases}. This results in a \textbf{1.09\% detection rate}.

- Serial Testing of Staff in Mental Health Facilities commenced on 21st of January 2021. To date, \textbf{9,409 swabs} have been completed in \textbf{93 facilities}, identifying \textbf{39 detected cases}, resulting in a \textbf{0.41\% detection rate}.

- Cycle 11 commenced on the 11th of October. To date, \textbf{361 swabs} have been completed in \textbf{3 facilities}, identifying \textbf{10 detected cases}. This results in a \textbf{2.77\% detection rate}. 
• Serial Testing of Staff in Food Production Facilities commenced on 21st of August 2020. To date, 272,659 swabs have been completed in 91 facilities, identifying 2,025 detected cases, resulting in a 0.74% detection rate since the beginning of testing.

• Cycle 16 commenced on 15th of November. To date, 3,262 swabs have been completed in 40 facilities, identifying 81 detected cases. This results in a 2.48% detection rate.
4.0 Current Capacity

National Standing Capacity for laboratories has increased from 21,500 to 32,400 in the period up to the 29th November. Surge Capacity will be at 35,900 by mid-December, with additional fixed site capacity and NAS mobile teams mobilising from 29th November. This includes community swabbing, serial testing, home and mobile, private providers and acute hospital swabbing.

There are 35 community swabbing centres and an additional 6 community swabbing centres operated by a private operator under HSE NAS governance are now operational in Dublin, Cork, Athlone and Limerick. Work is ongoing to increase the number of centres with discussions ongoing with one additional operator.

Standing capacity for laboratory testing is 32,400 tests (27,400 community and 5,000 acute hospitals). A surge plan is in place to increase to 36,000 (31,000 Community Tests and including 5,000 acute).

Standing capacity within Contact Tracing has increased from 4,045 to an average of 5,595* capacity over 7 days, following the automation of Call 3 (call to close contacts). Based on the current headcount, Contact Tracing is now approaching maximum capacity, with very limited Surge capacity remaining.

*This number changes on a daily basis depending on rostering of staff and excludes the Defence Forces support which has now been agreed.

Table 1. Overview of standing capacity and surge capacity

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Standing Capacity</th>
<th>Surge Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swabbing</td>
<td>32,400 (as at 29th November)</td>
<td>35,900 (mid-December)</td>
</tr>
<tr>
<td>Swabbing – Community</td>
<td>21,500*</td>
<td>21,500</td>
</tr>
<tr>
<td>Swabbing – Home &amp; Mobile</td>
<td>2,400 (Average capacity of NAS mobile teams)</td>
<td>2,400 (Average capacity of NAS mobile teams to increase)</td>
</tr>
<tr>
<td>Swabbing – Private Providers</td>
<td>3,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Swabbing – Serial Testing**</td>
<td>500</td>
<td>3,000</td>
</tr>
<tr>
<td>Acute</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Laboratory</td>
<td>32,400</td>
<td></td>
</tr>
<tr>
<td>Laboratory - Lab 1</td>
<td>17,400</td>
<td>17,000</td>
</tr>
<tr>
<td>Laboratory - Lab 2</td>
<td>6,000</td>
<td>8,000</td>
</tr>
<tr>
<td>Laboratory - Lab 2 (offshore)</td>
<td>2,000 (*)</td>
<td>(7-day notice period required)</td>
</tr>
<tr>
<td>Laboratory – Lab 3</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Laboratory - Acutes</td>
<td>5,000</td>
<td>5,000****</td>
</tr>
<tr>
<td>Contact Tracing</td>
<td>Call 2A + automated Call 3</td>
<td>Call 2A + automated Call 3</td>
</tr>
<tr>
<td>Level 1: Call 1+Call 2</td>
<td></td>
<td>Technology solutions will be applied to manage demand.</td>
</tr>
<tr>
<td>Level 2: Call 3</td>
<td></td>
<td>Technology solutions will be applied to manage demand.</td>
</tr>
<tr>
<td>Total Call Capacity (L1 +L2)</td>
<td>5,595</td>
<td>5,595</td>
</tr>
</tbody>
</table>

* Short-term surge capacity, not sustainable beyond a number of days
** Serial testing programmes will commence on 6th Dec and expected volumes will be 21,000 per week with 7-day testing
5.0 Future Scenarios/Model and Impact

The Test and Trace Programme are working with IEAMG to model the scenarios with particular emphasis on swabbing demand. At this point the key indicators of concern are;

- Increase in referrals for testing of 5% in comparison to the same time-period last week meaning people are delayed in some areas in receiving a test appointment (this was a 10% increase having already been at limit of capacity)
- On peak days we have taken c. 28,196 swabs in the community but some people are still delayed in some areas of high demand in receiving a test appointment
- Community positivity remains high at c. 17.4% which impacts on contact tracing response time

The last iteration of the E2E demand modelling was published on 18th November 2021. This included all components of testing demand as usual, including, most critically, those driven by current high Covid-19 incidence in the community.

Actual COVID-19 activity then, and more recently, was most aligned with the 26th August 2021 “Pessimistic-Reduced” (with allowance for reduced childhood susceptibility to C-19) IEMAG scenario, which were tailored for HSE modelling by shifting 45 days to the right with a 1.7 scaling factor applied to case numbers. (Note: tailoring of IEMAG forecasts was required given that these are over 2 months old and have been superseded by recent disease activity in excess of forecasts – HSE met with Philip Nolan on Monday 22/11/2021 and is now linking on updated IEMAG forecasts).

Overall, these modelled levels of Covid activity present an outlook of significant sustained strain on the testing system – in particular on community swabbing. The outlook under the “Pessimistic Reduced” IEMAG scenario tailored for HSE modelling showed the following totals for the next four weeks which present a challenge to the current surge capacity model.

<table>
<thead>
<tr>
<th>Week Commencing</th>
<th>Community Swabbing</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/11/2021</td>
<td>227,544</td>
<td>244,402</td>
</tr>
<tr>
<td>06/12/2021</td>
<td>231,501</td>
<td>254,475</td>
</tr>
<tr>
<td>13/12/2021</td>
<td>222,374</td>
<td>246,658</td>
</tr>
<tr>
<td>20/12/2021</td>
<td>212,866</td>
<td>236,172</td>
</tr>
</tbody>
</table>

We note that the End-to-End Test Trace system is currently escalated to surge mode, with particularly high strain apparent on community swabbing. We also note that the strain felt in other parts of the End-to-End Test Trace system, albeit this is constrained upstream by the ability of the community swabbing capacity to meet the sustained high volumes of demand.

Based on the described current demand scenario above, we performed analysis on the backlog likely to emerge due to potential capacity shortages. We tested a number of scenarios where the daily swabbing capacity was altered. The outputs from this showing the outlook for the next six weeks is presented in the below graphs. Based on the outlook for demand, swabbing capacity needs to be at a level of c.30k per day to meet expected demand on the basis of current testing capacity so as to avoid significant backlogs.

Finally, we note that the current situation is changing and uncertain. More up to date COVID-19 activity projections have recently been provided by IEMAG and next week’s testing demand update will reflect the most up to date information available in this respect.
6.0 Surge Response Considerations

The national SARS-CoV-2 testing policy, incorporating the ‘case definition’ is informed by NPHET, and operationalised by the HSE within the C-19 Test & Trace Programme.

As part of the planning process shared with NPHET and the Department of Health, HSE has previously shared its surge response plan including:

- **Swabbing Capacity**: Additional sites and site capacity, including the introduction of pop-up facilities and more recently the addition of private swabbing capacity to support surge activities with a capacity of approximately 30k per day
- **Clinical Diagnostics Capacity**: Increased across community and hospital settings from >2k per day to 15k per day, and at current surge level operating in excess of 30k PCR test capacity per day
- **Contact Tracing**: Additional efficiencies and mechanisms introduced to support the contact tracing process, including the addition of technology to enable individuals to identify close contacts and book follow on tests and other automation
- **Antigen**: Introduction of antigen testing for ‘Asymptomatic, Vaccinated Close Contacts’ in line with NPHET guidance, and in accordance with the HSE surge response plan (August 2021) to utilise antigen as C-19 testing capacity reached a daily threshold of 20k tests. With the further introduction of antigen for primary school close contacts from 29.11.221

Notwithstanding these actions, the demand for testing continues and is forecast to continue for a number of weeks into December. HSE is also mindful that in the event antigen testing becomes widely available in the build up to the holiday period, PCR testing (confirmatory PCR testing) capacity will come under additional pressure as individuals seek to obtain confirmatory PCR tests. As the Test and Trace programme approaches its surge limit, it is prudent to consider other measures that may be required on an interim basis until such time as the testing demand has stabilised.

These considerations take account of:

- Alignment with NPHET guidance and public health policy to date
- Maintaining consistency and clarity of communications to all stakeholders
- Ensuring a risk-based approach to designated cohorts and/or actions
- Requirement to secure PCR testing capacity for the most vulnerable cohorts
- Acknowledgement that increasing testing capacity continuously is not feasible within the current self-referral model, and that antigen usage may have a role, in the short-term, taking account of the above

The surge mitigation actions are as follows:

**A. Communication Campaign:**

- **GPs**: Asking GPs to assist (where feasible) to encourage individuals not to seek PCR testing unless symptomatic, or under the guidance of the clinician
- **Public Health**: Asking public health to consider alternatives to PCR, e.g. antigen usage in asymptomatic, low risk environments/cohorts, where feasible, and in keeping with public health considerations
- **General Public**: Seek the support of the public to secure PCR testing for symptomatic and vulnerable individuals, highlighting that PCR testing capacity needs to be preserved for symptomatic individuals
B. Self-Referral Pathway (estd 60% of daily testing capacity):
- Route all asymptomatic individuals away from the self-referral testing portal, where feasible. Contingency planning has been underway for this work and an initial position is set out in appendix.
- Focus on public health advice on infection control and isolation measures

C. Meat and Food Production (estd 1% of daily testing capacity):
- Discontinue current serial testing in meat and food production settings as antigen-based screening is currently available to these facilities via DAFM, and serial testing positivity rates for this group have remained low.

D: Residential Care Facilities: (estd 10% upon commencement of serial testing in December)
- While not a preferred option in view of the profile of RCFs, putting the serial testing programme on hold in December, pending the completion of the vaccine booster programme across RCFs is an option. This will provide laboratory capacity but impact less on swabbing capacity, as the majority now are self-swabbing. This is not recommended.

E: Close Contacts (estd 9% of daily testing capacity):
- In the event that other mitigating steps do not impact on overall demand for PCR testing, we could also switch from PCR to antigen for unvaccinated close contacts, or only the unvaccinated asymptomatic close contacts. Vaccinated asymptomatic close contacts are already in receipt of antigen tests under our recent changes.
7.0 Service Improvement Initiatives

Antigen Testing Screening Programmes

Antigen testing screening programmes have been piloted in Early childcare staff and Residential Care Facilities (RCFs) for Older Persons. The pilot in Further and Higher Education is ongoing and is due to finish this week. Antigen screening continues for the Food Processing sector, as well as testing in some Acute Hospital settings. Antigen results may be collected by the sector (DAFM, Acute hospitals), or are reported via the online system for those carrying out self-tests.

The HSE have also supplied antigen tests to other high-risk groups under the direction of Public Health leads, and will be providing antigen testing support to vulnerable and hard to reach groups through Social inclusion partners.

The antigen test numbers reported under identified sectors to date are:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Commenced</th>
<th>Total Tests Completed</th>
<th>Total Positive Antigen Results</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and Meat</td>
<td>March 2021</td>
<td>130,091</td>
<td>265</td>
<td>Results collected by DAFM</td>
</tr>
<tr>
<td>Acute Hospital</td>
<td>Feb 2021</td>
<td>6,425</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Higher Education</td>
<td>July 2021</td>
<td>3,848</td>
<td>1,002</td>
<td>May include results from other users outside of the HSE programme</td>
</tr>
<tr>
<td>Early Years</td>
<td>July 2021</td>
<td>2,158</td>
<td>242</td>
<td>Programme now completed</td>
</tr>
<tr>
<td>Residential Care</td>
<td>August 2021</td>
<td>4,852</td>
<td>4 (3 verbal)</td>
<td>Programme now completed</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>147,374</strong></td>
<td><strong>1,793</strong></td>
<td></td>
</tr>
</tbody>
</table>

Vaccinated Asymptomatic Close Contacts

Antigen testing of close contacts who are fully vaccinated and have no symptoms is ongoing since 28th October. The numbers of close contacts referred through this pathway remains steady with an average of 3,579 test kits dispatched daily for the last 7 days. A total of 104,095 test kits have been sent out since the programme commenced. 31,850 test results have been reported by close contacts – 21,579 negative antigen and 10,271 positive antigen, with 5,741 cases confirmed on PCR testing.

Antigen testing for Primary schools

The provision of antigen tests for asymptomatic children and staff in Primary schools, who are identified as members of a pod with a confirmed Covid-19 case, commenced on Monday 29th November. Over 12,000 antigen test kits have been dispatched in the first 2 days. Results of these tests will also be tracked through the online system.

Engagement has commenced with the Department of Children with regards to extending this programme to early learning and childcare providers.
**Antigen testing population results**

The online system for reporting antigen self-test results is available for any antigen user to report their results, whether part of an HSE programme or other members of the general public. Antigen test results, symptomatic status and vaccination status are self-reported and not subject to validation. The volume of antigen results reported is increasing steadily week on week.

To date, 117,096 results have been entered with an average of 3,091 per day for the last 7 days. 78% of positive antigen results are confirmed cases on PCR testing, an average of 1,220 cases per day.
8.0 Appendices

8.1 Surge Plan Implemented to date

Several actions have been taken since July 2021 to reduce the demand on Swabbing and Laboratories and to increase capacity across Contact Tracing, as listed below:

**Referrals and Swabbing**

- Expanded opening hours and enhanced rostering
- Introduced measures to increase swabbing capacity e.g. 3rd party resources, Defence Forces and NAS pop up
- Re-directed public to book tests online and stopped walk-ins to reduce admin activity at test sites and better manage the structure of the day and traffic management at busy sites
- A private testing provider was engaged to provide additional testing capacity. There are now three testing centres operating, on the HSE’s behalf, with 3000 appointments daily, located at Dublin Airport, Cork airport and Shannon.

**Laboratories**

- Activated additional onshore and offshore capacity as well as additional capacity in acute hospital laboratories
- Prioritisation of symptomatic cohorts and measures have been taken to temporarily increase turnaround times

**Contact Tracing**

- Check in calls to increase capacity on calls 1, 2 and 3
- Added case listing contacts onto portal
- Upskilling of 154 Level 2 contact tracers to Level 1 to increase contact tracing capacity
- Reduction of Positive Patient Assessment (PPA) questions to minimum; max call time 25 mins (Call 2A)
- Workforce Management initiatives, including offering part time workers increased hours, offering Contact Tracers working a 4-hour shift overtime during busiest days, re-assignment of CMP Staff to Contact Tracing and temporary re-focus of ring-fenced CMP Contact Tracers assigned to complex settings with Departments of Public Health to CMP core functions
- Reduced Positive Uncontactable Cases from 4 Days to 2 Days followed by a letter
- Introduced a reduction in Contact Tracing Days for flight contact tracing
- Implemented support from the Irish Defence Forces
- Updated work Instructions relating to quantity of attempts made to Close Contacts and Index Patients to 3 attempts over one full workday
- Increased capacity of Data Processing Team to facilitate anticipated demand arising from new School’s process
- Amended exclusion criteria for Book a Test portal to increase volume of users who are eligible
- Updated pre-Call 2A SMS to encourage increased use of the ‘List Your Contacts’ portal, and remove any reference to outbound CTC calls
- Only gather contacts associated with 9 Public Health priority areas, for example, hospitals, RCF, travelling community, etc.
- Amend current exclusion criteria on List Your Contact to allow more patients to use portal, for example schools etc.
- Suspending validation calls to service-users who opt to utilise the ‘List Your Contacts’ portal
- HSE Communications team to enhance publicity of the ‘List Your Contacts’ portal.
8.2 Contingency Plan Antigen for Symptomatic Individuals

A contingency plan for distributing antigen test kits to symptomatic individuals is being considered in an effort to reduce demand on PCR Testing if required. This will require additional guidance from NPHET in the event that this was to be required. It is not currently required this week but in the event of high impact as a result of public concern around the new variant or increased transmissibility then options will need to be accelerated.

Several models were identified, however a direct delivery solution via the postal service would be the preferred model. It would likely require a separate provider from our existing providers in order to handle the significant volumes that may arise. It will take a minimum of three weeks to put such a distribution model in place.

There are a number of key planning considerations for implementing antigen testing for symptomatic individuals as outlined below:

Operational Model

- There would be a fundamental shift in the model by advising symptomatic individuals that they no longer need to get a PCR test (which has been very clearly stated up until now).
- Rolling out antigen tests to symptomatic individuals may not reduce demand on PCR testing due to more positive antigen test results.
- Concern that this could be seen as an antigen for all initiative, thus making the HSE the “Supplier of choice” and driving up demand.
- There may need to be a change in Public Health guidance in order for this model to work effectively
- There would also need to be a set of controls in place to ensure that people cannot do multiple orders of antigen test kits (e.g. a limit of one order per week).
- New variant Omicron may also increase testing volumes through public concern or if it is a more transmissible variant. In addition consideration will have to be given as to the specificity and sensitivity of antigen tests due to the new SARS-CoV-2 variant.

Procurement Timeframe

- The timeline to develop and implement a direct delivery model would take a minimum of 3 weeks.
- A procurement process is not possible to deliver the direct delivery solution; it would require direct negotiation with a known provider in the market and approval from the Department of Health to utilise Article 32 of EU Procurement Directive will be required
- The current contingent labour market has no capacity and as such a call centre solution of this scale would not be achievable; an online web-based ordering solution would be required.

Stock Supply

- Supply may be an issue if antigen test kits are to be provided to all symptomatic individuals
- A reasonable demand estimate is required to accurately prepare sufficient stock and distribution
- Current stock view:
  - Current Stock on Hand = 2.1m tests (420k boxes)
  - Incoming Deliveries due by 17 Dec = 5.5m tests (1.1m boxes)
  - Additional available from EU JPA = 6m tests (1.2m boxes)
- The existing supply line (EU Joint Procurement Agreement) was activated to meet sectoral demands arising (e.g. schools, CC, - not intended to accommodate a far broader supply requirement
• Additional supply lines may need to be opened as there is a risk people use such a mechanism to access free antigen tests
• Antigen Test Kits can only be issued in a box unit (5 tests per box), so therefore pack down not possible.