

## COVID 19 – EXPERT WORKING GROUP ON TESTING

Note of tele-meeting 14 April 2020

10am – 12pm

### In attendance:

Brid Farrell (Chair)

Name Redacted

Gillian Armstrong

Name Redacted

Name Redacted

Name Redacted

Name Redacted

Name Redacted

Name Redacted

Name Redacted

Name Redacted

Professor Ian Young

Name Redacted

Name Redacted

Name Redacted

Eddie Ritson

Kieran McAteer

Name Redacted

Name Redacted

Muhammad Sartaj

### Apologies:

Lourda Geoghegan

Name Redacted

## Key Discussion & Actions

### 1. Welcome

The Chair welcomed members to the meeting.

### 2. NI Note of last meeting

- Note of previous meeting agreed with minor amendments.

### 3. Care home testing

- There was discussion around the guidance for testing in care homes. **NR**  
**NR** highlighted that the current position on testing staff in care homes in NI is in line with PHE guidance for residents and healthcare workers i.e. asymptomatic staff are not currently being tested; tests are carried out for those displaying symptoms.
- The Chair noted that this position must be kept under review.
- It was noted by Muhammad Sartaj that staff in care homes in RoI have their temperature checked at the beginning of each shift, and suggested that this could be a good approach to adopt in NI i.e. check asymptomatic staff and residents.
- Care homes have been notified that all symptomatic residents must be tested
- It was also noted that care homes notify PHA of suspected or confirmed COVID-19 deaths. PHA then follow up and record internally for surveillance work but this has not been shared more widely
- Literature review was circulated to group which shows different testing regimes and whether more could be done at this stage in NI.
- **NR** noted the importance that processes in BHSCT and PHA are well connected and a need to ensure consistency of approach in the 5 Trusts.
- Anyone who has tested positive is captured in the official figures, but due to limited testing in communities and care homes we don't have full picture.
- A Data Cell has been established by the Department. It will be led by **NR**  
**NR** and will report back to the Expert Group. Eddie Ritson is also involved. The group will consider all intelligence and data flows needed for pandemic management.

**Action Point 1:** **NR** will circulate current testing figures on care homes to the group.

**Action Point 2:** Muhammad Sartaj will share current numbers on COVID-19 related deaths in care homes

#### 4. Update on academic consortium

- [NR] provided an update of the work being taken forward by the Academic Consortium.
- AFBI testing kits are expected to arrive tomorrow afternoon as transport company closed over weekend.
- AFBI: Noted that UCAS accreditation may require a lot of work and that a derogation would be welcome if required
- There has been a joint ministerial statement from Minister Swann and Minister Poots to encourage DOH and DAERA to work together. As a result, there may be some media interest in the work of the Expert Group and the consortium.
- It was also noted that WHSCT are experiencing issues in their supply chain for extraction kits. The RVL are delivering tests for the WHSCT as a result.
- [NR] updated the group on discussion with [NR] who is very willing for Almac to work to support testing in whatever way needed. It was suggested that it might be simple for them to join the consortium, as they work similarly to AFBI, and integrate under RVL. There would be a number of advantages in doing this with regards procurement, and also increased resilience.
- [NR] updated the group on the development of an audit to accredit non-UCAS accredited labs. [NR] suggested that the audit could be undertaken at the AFBI lab to assure the Expert Group.
- Almac has UCAS accreditation

**Action Point 3:** [NR] will discuss further with [NR] to integrate Almac into the consortium.

#### 5. Four Nations

- [NR] provided an update on four nations.
- [NR] advised that there have been no national meetings since Friday 10 April, however [NR] is attending a national meeting today (14 April) on national procurement which will look at allocations and distribution of testing and swab kits [NR] from PHA will join [NR] on the teleconference.
- Information governance has been finalised
- There will be a second industry webinar on Thursday 16 April. [NR] will share details when they become available.

#### 6. Testing of Healthcare Workers (HCWs)

- It was noted that currently NI lab capacity is 1,100 tests per day. Deloitte are coordinating testing centres at SSE Arena and Derry which will provide a further 1,000 testing opportunities for HCWs.

- The Chair noted that the testing centre at Boucher Road is also seeing a lower number of referrals than expected, and due to spare capacity in the national initiative, the SSE testing facility was closed on Sunday 12, Monday 13 and Tuesday 14 April, but will re-open Wednesday 15 April and operate as normal. It was noted that in order to use the surplus capacity, community pharmacists were offered slots for staff testing at the SSE Arena on Thursday, and GPs were offered slots on Friday.
- Chair noted that Deloitte have experienced a similarly low uptake of testing throughout the rest of UK
- Deloitte have promised that during site closure, 100 test were available for rapid deployment in the event of an outbreak and swabs would be couriered to Randox for analysis
- The Chair also noted that there is spare testing capacity in hospitals based on figures from all 5 Trusts and the importance of utilising this effectively. Asked the group how this capacity could be maximised, given that this surplus of capacity may only be available for a short period of time.
- After discussion it was agreed that this could be best used to commence surveillance work. Three main areas were discussed:
  - ED attendances for those who are not admitted to hospital as a pilot with view to roll out for surveillance (agreed to BHSCCT colleagues to this work).
  - Continue to support work already under way with NR and colleagues at sentinel GP practices and Primary Care Covid centres
  - surveillance in care homes

**Action Point 4:** Muhammad Sartaj will work with the surveillance group and bring a proposal to Friday's meeting (17 April). Gillian to also link in primary care work on testing into proposal.

## 7. Testing of healthcare workers

- The Chair provided an update to the group. It was noted that priority to date has been hospitalised patients, priority healthcare workers and now consideration is being given to other HCWs. Following the national process, employers prioritise their key workers for testing and refer them for testing at the Boucher Road testing site. SSE Arena have processed testing for key workers from companies that have approached them when there has been spare capacity.
- There will be an increase of key worker testing in the next 1-2 weeks.
- There has been a growing number of key worker tests coming through Boucher Road site. This is being captured in a tag field of Lab Centre data
- It was noted that the Ards pods are testing key workers through an arrangement with the Chief Executive of SEHSCT although uptake of numbers are low

- Ards and Balmoral MOT test centres are unlikely to be replicated by other HSC Trusts
- **NR** noted that over the last few days, the majority of positive test results reported have been healthcare workers. PHA are capturing the metadata on this
- **NR** highlighted that data has been shared with Health Protection Surveillance. There are issues with completeness but **NR** will bring some information to the group at Friday's meeting.
- The following stats on healthcare workers being tested as of 14/04/20 were noted:
  - 13095 people have been tested, 3809 (30%) of total are healthcare workers
  - 667 (17.5%) of the 3809 tested have positive results
  -

**Action Point 6:** **NR** will share data via email

## 8. Sero-Prevalence

- It was noted that progress is being made to finalise group set up and an update to be provided at Friday's meeting.

## 9. Governance Framework

**NR** circulated two planned audits to the group via email.

**Action Point 7:** The group will share any comments to **NR** directly via email

## 10. Contact Tracing app (Eddie Ritson)

- Eddie Ritson provided an update to the group, and flagged an announcement by Matt Hancock about role of proximity apps and different models which could potentially be used to assist management of spread of virus when relaxation of current restrictions takes place
- Eddie advised that Apple and Google are partnering to develop an app solution.
- Providing an outline of the NHSx app model, Eddie provided the following info:
  - User voluntarily downloads app to smartphone.
  - Users can self-report symptoms on the app and receive advice accordingly
  - Other phone users who have downloaded the app and who were in prolonged contact with a user who self-reported symptoms would receive a yellow alert
  - The user who self-report symptoms may get referred for testing and receive feedback on test through the app

- If the user tests positive, other app users in contact with the positive user would receive an updated red alert and appropriate advice
- It is anonymised and does not provide location information
- Eddie noted that Dan west and CMO have discussed development and are leaning to adaption of NHSx app. The NHSx app will move to initial phase of testing this week with a pilot in 2 weeks and national release in 3 weeks if successful.
- Eddie explained that the app would require as much as 50% of communities utilising the app to be an effective form of contact tracing.
- PHA would only receive details of those who have received positive results
- It was noted that the disease trajectory in NI is different to UK. A suggestion was made that we need to consider alignment with ROI strategy as there is currently much more interconnectivity with ROI than GB, CMOs MOU provides an opportunity for this. Must at least ensure that NI approach is compatible with ROI.
- Chair noted that we must be absolutely clear that the approach to contact tracing developed for NI is the best fit for NI
- Discussion regarding who is best placed to lead this work going forward. Eddie noted that the CMO had proposed the establishment of a Forward Planning Group to prepare for future contact tracing. Gillian Armstrong noted that [NR] from PHA will lead a group on Contact Tracing. Important to get view of [NR] Data Cell.
- Overall policy and alignment will come from Minister Swann as advised by CMO, and working groups will take lead from that
- There are still early discussions around contact tracing and other aspects of managing trajectory of the virus

**Action Point 8:** Eddie Ritson to follow up on what ROI are doing and report back to group; and to share more information on NHSx

**Action Point 9:** Gillian Armstrong will share contact details of those working on ROI

## 11. Management of exposed healthcare workers and patients

- It was noted that new guidance has been issued by PHE which was shared with the group in advance of the meeting. This is hospital based guidance but principles apply to out of hospital also. Big change is cohorting of patients. NI is following this guidance at the minute but might struggle if hospital demand increases
- Noted that PHA has been working to this guidance for care home
- Discussion around provision that HCWs with chronic cough returning to work, and optics of this. Noted that no longer shedding the virus but still have a persistent cough, staff advised to go back to work – this has been the guidance for the last 3-4 weeks.
- The last few weeks telephony reports show that frequency of NHS 111 calls from NI have been between 3000-4000 per day, with a dip over the Easter weekend

- Agreement to use as basis of NI guidance

## 12. Convalescent Plasma

- [NR] provided an update on Convalescent plasma which can be used for the treatment of serious COVID cases.
- [NR] provided an update noting that the clear position of Blood Services across the UK is that a license to share human derived plasma with private companies should not be given. This has been communicated to MHRA and shared with [NR] and CMO will be informed.
- It was agreed that more work is needed to identify patients who have recovered and will be suitable donors.
- There was some discussion around whether the Expert Advisory Group is the right place for decision making and action on this. It was agreed that, given links with antibody testing, it should remain with EAG however there is also a requirement for oversight from other groups (e.g. Pharmacy Group, Therapeutic Group, Academic Consortium).
- **Agreed to keep as a standing agenda item with twice weekly update**

**Action Point 10** [NR] will have discussion with ROI contacts to get an understanding of what they are doing in this area.

## 13. UK Testing Summary

- The Chair advised that the Expert Group has been asked by DHSC to provide NI's testing trajectory by the end of April
- [NR] noted that the trajectory has been modelled for the next few weeks and it is significant. There are worries about supply chain for extraction kits but mitigation steps have been taken by widening the diagnostic chain.
- There was discussion around what should/should not be reflected when provided trajectory figures and the following points were noted:
  - Describe approach but not commit to numbers due to supply chain concerns
  - Do not include SeroSep to avoid overstating trajectory as it is dependent on many assumptions.
  - Aware that national allocation of Roche kits could be reduced for NI
  - Include projected work of RVL, NIBTS and all Trusts
  - Include footnote that there will be additional capacity from AFBI and Almac but there are no definite numbers yet
- The Chair suggested that future consideration should be given to offering mutual aid if supply chains and capacity allow it. There is confidence with AFBI capacity for now, they have stock of extraction reagents that we can rely on in NI.
- Noted that no further substantive update on Antibody testing further to previous EAG meeting

**Action Point 11** [NR] will work through the Pathology Network to model the testing trajectory of NI by end of April. The group will discuss again on Friday and then submit information nationally

#### 14. Issues raised with Chair

##### Testing patients discharged into care homes from hospital

- The following points were noted:
- Now recommended that patients who previously tested positive are tested again before discharge from hospital/ admission to care homes;
- Patients who test positive but are fit to be discharged may be refused admission into care homes. This is a matter for local hospital & Home.
- A lot patients stay positive for a long time so it is an individual conversation between hospitals and care homes
- Jillian noted that there is infection control guidance for cohorting and isolating patients who have been discharged from hospital after testing positive

##### Testing in prisons

- There have been queries sent to the Chair around testing asymptomatic prison staff so that they can continue to work.
- [Name Redacted] noted that all asymptomatic testing carries the same worry - it can very quickly eat into capacity and become unsustainable, also difficulty to determine frequency of ongoing testing – eg every 24/ 48 hrs. Also, how do you limit this to one sector – testing of asymptomatic police, HCWs etc. would also need to be considered.
- Surveillance studies through asymptomatic testing can be effective but there is a risk of toppling all capacity by frequently testing big groups
- Should continue to test symptomatic prisoners

**Action Point 12:** Kieran/ Brid Farrell to draft reply to letter rcvd by Chair and share with [NR] for comment

##### Testing in the community

- Capacity to test symptomatic patients in the community is being assessed every day
- Gillian Armstrong suggested that testing in GPs and testing centre would cover this.



### Staff moving into care homes

- Chair received email from Mark Lee about staff moving into Four Seasons care homes for set period, and then new staff cohort moving in. Aim to help avoid the disease being brought in.
- **NR** noted the basic assumption is that they are negative going and this is not always easy to prove; incubation period can last for up to 8-9 days so could be negative in that period and become positive.
- It may slightly mitigate risk but does not eliminate therefore caveats are pretty big and may have limited use.
- Screening ie taking temperature before shift may be a better option.

**Action Point 13:** Brid Farrell to respond. Post script formal proposal from DoH is an agenda item for next meeting

### Healthcare workers with no access to cars for drive-thru testing

- It was noted that there are healthcare workers who cannot access testing at the SSE site as they have no access to a car. The national initiative is to only test people in cars. Noted this will become a bigger issue as other national testing sites open.
- Deloitte are aware of the problem but have no immediate plans to change the policy.
- BHSCT led Boucher Road site has a different policy and allows healthcare workers to arrive in taxis (though **NR** noted an update from Silver group that taxis may no longer be an option as both Fonacab and Value Cab have withdrawn services. **NR** (BHSCT) will be the best person to link with on organisation of testing at Boucher Road
- **NR** noted that the national group is considering a mobile testing unit that can go out to take samples This could be used for remote staff testing. Post script: Deloitte can deploy 50+ testing kits in event of an outbreak and have them couriered to RANDOX on same day.
- There is also a pilot of home delivery of self-administered Randox kits which could be rolled out to staff. Arrangements would need to be in place for collection and delivery of samples
- There will be risks associated with any solution. Onus is on employers to conduct risk assessments for individual cases.
- Noted that this is something that group should keep under review and give more consideration to solution in coming weeks.

### 15. AOB

- **Offer of DAERA Virology skills (Naresh)**
  - Naresh noted an offer from DAERA. Feeling that they had already been linked in to the work Bottleneck is inducting and training staff
- **Update on derogations to be signed off by CMO (Kieran)**
  - **NR** advised that audits have been sent to testing lab sites and based on audits, testing will be able to be sent to labs

- **NR** has been working with AFBI to ensure patients are not identifiable through the data is being sent.
- This will negate the need for derogations.
- The Chair noted that need for CMO to confirm that indemnity arrangements and dispute resolutions are in hand.

**Next Meeting** - Friday 17 Apr 10am with same dial in details.