

# Contact Management Programme Weekly Public Health Report

February 1<sup>st</sup> to 7<sup>th</sup>



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### Introduction

The Contact Management Programme (CMP) was developed by the HSE to support Departments of Public Health by notifying results to people tested for COVID-19 (or a nominated person), and to identify and manage contacts of people known to have COVID-19. This consists of four steps:

- 1. Informing the case about their diagnosis.
- 2. Collecting data on close contacts of the confirmed case.
- 3. Advising close contacts of appropriate management.
- 4. Undertaking active follow-up of close contacts which includes daily contact by SMS and referral for Sars-CoV-2 test.

Due to the surge in cases, from the 29th December, only one call was made to cases to inform them of their diagnosis and to collect data on their contacts. Prior to this these steps were usually undertaken during two different calls i.e. Call 1 to inform of diagnosis and Call 2 to collect information on close contacts. While the majority of cases did receive a SMS text informing them of their positive result prior to the call from CMP, combining these calls may have had an impact on the data captured for close contacts as cases no longer had an opportunity to collect the necessary information between their first and second call. The standard two call process will resume on 10<sup>th</sup> February.

Furthermore, due to the increase in test and trace activity, from the 1st to 28th of January the majority of close contacts were informed of their close contact status by the CMP via SMS rather than by telephone call. Where an SMS to a close contact was unsuccessful, a phone call was made. Referral for SARS-CoV-2 testing was also suspended for close contacts during this period. From the 29<sup>th</sup> of January onwards, close contacts were once again phoned by the CMP (unless they chose to use the 'Book a Test' portal) and Test 1 was reinstated. The reinstatement of Test 1 at Day 5 for close contacts may lead to an increase in the number of cases detected for a number of weeks from 4<sup>th</sup> February. Such an increase will not necessarily be indicative of an increased community infection rate.

This report provides an analysis of close and complex contacts created on the CovidCare Tracker for the week ending 7<sup>th</sup> February 2021.



All data are provisional and are subject to change. Analysis is based on the following data sources as of 12pm, 8<sup>th</sup> February:

- CovidCareTracker (CCT) This is a web based information system developed to support process associated with the Contact Management Programme (CMP).
- Swiftqueue Software for scheduling appointments.
- Lablink Electronic repository of all Covid-19 test results.

COVID19 IDs are used to link CCT data to Swiftqueue and Lablink data. Where a COVID19 ID does not generate a match, attempts are made to link these data sources using a composite patient identifier encompassing name, date of birth and date of test.

Testing of Contacts:

- Testing was offered to all close contacts between the 19<sup>th</sup> May 2020 and the 31<sup>st</sup> of December 2020. Testing of close contacts ceased from 1<sup>st</sup> to 28<sup>th</sup> January due to the surge in testing activity. Test referrals were not issued for any close contacts between these dates.
- From 19<sup>th</sup> May to 23<sup>rd</sup> December, Test 1 (previously known as the Day 0 test) was arranged as soon as a Contact was informed that they had been in close contact with a confirmed case.
   From 23<sup>rd</sup> December at 5pm to the 30<sup>th</sup> December and from the 29<sup>th</sup> January, Test 1 was scheduled either on day 5 or the date that the close contact was informed, depending on which was earlier. From the 1<sup>st</sup> February, Test 1 attendance and results are reported a week in arrears to improve completeness of data and allow for more meaningful interpretation of results.
- Test 2 (previously known as the Day 7 test) commenced on 28th May (for those whose last date of exposure was 21st May). Test 2 is arranged on the true seventh day from last contact with the confirmed case where a Test 1 was earlier than sixth day since last contact with case. From 14<sup>th</sup> of December, Test 2 attendance and results are reported a week in arrears to improve completeness of data and allow for more meaningful interpretation of results. Test 2 has been temporarily suspended from 23<sup>rd</sup> December due to the surge in testing activity but will resume from 10<sup>th</sup> February.



The data used to calculate close contact rates per 100,000 population were taken from Census 2016. Definitions of close and complex contacts are provided in Appendix 1.

Contact tracing for cases and contacts on the CovidCare Tracker is a collaborative effort between staff in the CMP and in regional Departments of Public Health.

Regarding data presented in the CMP Public Health report for week ending 31<sup>st</sup> January 2021, data was presented from contact tracing undertaken in schools. Staff in Departments of Public Health, overseen by regional Medical officers of Health do the Public Health Risk Assessment of all cases who have attended a school while infectious. Staff in the CMP refer the cases to Departments for assessment, and provide the close contact follow-up for those identified. All communication with, and assessment of schools, is done by staff in Departments of Public Health.



### **Key Findings**

CMP Activity and Contact Overview – Week Ending February 7th

### Number of Cases

The total number of cases managed by the Contact Management Programme during the week ending 7<sup>th</sup> February was 7,244, a decrease of 19% from the 8,942 cases managed the previous week (ending 31<sup>st</sup> January). This represents 95% of the cases reported on the CovidCare Tracker between the 1<sup>st</sup> to 7<sup>th</sup> February.

### Number of Contacts

The number of close contacts captured during the week ending 7<sup>th</sup> February was 12,978 (273 per 100,000 population), a 16% decrease from 15,426 (324 per 100,000 population) for the week ending January 31<sup>st</sup>. To date, 11,861 (91%) of the contacts created between the 1<sup>st</sup> and 7<sup>th</sup> February have been informed of their close contact status at the time of report preparation. The mean number of close contacts per case (including cases with zero close contacts) remains stable at 1.9 close contacts per case. The number of complex contact episodes decreased by 16% to 2,737. Definitions of close and complex contacts are provided in Appendix 1.

### Close Contact Attendance at Testing and Positivity Rates – 29th to 31st January

Of the close contacts created between 29<sup>th</sup> and 31<sup>st</sup> January, 4,124 (76%) of those who were referred for a Test 1 appointment have attended for testing. Results were available at the time of report preparation for 3,342 close contacts, 707 (21.2%) of which were positive. The highest positivity rate, 29.2%, was seen in household contacts.



# CMP Weekly Public Health Update – 1<sup>st</sup> to 7<sup>th</sup> February

Number of Cases Managed on the CovidCare Tracker (CCT) by Week

The total number of cases managed by the Contact Management Programme during the week ending 7<sup>th</sup> February was 7,244, a decrease of 19% from the 8,942 cases managed the previous week (ending 31<sup>st</sup> January). This represents 95% of the cases reported on the CovidCare Tracker between 1<sup>st</sup> and 7<sup>th</sup> February. Further information on cases is available via the Health Protection Surveillance Centre.

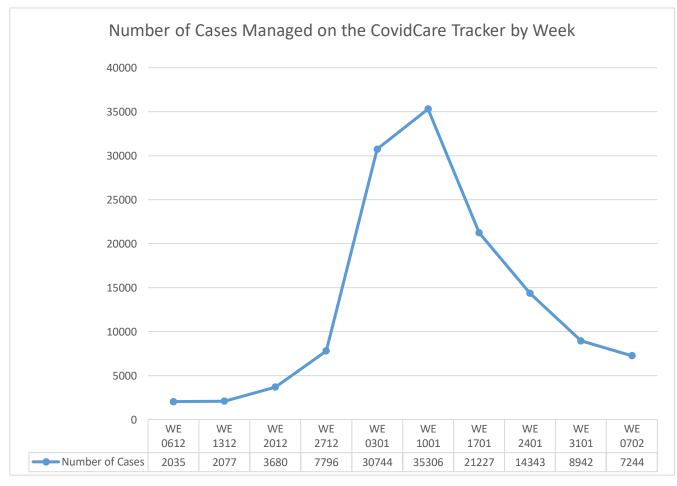


Figure 1.1 - Number of Cases Managed on CCT per Week



#### Number of Close Contacts by Week

The number of close contacts captured during the week ending 7<sup>th</sup> February was 12,978 (273 per 100,000 population), a 16% decrease from the previous week (15,426, 324 per 100,000 population). The mean number of close contacts per case (including cases with zero close contacts) remains stable at 1.9 close contacts per case. To date, 662 of these contacts have been informed by an SMS from the CMP, 2,431 used the 'Book a Test' self-service online portal for close contacts and 8,768 have received a phone call. In total, this represents 91% of the contacts created between the 1<sup>st</sup> and 7<sup>th</sup> February.

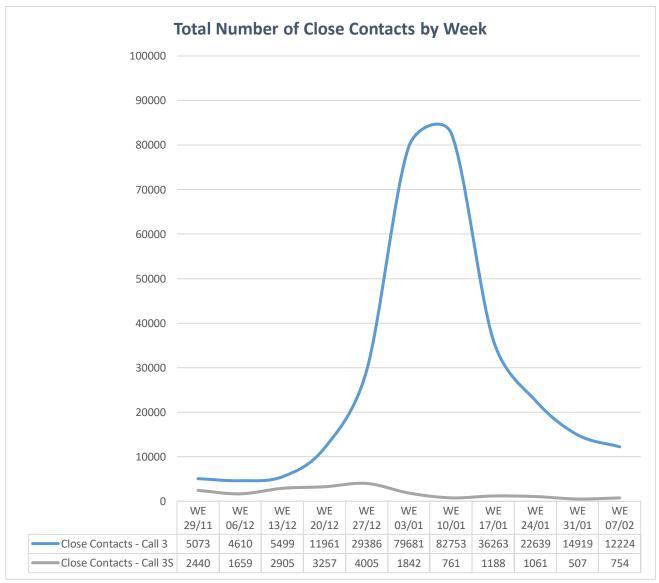


Figure 1.2 - Close Contact Numbers

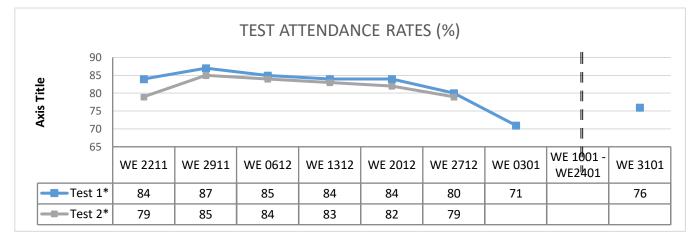
Note: Close contacts related to flights and certain educational settings (schools and crèches) have been managed via a separate pathway (3S or Settings Contacts) since the 31<sup>st</sup> of August and the 23<sup>rd</sup> of September respectively. Further details are provided in Appendix 2.

Authors: Dr Ciara Carroll, Professor Shane Allwright, Dr Claire Buckley, Dr Jennifer Martin, Dr Sarah Doyle.



### Attendance at Testing – Week Ending January 31st

Of the close contacts created between 29<sup>th</sup> and 31<sup>st</sup> January, 4,124 (76%) of those who were referred for a Test 1\* appointment have attended for testing.



**Figure 1.3 - Close Contact Attendance Rates at Test 1 and Test 2\*** Note: The break in testing from the 1<sup>st</sup> to 28<sup>th</sup> January is illustrated by the dashed lines.

#### Close Contact Positivity Rates - Overall

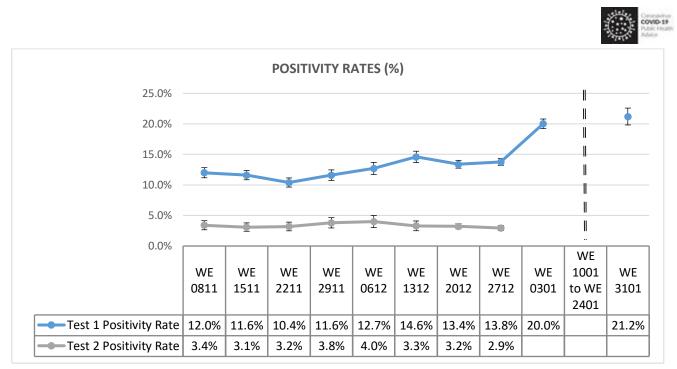
The positivity rates over the past ten weeks are shown in Figure 1.4 with the number of positive results, total number of results reported to date and positivity rates presented in Table 1.1. Positivity rates are based on the results returned to date and are thus subject to change.

#### SARS-CoV2 Test 1\* Results by Week

Contact Creation Date	Number of Results Reported	Positive Results	Positivity Rate	
WE 2211	6496	675	10.4%	
WE 2911	5305	618	11.6%	
WE 0612	4451	567	12.7%	
WE 1312	5578	817	14.6%	
WE 2012	10761	1441	13.4%	
WE 2712	14131	1944	13.8%	
WE 0301	10234	2049	20.0%	
WE 1001	N/A	N/A	N/A	
WE 2401	N/A	N/A	N/A	
WE 3101	<b>1</b> 3342 707 21		21.2%	

Table 1.1 – Test 1\* Results by Week of Contact Creation

\*Note: Test 1 refers to the Day 0 test for close contacts informed before 5pm on the 23rd December 2020 and the Day 5 test for close contacts informed after 5pm on the 23<sup>rd</sup> December 2020. Test 2, the Day 7 test, was temporarily suspended from the 23rd December. All testing of close contacts was suspended between 1<sup>st</sup> and 28<sup>th</sup> January 2021 with Test 1 (on Day 5) resuming from the 29<sup>th</sup> January 2021. Attendance and results are reported a week in arrears to allow for testing to occur on Day 5.



**Figure 1.4 - Test 1\* and Test 2\* Positivity Rates by Week of Contact Creation with 95% Confidence Intervals** Note: The break in testing from the 1<sup>st</sup> to 28<sup>th</sup> January is illustrated by the dashed lines.

Close Contact Positivity Rates by Circumstances of Contact

The total number of Test 1 results, number of positive results and positivity rate by circumstances of contact are presented for the contacts created between 29<sup>th</sup> and 31<sup>st</sup> January in Table 1.2.

Circumstances of Contact	Number of Results Reported	Positive Results	Positivity Rate	
Household	1554	454	29.2%	
Social	603	93	15.4%	
Workplace	306	28	9.2%	
Pre-School/Crèche	64	<5	**	
Healthcare Setting: Patient	81	8	9.9%	
Healthcare Setting: Staff	14	<5	* *	
Sport	12	<5	* *	
Transport	27	<5	**	
Other	46	7	15.2%	
Not Recorded	635	109	17.2%	
Total	3342	707	21.2%	

SARS-CoV2 Test 1\* Results by Circumstances – Contacts Created 29/01/21 to 31/01/21

Table 1.2 –Test 1\* Results by Circumstances of Contact – 29/01/2021 to 31/01/2021

\*Note: Test 1 refers to the Day 0 test for close contacts informed before 5pm on the 23rd December 2020 and the Day 5 test for close contacts informed after 5pm on the 23<sup>rd</sup> December 2020. Test 2, the Day 7 test, was temporarily suspended from the 23rd December. All testing of close contacts was suspended between 1<sup>st</sup> and 28<sup>th</sup> January 2021 with Test 1 (on Day 5) resuming from the 29<sup>th</sup> January 2021. Attendance and results are reported a week in arrears to allow for testing to occur on Day 5. \*\* Unstable positivity rate due to small numbers.



### Close Contact Overview - 1st to 7th February

The number of close contacts decreased by 16% from 324 per 100,000 population for the week ending January 31<sup>st</sup> to 273 per 100,000 population for the week ending February 7<sup>th</sup>.

### **Contacts by Region**

Region	Total Number of Close	Number of Close Contacts per
	Contacts	100,000 population
East	5586	326
Midlands	816	279
Midwest	866	183
Northeast	1371	297
Northwest	554	216
South	998	145
Southeast	1100	261
West	1281	283
Not Recorded*	406	N/A
Total	12978	273
Table 1.3 - Contacts by Region		



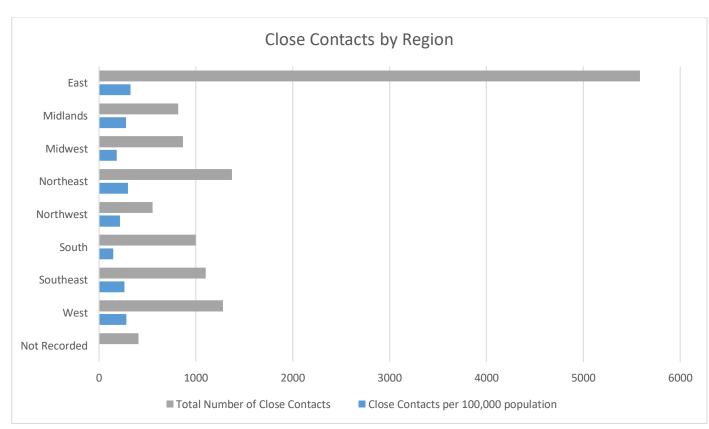


Figure 1.5 - Close Contacts by Region



### Close Contact: Demographic Details

Age Group of	Gender of Close Contacts		Total Number	Number of Close Contacts per	
Close Contacts	Female	Male	Not Recorded*	of Close Contacts	100,000 Population
0-4	528	521	51	1100	332
5-12	706	705	79	1490	401
13-18	556	559	74	1189	359
19-24	760	752	94	1606	244
25-34	889	876	103	1868	250
35-44	773	743	107	1623	259
45-54	713	686	67	1466	267
55-64	473	481	52	1006	198
65-74	208	250	28	486	130
75+	141	124	18	283	107
Not Recorded*	242	257	362	861	N/A
Total	5989	5954	1035	12978	273

Table 1.4 - Age and Gender of Close Contacts

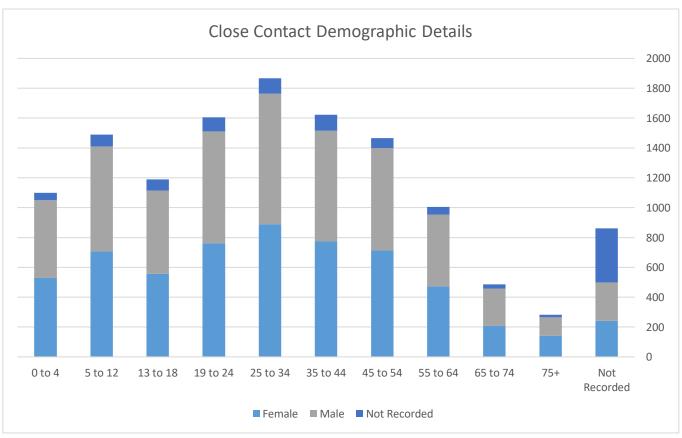


Figure 1.6- Number of Close Contacts by Age and Gender

Authors: Dr Ciara Carroll, Professor Shane Allwright, Dr Claire Buckley, Dr Jennifer Martin, Dr Sarah Doyle.



#### Close Contacts per Case

The mean, median, minimum and maximum number of close contacts per case (where contact tracing was recorded as complete on the CCT) for the last week, is outlined, below. Early reporting of number of contacts focused only on cases with at least one close contact(s). Now reporting also includes cases with no close contact(s). To enable historical and future comparison we continue to also report the mean and median Number of close contacts per case for cases with at least one close contact(s) i.e excluding those with zero close contacts.

Table 1.5 and Figure 1.7 outline the analysis for cases for the last week and the last two months respectively, including those with no close contacts recorded. A case can have no close contacts for a number of reasons, e.g. if there are no close contacts, or if the close contacts have already been recorded in relation to another case (e.g. in a household of five with two cases, there are three close contacts, and 1.5 close contacts per case).

Date	Mean	Median	Minimum	Maximum
01/02/2021	1.7	1	0	15
02/02/2021	1.9	1	0	20
03/02/2021	2.0	1	0	19
04/02/2021	1.9	1	0	18
05/02/2021	1.8	1	0	17
06/02/2021	1.8	1	0	21
07/02/2021	1.9	1	0	17

Table 1.5 - Number of Close Contacts per Case (including those with zero close contacts)

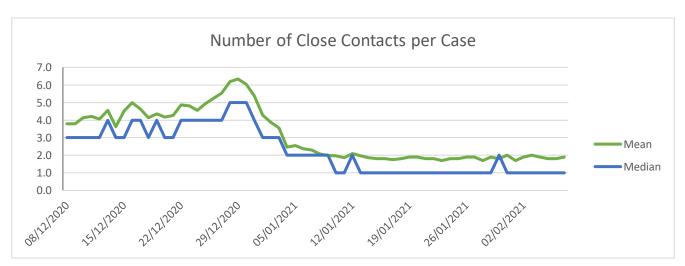


Figure 1.7 - Mean and Median Number of Close Contacts per Case (including those with zero close contacts) for past 2 months

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Table 1.6 and Figure 1.8 outline the analysis of number of close contacts per case, for the last week and the last two months respectively, excluding cases with no recorded close contacts.

Date	Mean	Median	Minimum	Maximum
01/02/2021	2.9	2	1	15
02/02/2021	3.0	2	1	20
03/02/2021	3.2	3	1	19
04/02/2021	3.0	2	1	18
05/02/2021	3.0	2	1	17
06/02/2021	3.0	2	1	21
07/02/2021	2.9	2	1	17

 Table 1.6 - Number of Close Contacts per Case (excluding those with zero close contacts)



Figure 1.8- Mean and Median Number of Close Contacts per Case (excluding those with zero close contacts) for past 2 months



The maximum number of close contacts for a single case peaked at 68 over the Christmas period but has decreased in line with the implementation of Level 5 restrictions.

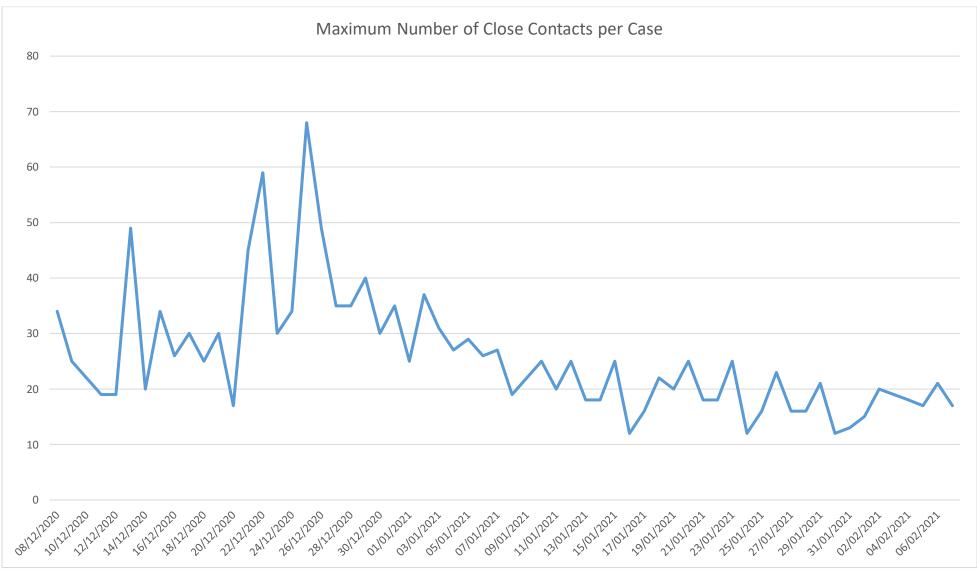


Figure 1.9 – Maximum Number of Close Contacts per Case for past 2 months



### Number of Complex Contacts by Week

A complex contact is created when a case has been in contact with a setting or group of people during their infectious period. Individual close contacts arising from these complex episodes of contact are included in analyses of close contacts. The number of complex contact episodes decreased by 16% to 2,737. Further definitions for close and complex contacts are provided in Appendix 1.

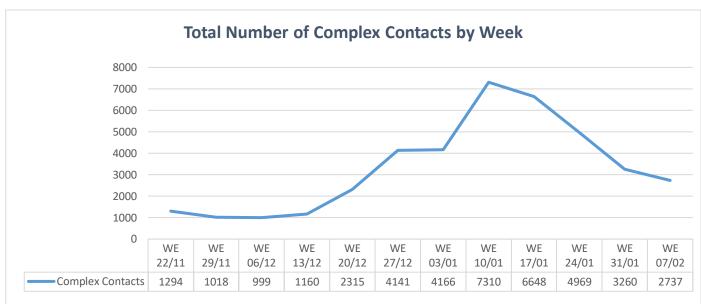


Figure 1.10– Complex Contact Episodes

#### Complex Contacts Reason for Complexity – 1<sup>st</sup> to 7<sup>th</sup> February

Reason for Complexity	Number
Potential outbreak in another setting	961
Hospital	912
Nursing Home	270
Home Help Services	111
Other Residential Care Setting	111
Educational Institute	98
Member of the Traveller Community	83
Public transport	54
Social Venue	39
Asylum Seeker Accommodation	32
Flight	32
Homeless Accommodation	19
Prison	15
Total	2737



#### Complex Contacts Trends by Week

The number of complex contacts associated with healthcare settings decreased again this week, with the number of complex contacts with "Hospital" or "Nursing Home" recorded as the reason for complexity decreasing by 14% and 46% respectively. A 44% increase was observed in the number of complex contacts related to an "Educational Institute".

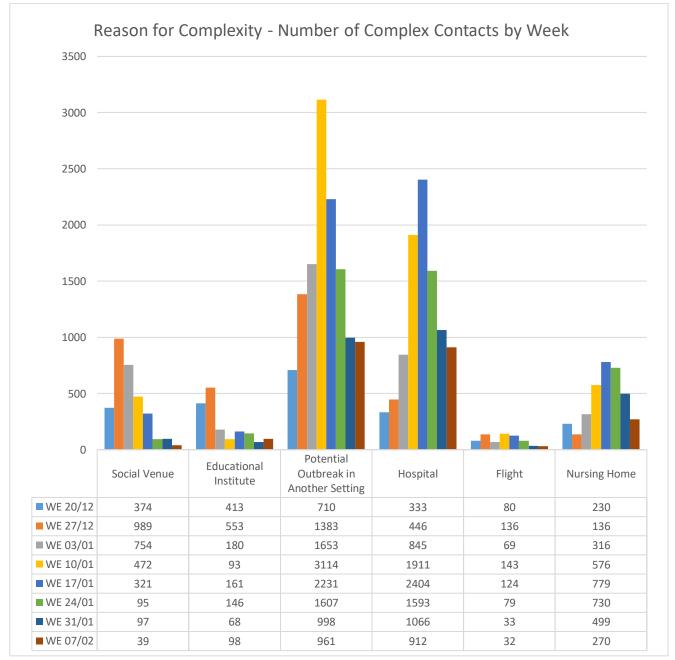


Figure 1.11 - Reason for Complexity - Number of Complex Contacts by Week

Data are provisional - Some close contacts are managed off the CCT.



## **Appendix 1: Contact Definitions**

Cases are asked to identify contacts during their infectious window based on symptom onset or date of test if asymptomatic. If symptomatic, cases are asked to list contacts from 48 hours before symptom onset to 10 days after symptom onset. If asymptomatic, cases are asked to list their contacts from 24 hours before the date of their positive test to 10 days after the date of the positive test.

### **Close Contacts**

Close Contacts are defined as:

- Any person that the case has been in face to face contact with for longer than 15 minutes in any setting.
- Any person who shared a closed space for longer than 2 hours.

Contact tracers select one of the following circumstances of contact:

- Household contacts are defined as living or sleeping in the same house, individuals in shared accommodation sharing kitchen and bathroom facilities, and sexual partners.
- Workplace contacts are close contacts from the workplace.
- Social contacts include close contacts from the extended family, close contacts in restaurants, cafés and public houses, and other social contacts.
- Sport contacts include close contacts from sporting and recreational activities.
- Primary School contacts include staff and students in primary schools.
- Secondary School contacts include staff and students in second level schools.
- Pre-School/Crèche contacts include staff and students in crèches and pre-schools.
- Special School contacts include staff and students in schools that provide education for children with special educational needs.
- Third level education contacts include close contacts from third-level institutes and universities.
- Transport contacts are close contacts from flights, public transport, taxis and cars.
- Healthcare Setting: Patients are close contacts who were patients in healthcare settings where the contact has only occurred in that setting. Most close contacts who are patients in healthcare settings are managed by Infection Prevention & Control who do not currently use the CCT.
- Healthcare Setting: Staff are close contacts who work in healthcare settings and the contact was limited to those settings. Most staff who come into contact with a case while working in healthcare settings are managed by Occupational Health who do not currently use the CCT.
- Other: these are close contacts where the circumstances of contact are known but not included in one of the categories above.
- Not Recorded: no circumstances of contact recorded. This includes contacts identified via the COVID Tracker App.



### **Complex Contacts**

A complex contact is a situation where the contact is not a known named individual but relates to, for example, a congregate setting where an individual could be called and a list of contacts constructed.

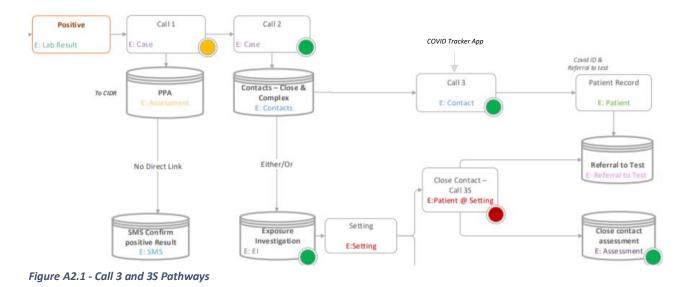
Contact tracers select one of the following reasons for complexity:

- Hospital: case has been a patient, member of staff or visitor to a hospital.
- Nursing home: case is a resident, member of staff or has visited a nursing home.
- Other Residential Care Setting: case is a resident, member of staff or has visited a residential care setting that is not a nursing home.
- Flight: the case was on a flight as a member of staff or as a passenger.
- Homeless Accommodation/Hostel: case is a resident or member of staff in homeless accommodation.
- Asylum Seeker Accommodation (Direct Provision Centre): case is a resident or member of staff in asylum seeker accommodation.
- Prison: case was an inmate or worked in a prison.
- Public transport: case used public transport.
- Social Venue: case attended or worked in a social venue such as a restaurant, cinema or bar.
- Member of the Traveller Community: case is a resident in a halting site or a member of the Traveller community.
- Educational Institute: case attended or worked in a crèche, school, university or other educational setting.
- Home Help Services: case interacted with or provided home help services.
- Member of Roma Community: case is a member of the Roma community.
- Potential outbreak in another setting: case worked in or attended a setting that is not included in the list above. These include hairdressers, beauty salons, food production factories and retail outlets.



# Appendix 2: Close Contact Pathways

Close contacts are managed using two separate pathways on the CCT, depending on the type of contact that has occurred. The two pathways are illustrated in the figure below.



### **Call 3 Pathway**

Close contacts identified by the case on a call 2 or by the COVID Tracker App are managed using the standard call 3 pathway unless related to a flight, school, crèche or Montessori. Close contacts identified by Departments of Public Health as part of their investigation of complex contacts are also managed using this pathway, unless the contact occurred on a flight or in a school, crèche or Montessori.

### **Call 3S Pathway**

Since the 31<sup>st</sup> of August, cases who took a flight during their infectious period are referred to their regional Department of Public Health for risk assessment. Following the Public Health Risk Assessment, close contacts are uploaded to the CCT by a central data entry team where they receive a phone call from a contact tracer, an SMS or are referred directly for testing. Since the 23<sup>rd</sup> of September, cases who report attending a school, crèche or Montessori as a student or member of staff during their infectious window are referred to the regional Department of Public Health for risk assessment. Close contacts identified during the Public Health risk assessment are managed using the Call 3S or Contacts at Settings pathway, which links these contacts back to the setting where the close contact occurred. Data, including retrospective data, on these contacts have been available to the CMP from the 7<sup>th</sup> of December.

Ends.