



NPHET Update - Testing and Contact Tracing – 2nd June 2020

Updates have been provided below in response to queries received regarding the following:

1. Activity levels across sampling, laboratory testing and contact tracing,
2. End-to-end turnaround times,
3. Key data on close contacts,
4. Process improvements,
5. Current challenges and issues.

Activity levels across sampling/laboratory/contact tracing and end-to-end turnaround times (both median and % within target)

Sampling in the community and in acute settings.

Over the past seven days (Tuesday 26th of May – Monday 1st of June), there has been over 19,000 swabs taken in the community by Community Operations and the National Ambulance Service and in hospitals. Over 9,450 of these were taken in community settings and approximately 9,550 of these were taken in acute settings.

Laboratory Testing

There have been approximately 22,900 lab tests completed in the past seven days. Approximately 12,800 of these tests were processed in community laboratories and approximately 10,100 were processed in acute laboratories. Although it is not currently being utilised, there is laboratory capacity to process over 100,000 per week.

Contact Tracing

In excess of 1,989 calls were made last week in the Contact Tracing Centres. A total of 536 of these were Call 1s which involved communicating positive results. There were then a total of 1,453 calls which all relate to contact tracing. The average number of close contacts per case over the past seven days is 3.17 and the median is 2.

End-to-end Turnaround Times (Median)

Community

- Referral to Swab: 0.9 days
- Swab Taken to Lab Result Reported: 1.1 days
- Communication/Contact Tracing:
 - Communication of Negative Result: 0.1 day
 - Completion of Contact Tracing for Tests with Positive Results: 1 day

Hospital

- Swab Taken to Lab Result Reported: 0.7 days
- Communication/Contact Tracing:
 - Communication of Negative Result: 0.1 day
 - Completion of Contact Tracing for Tests with Positive Results: 1 day

Community and Hospital Combined

- Swab to Laboratory result reported is 1 day

Overall

Percentage of Tests with Turnaround Time \leq 3 days: $>80\%$

Testing of Close Contacts

The automatic testing of close contacts is now in place for two weeks. We intend to improve how we report on this up to and including reporting daily in our dashboard the number of close contacts of a confirmed case per week, the number of them tested per week and positivity rates of both symptomatic and non-symptomatic contacts.

Bearing in mind our reporting is new on the testing of close contacts, here is the information we have thus far. Of the 1048 close contacts identified last week, 862 became patients through interaction with the contact management programme and recorded in the CovidCare Tracker. (We will work to confirm the difference and where their testing was tracked in the next iteration of our reporting).

So far, 332 of the close contacts tested have received results up to 31st May. Some results, 167, are still pending and will result shortly. We will investigate further the remaining number to understand if they took a test or declined a test.

Of that 332, 24 were positive, giving a positivity rate of 7.2%. This breaks down as follows:

- 283 of the 332 close contacts were asymptomatic. 19 of these tested positive, giving a positivity rate of 7% for asymptomatic close contacts.
- 43 of the 332 close contacts were symptomatic. 4 of these tested positive, giving a positivity rate of 9% for symptomatic close contacts.
- In 6 cases the symptomatic/asymptomatic marker was not set. One of these contacts tested positive

Update on developments/process enhancements

We continue to work to improve turnaround times, consistency and our end to end testing pathway in general. Here are the latest set of enhancements.

GP Out of Hours Referrals

Work is ongoing with the necessary parties to enable referrals out of hours. This will reduce the referral wait time for patients further. The technical, commercial, communications and clinical components are underway. This enhancement is being discussed with GPs as part of the wider COVID-19 agreement with GPs. The target date to have implemented this change is 16th June.

Mass Testing Protocol

We are in the process of rolling-out a standardised SOP for mass testing. This end-to-end process will be coordinated by a central team to ensure that, where possible, swabs are taken on a single day, samples from a single facility are sent to a single laboratory for testing, system enhancements to allocate samples with facilities and outbreaks and clear communications protocols across Public Health Departments and Contact Tracing Centres. These changes will help to ensure a consistent approach when settings are identified for mass testing. We will undertake a phased implementation of this enhancement during week commencing June 8th.

Public Health Alignment

We have undertaken a review of the testing and tracing process across the eight Public Health Departments to understand current challenges and identify short and medium-term solutions to reduce turnaround times of communication of results and tracing. The proposed solutions span from establishing a centralised team focused on data quality management and allocation, technology enhancements, improved communications and change management to staff in the Public Health Departments and these are being validated and due to begin implementation next week.

Data Quality Improvements

Work is ongoing across the full end-to-end testing and contact tracing process to improve consistency and quality of data to support further reduction of turnaround times for results. The collection of key data e.g. mobile phone numbers is vital to enable result communication quickly and efficiently. We have identified the most common and impactful data issues and are working with the laboratories in the first instance to support them to enhance the quality of the data they provide.

Update on any key challenges/issues

1. Anticipating the number of tests that need to be performed on a given week is challenging. Capacity was built-up based on the expectation that the majority of this capacity would be used. Holding this capacity is expensive. The number of tests required has been low in recent weeks, creating the risk that facilities or organisations currently supporting the end-to-end testing process may consider withdrawing or charging us for un-used capacity. This risk may increase as more organisations seek to resume business as usual activities. As a mitigation, work is commencing immediately on the design and implementation of the new model of testing that will run for 12+ months with the aim to have this in place in early September.
2. Ongoing challenges in the global supply chain for swabbing kits, reagent, equipment and PPE, will continue to be a risk. Supply chain monitoring is ongoing and progress has been made to diversify suppliers and supply chains, however pressure will remain given the global demand for these products.
3. 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 mass testing protocol and public health alignment initiatives described above are designed to mitigate this risk.