



# Inter Federal Committee Tracing & Testing

Parlement

26 Feb 2021

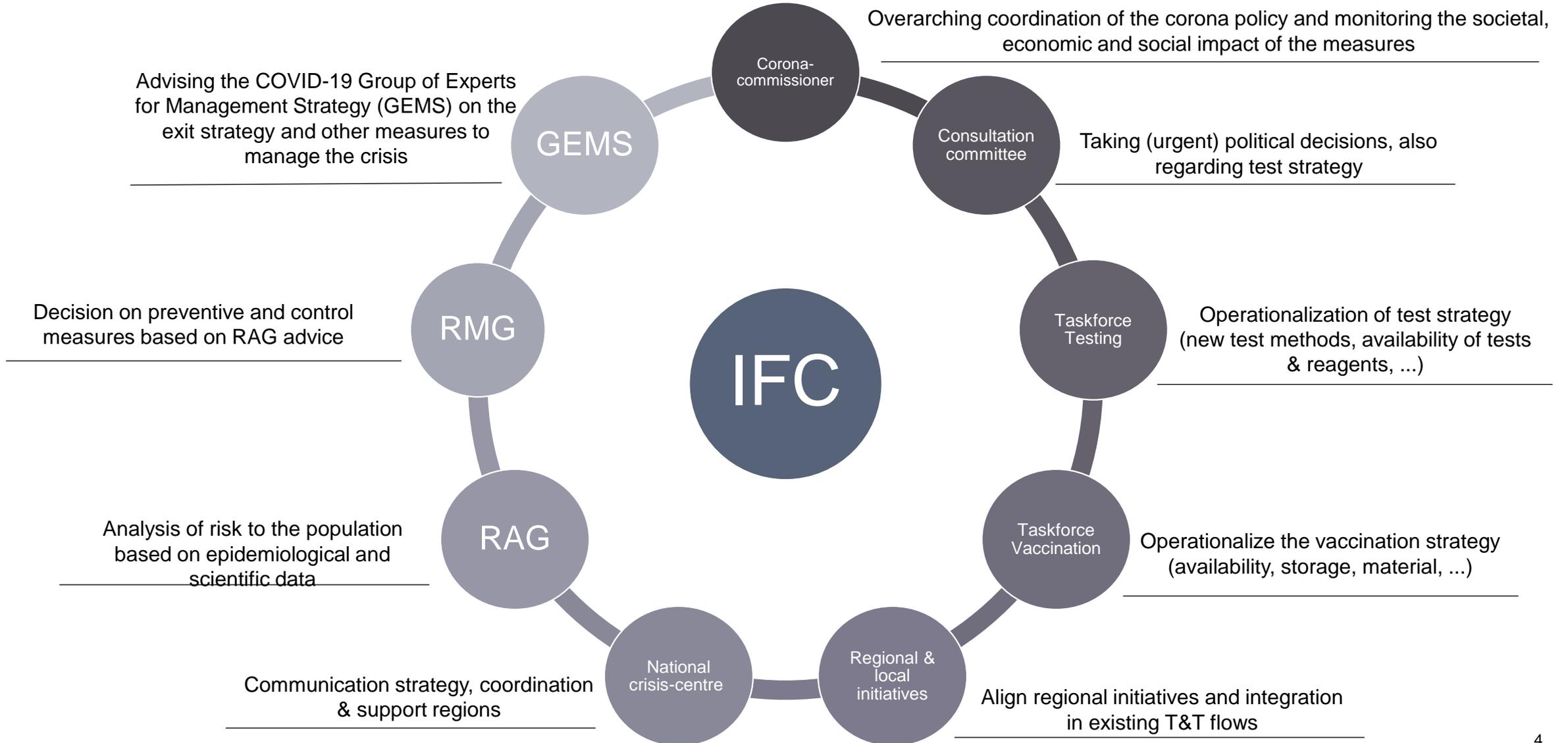
## **Agenda**

- 1. Introduction**
- 2. Testing & tracing**
- 3. Speed & effectiveness**
- 4. The public's role**
- 5. Next steps**

# **1. Introduction**

# Introduction

## IFC Testing & Tracing Role



# Introduction

## IFC Testing & Tracing Governance

### Inter-Ministerial Conference on Health

### Inter-Federal Committee testing & tracing

Political coordination & validation	Official implementation & coordination	Supporting operational implementation		Scientific expertise	Specific expertise
Cabinets VL, BRU, WAL, Féd. WAL-BRU, OST	Federated entities services (health inspectors, ..)	Smals	Federal public services (FOD VG, RIZIV,..)	Sciensano	Ad-hoc experts in working groups
	HR (call agents, field agents, rapid field intervention teams)	Call center & field agent operations, e-learning, database management	Coordination of labs	Content & epidemiological input, coordination of health institutions & doctors, implementation, coordination crisis structures (RAG, RMG ...)	Additional support for specific projects such as communication, app development, consultation with GP associations, ...

# Introduction

Overview of the history

## Guiding principles at the start



IT-supported approach due to the expected scale of the pandemic (as opposed to a manual or individual approach)



Speed is crucial: the entire chain from the moment of contamination to the detection of contacts must be as short as possible



Relieve GPs as much as possible by reducing administrative workload and allowing them to focus on core business (analyze symptoms)



Structural coordination between all concerned regions, communities and parties is indispensable for successful contact tracing

## April 2020



GEES Task Force decision to create Sciensano database with personal test results



Federated entities agree to use central ICT platform contact centers for contact tracing



Tendering for ICT platform contact centers



IMC decision to start IFC

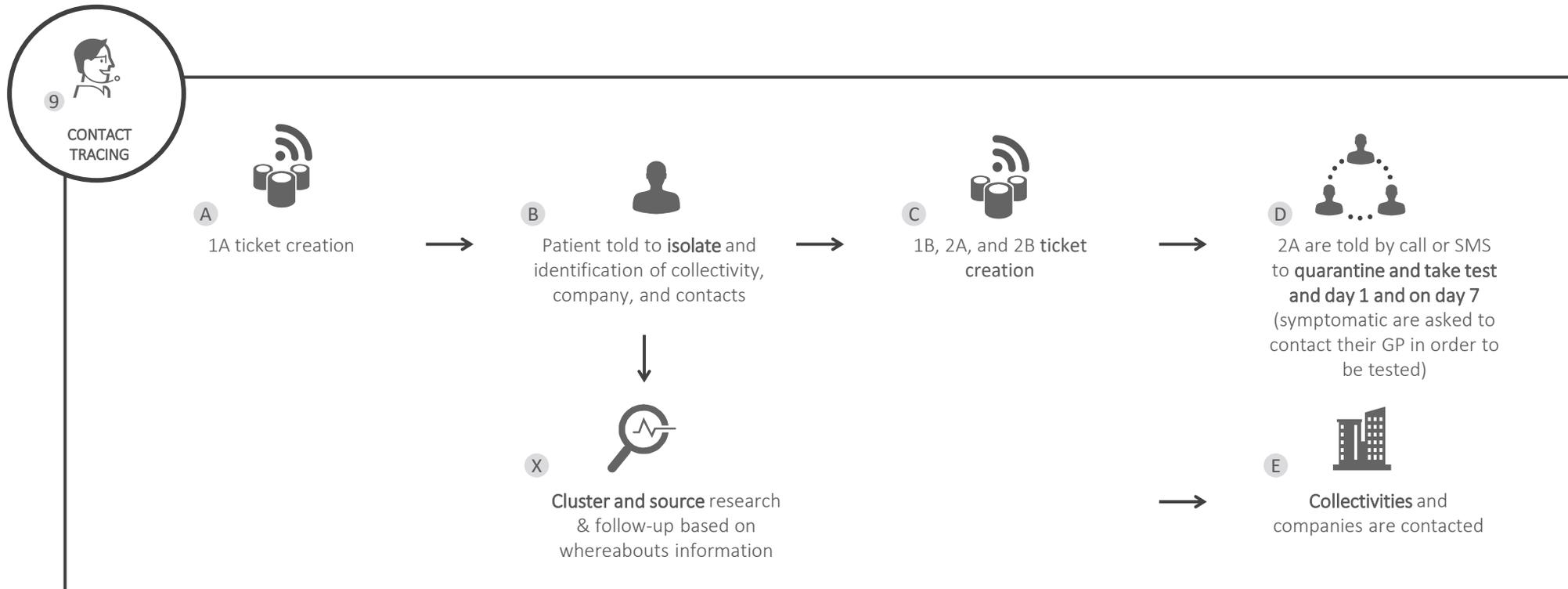
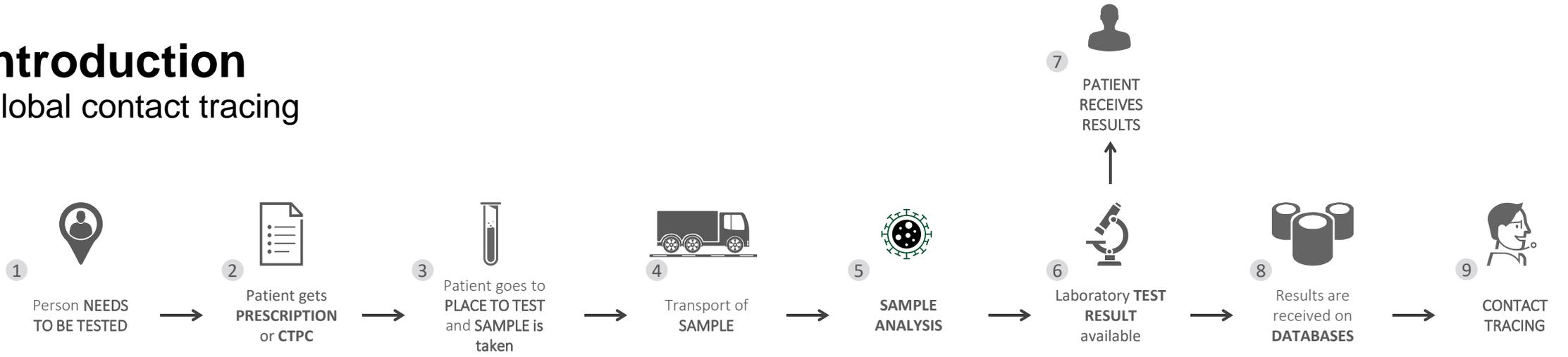
## May 2020



ICT platform contact centers in use for contact tracing

# Introduction

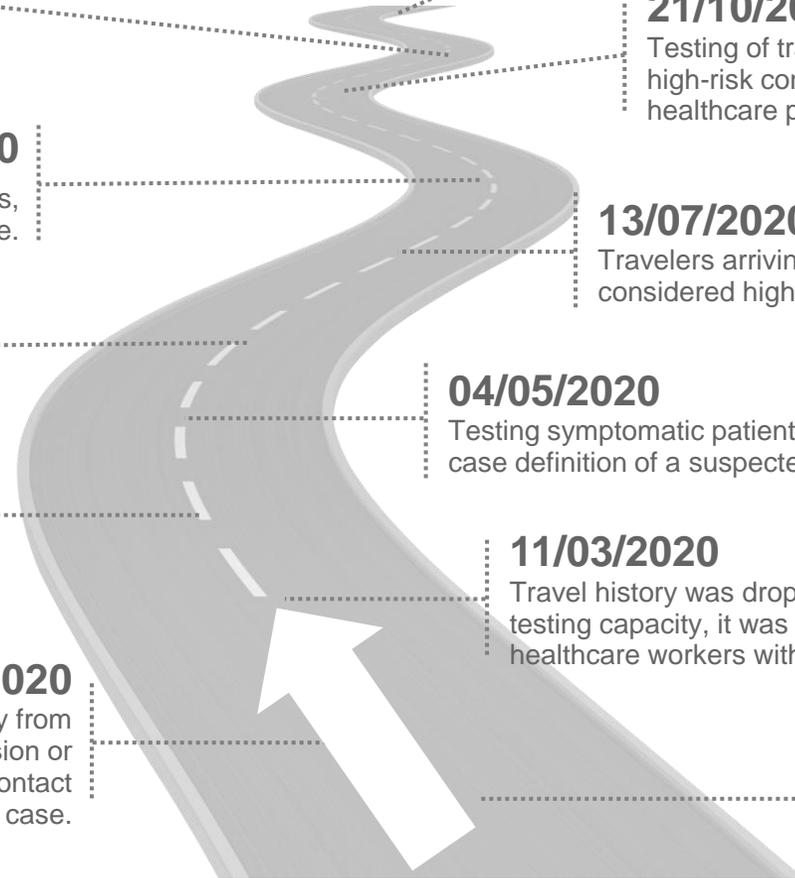
## Global contact tracing



## **2. Testing & tracing**

# Testing & tracing

## Timeline Changes in Test Strategy



### Starting from 25/01/2021

Asymptomatic high-risk contacts are tested on day 1 and 7. The 1st test allows additional measures to be taken in case of a positive test result. The second test covers the incubation period.

### Starting from 31/12/2020

Travelers returning from a red zone are tested on day 1 and day 7.

### 21/10/2020-23/11/2020

Testing of travelers from high-risk areas abroad and testing of asymptomatic high-risk contacts was temporarily suspended (exceptions were made for healthcare professionals or those from essential sectors).

### Starting from 01/10/2020

The quarantine is shortened to 10 days, 7 days if the test negative.

### 13/07/2020

Travelers arriving in Belgium from areas that are considered high-risk abroad are also tested.

### 12/06/2020

Asymptomatic high-risk contacts from a confirmed COVID-19 case are also tested.

### 04/05/2020

Testing symptomatic patients meeting the case definition of a suspected case.

### 28/03/2020

Testing is extended to include the the first cases (up to a maximum of 5) of a cluster in a nursing home that meets the case definition.

### 11/03/2020

Travel history was dropped as a criterion for testing. Due to the limited testing capacity, it was decided to test only hospitalized patients and healthcare workers with respiratory symptoms and fever.

### Starting from 13/02/2020

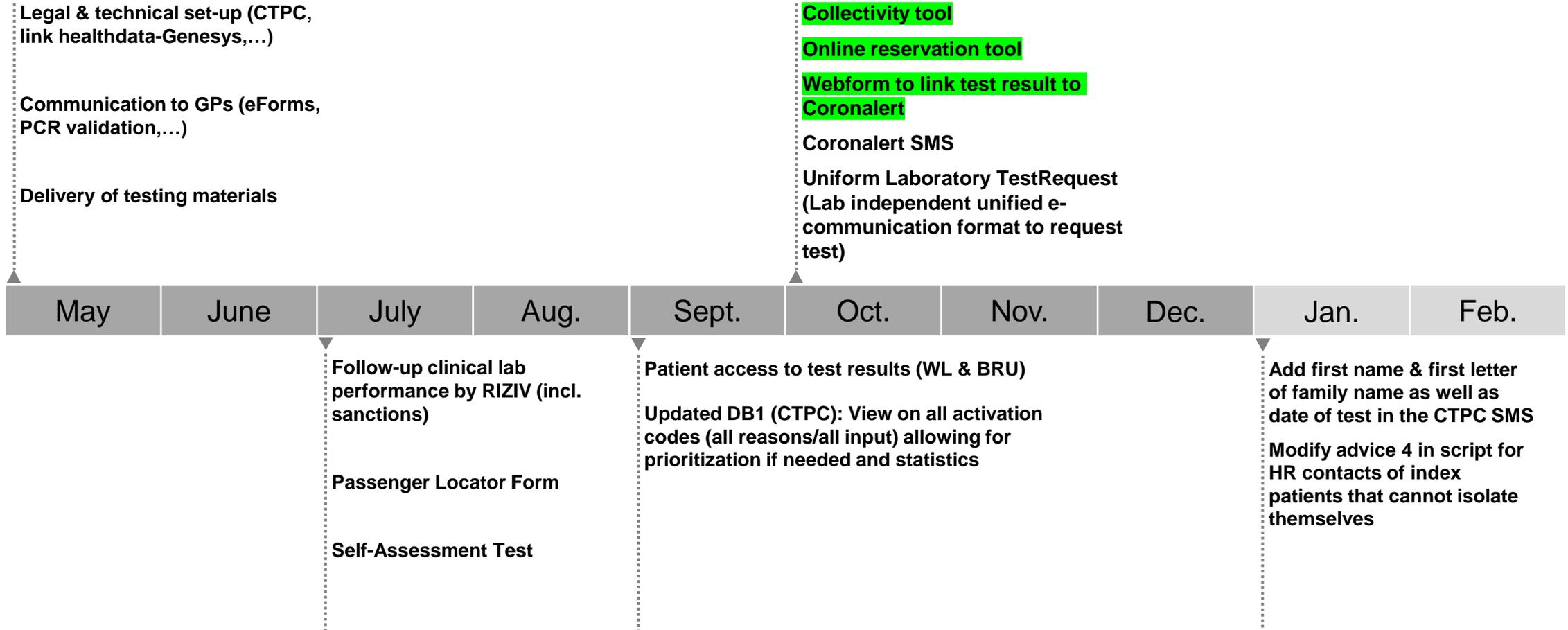
Test symptomatic patients with a travel history from an area of recognized local transmission or symptomatic patients who were in physical contact with a laboratory confirmed case.

### 01/01/2020-13/02/2020

Test symptomatic travelers returning from Wuhan.

# Testing

## Timeline Testing: Milestones & continuous improvements



# Testing

## Testing improvements

## Testing



*What?*

### November – Collectivity tool

Tool allowing company and collectivity doctors to prescribe tests (assign a CTPC), consult test results, and manage their users and access.

*Why?*

- ▶ Allowing company and collectivity doctors to prescribe and consult test results
- ▶ Releasing stress on GPs
- ▶ Increase speed of testing

*Impact*

- ▶ # prescribed tests
- ▶ # consulted tests
- ▶ # collectivity GPs



### November - Online reservation tool

Online reservation tool for testing. Includes the creation of a CTPC database and sampling post database

- ▶ Clear and user-friendly platform to reserve the moment of sample collection in a triage center or lab
- ▶ Manage the influx of test requests
- ▶ Improve data quality

- ▶ Over 450.000 reservations since go-live



### November – Webform to link test result to Coronalert

The person to be tested, can register together with the test code received on the app. This way, this person will also receive the test result in the app when it becomes available.

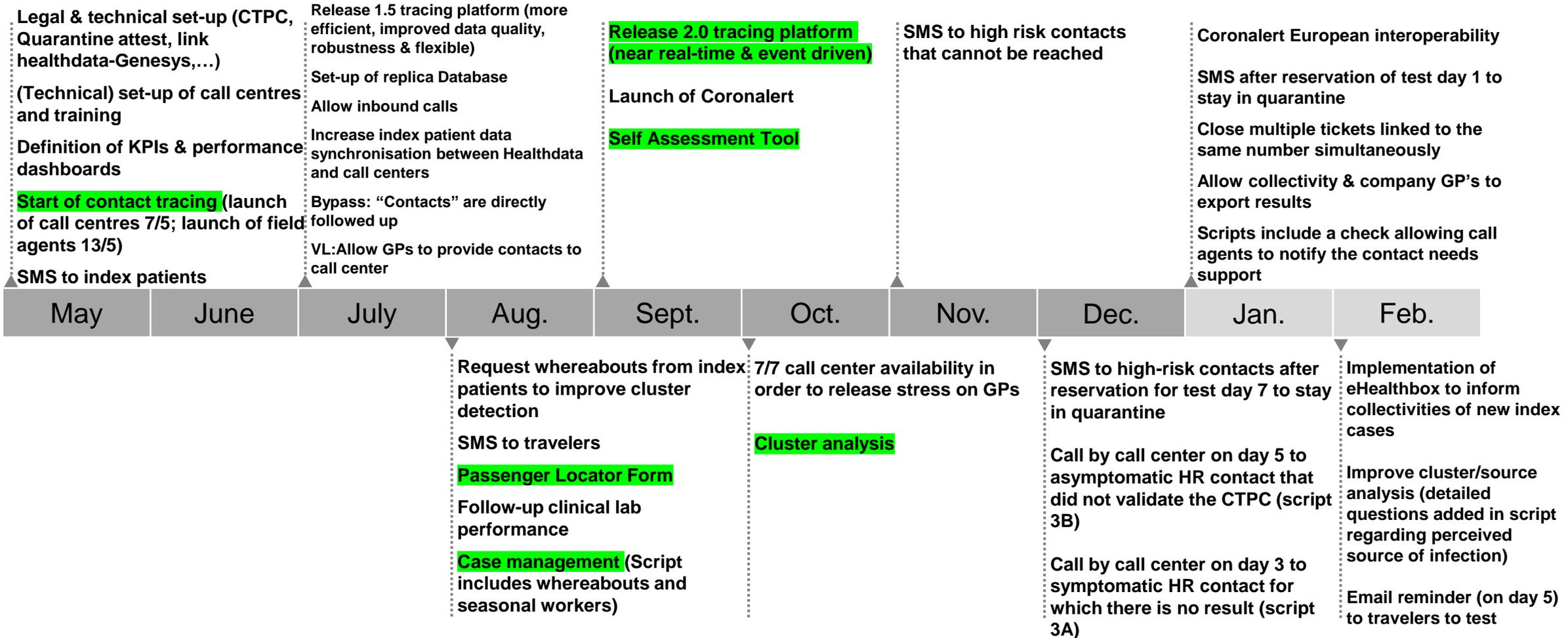
- ▶ Quick access to the test result
- ▶ Relieves the medical personal to communicate the test results

- ▶ # webforms filled in

# Tracing

## Timeline Tracing: Milestones & continuous improvements

Tracing





# Tracing

## Tracing improvements



*What?*

*Why?*

*Impact*

### May – Set up of call centers and field agents

Tracing/informing

- Index patients
- Companies
- High- and low-risk contacts

- ▶ Trace contacts & possible clusters
- ▶ Follow up if LR contact develops symptoms
- ▶ Remind to isolate, quarantine, and test
- ▶ Provide guidance and clarity

- ▶ 487.124 index cases successfully reached
  - ▶ 407.323 HR contact contacts successfully reached
- (from May 15 2020 to February 22 2021)



### August – Passenger Locator Form

Form that needs to be filled in by all persons returning to Belgium (who stayed abroad longer than 48 hours) and all persons travelling through Belgium and who are staying at least 48 hours.

- ▶ Simple form to communicate travel information
- ▶ Identify travelers
- ▶ Strengthen data/information quality
- ▶ Assess travel-related risk

- ▶ 2.725.664 PLF have been collected (August 1 2020 to February 14 2021)
  - ▶ 87% were travelers from red zones
  - ▶ 3.3% were travelers from orange zones



### September – Self Assessment Test

Self-assessment questionnaire allowing to automatically assess the risk related to the travelers' behavior during trip/abroad.

- ▶ Assess risk related to traveler's behavior
- ▶ Raise awareness of importance of hygiene measures
- ▶ Allow finetuning the testing approach (differentiating travelers based on risk of behavior)

- ▶ 29/09/21: Test and quarantine when SAT>450 (red zone)
- ▶ 29/09/21: Warning message when SAT>700 (green and orange zone)
- ▶ 20/10/20: Test and quarantine when SAT>300 (red zone)
- ▶ 23/10/20: If SAT>300 but no symptoms, only quarantine
- ▶ 21/12/20: Test and quarantine when SAT>200 (red zone)
- ▶ 2/01/21: Test and quarantine when SAT>0 (red zone)
- ▶ 25/01/21:
  - ▶ Test and quarantine when SAT>0 (non professional travel)
  - ▶ SAT threshold set to 0 for UK, South Africa and the countries of South America (professional travel), other countries when SAT>250

# Tracing

## Tracing improvements



*What?*

### August – Case Management

Question added in the index patient script in order to identify the possible source of infection. Whereabouts data/information are exported on daily basis to regions to support local tracing initiatives.

- Why?*
- ▶ Enable 'local' follow up/contact tracing
  - ▶ Leverage existing tools and information

- Impact*
- ▶ A probable source of infection could be identified in 53% of the cases
  - ▶ In most cases, the source of the infection comes from an infected family member (23.5%), another infected family member (5.1%) or an infected colleague (5.0%)



### September – 2.0

Introduction of a new contact tracing platform (version 2.0) for call centers

- ▶ Allow near real-time processing
- ▶ Increase flexibility in work orders
- ▶ Increase quality of handling of work orders

- ▶ 85 % of all index cases are reached within 24h
  - ▶ 88% of all high-risk contacts are reached within 24h
- (1/01/2021 – 21/02/2021)



### October – Cluster analysis

Studying clusters (at least 2 COVID-19 cases with an epidemiological link) as well as common environments where COVID-19 moves easily from person to person.

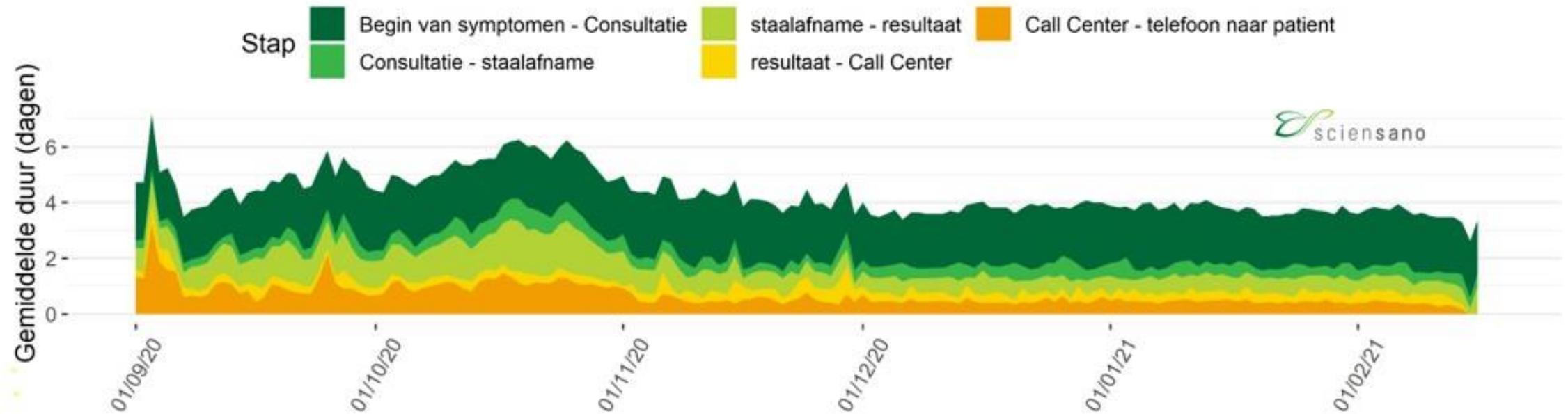
- ▶ Improve reporting & follow-up of clusters
- ▶ Possibility for government services to do data mining and cluster analysis themselves (e.g. seasonal work)
- ▶ provides a glimpse of how to avoid the U-turns

- ▶ There are currently >1.750 active clusters
- ▶ More than 350 new active clusters have been confirmed (in week 6)
- ▶ Most active confirmed clusters are reported in schools (33%), companies (27%) and residential care centers (22%)

### **3. Speed & effectiveness**

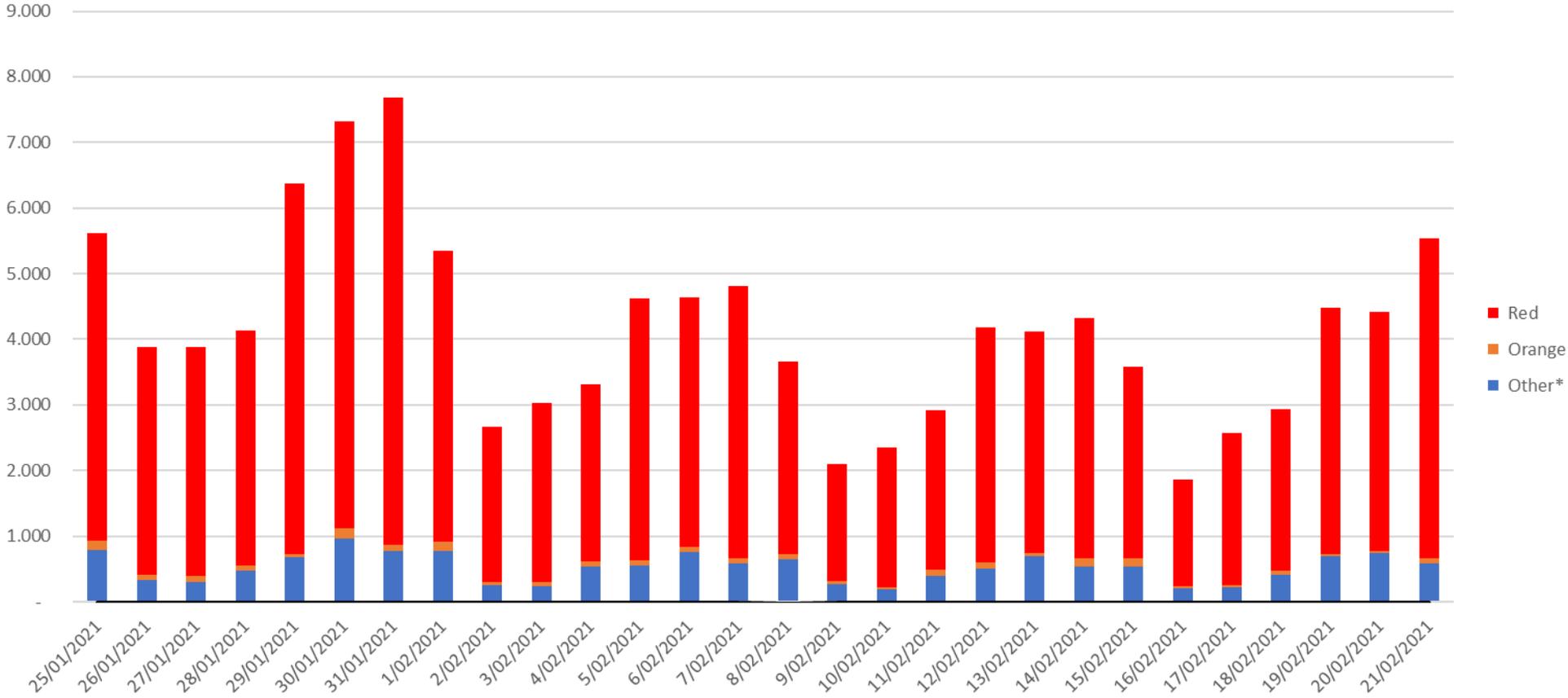
# Speed & effectiveness

Overall TAT



# Speed & effectiveness

Travelers (PLF)

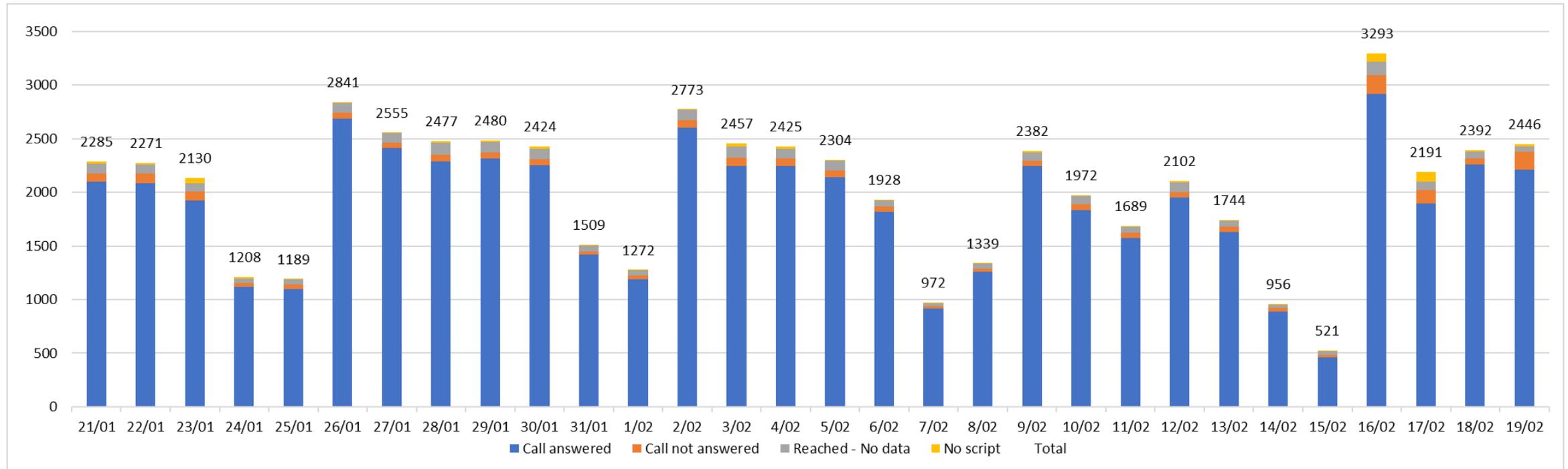


# Speed & effectiveness

Tracing effectiveness : Index patient

Total index cases: **60 527 (21/01 – 19/02)**

- % Call answered: **92,5%**
- % Call not answered: **3,2%**
- % Reached no data: **3,7%**
- % No script: **0,7%**



Source: SMALS reporting

- Date = Request date

- Final effectiveness (excluding those reached by field agents)

- Reached no data: Already called, collaboration refused, has not been tested or received negative test results (without overrule), wrong person, difficulties to communicate, or other reasons (free text field)

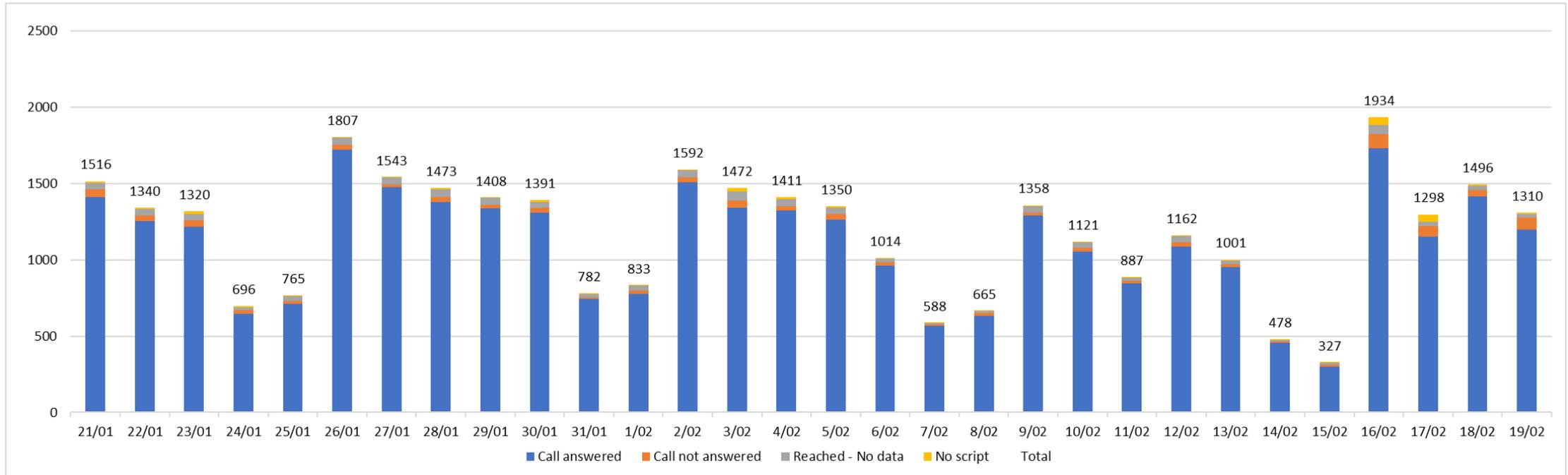
# Speed & effectiveness

Tracing effectiveness : Index patient



Total index cases: **35 338 (21/01 – 19/02)**

- % Call answered: **93,7%**
- % Call not answered: **2,7%**
- % Reached no data: **2,9%**
- % No script: **0,7%**



**Source: SMALS reporting**

- Date = Request date
- Final effectiveness (excluding those reached by field agents)
- Reached no data: Already called, collaboration refused, has not been tested or received negative test results (without overrule), wrong person, difficulties to communicate, or other reasons (free text field)

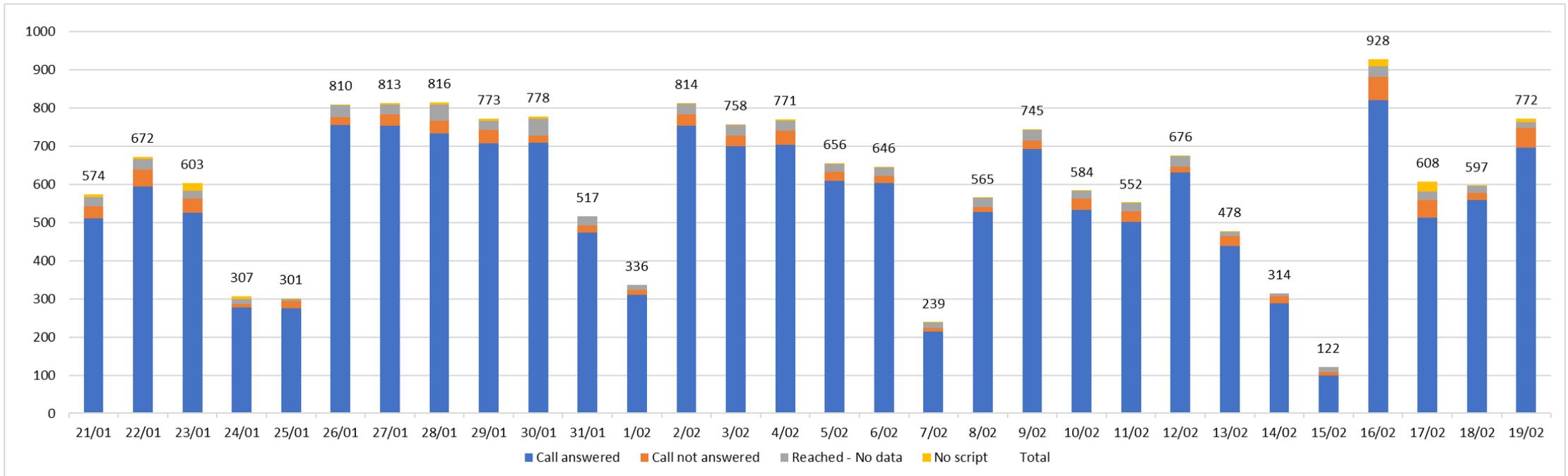
# Speed & effectiveness

Tracing effectiveness : Index patient



Total index cases: **18 125 (21/01 – 19/02)**

- % Call answered: **90,8 %**
- % Call not answered: **4,4 %**
- % Reached no data: **4,0%**
- % No script: **0,7%**



Source: SMALS reporting

- Date = Request date

- Final effectiveness (excluding those reached by field agents)

- Reached no data: Already called, collaboration refused, has not been tested or received negative test results (without overrule), wrong person, difficulties to communicate, or other reasons (free text field)

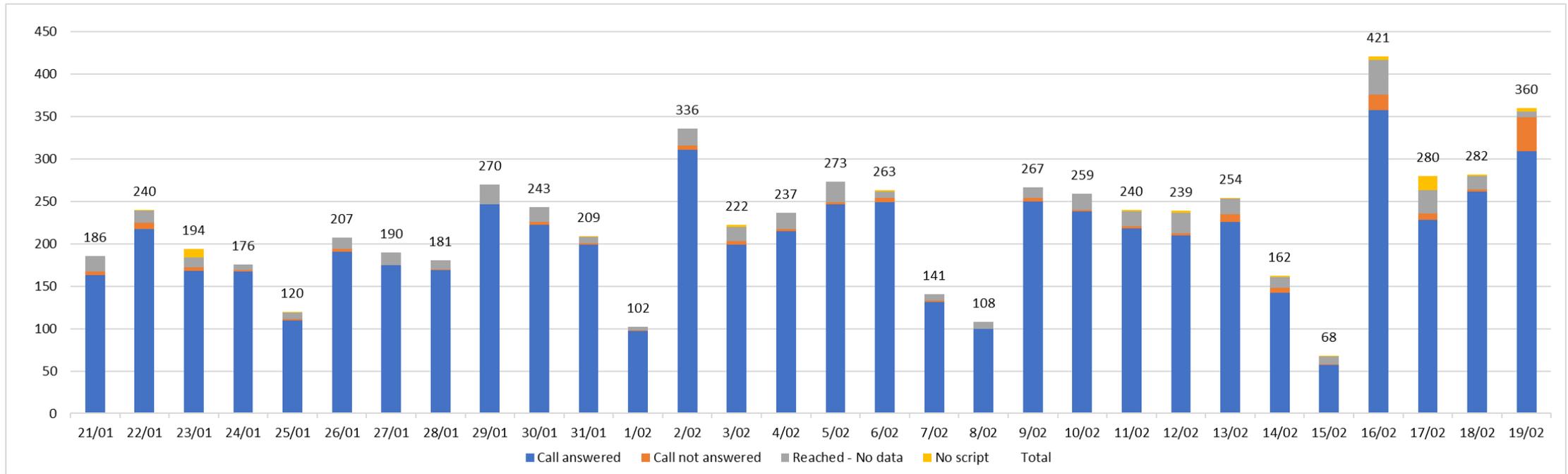
# Speed & effectiveness

Tracing effectiveness : Index patient



Total index cases: **6 730 (21/01 – 19/02)**

- % Call answered: **90,5%**
- % Call not answered: **1,8%**
- % Reached no data: **6,9%**
- % No script: **0,7%**



Source: SMALS reporting

- Date = Request date

- Final effectiveness (excluding those reached by field agents)

- Reached no data: Already called, collaboration refused, has not been tested or received negative test results (without overrule), wrong person, difficulties to communicate, or other reasons (free text field)

# Speed & effectiveness

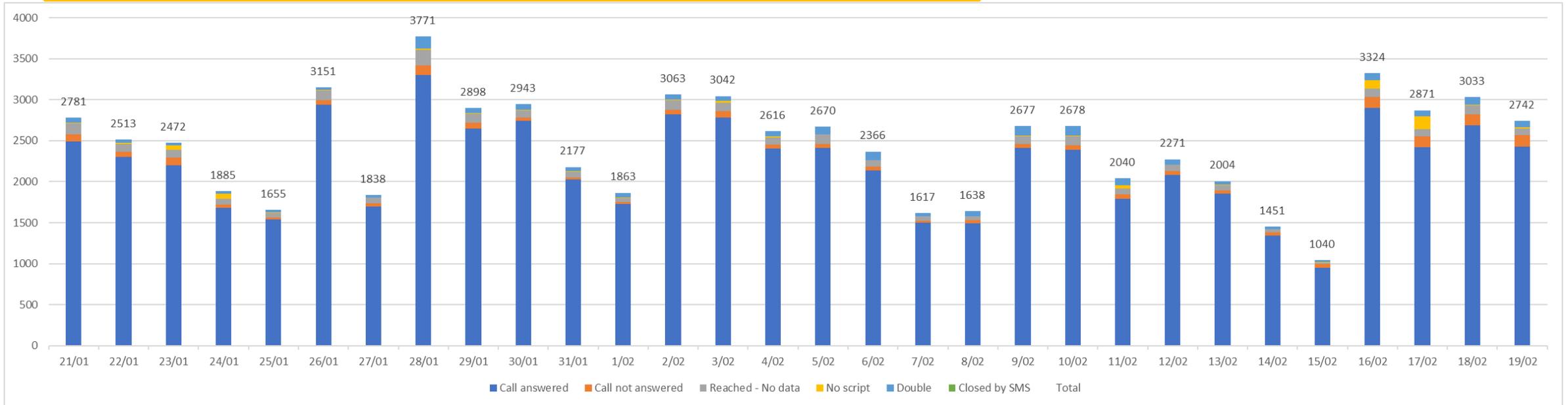
Tracing effectiveness : High Risk Contacts

Total High Risk Contacts: **73 080 (21/01 – 19/02)**

- % Call answered: **90,7%**
- % Call not answered: **2,5%**
- % Reached no data: **3,5%**
- % No script: **0,8%**
- % Closed by SMS: **0,0%**
- % Doubles: **2,6%**

% of High Risk Contacts testing (1st and 2nd) after contact with the CC

- **89% of the HRC did the first test (~19% positive)**
- **55% of the HRC did the second test (~16% positive)**



Source: SMALS reporting

- Date = Request date
- Final effectiveness (excluding those reached by field agents)
- Reached no data: Already called, collaboration refused, contact not understanding, wrong person, or other reasons (free text field)

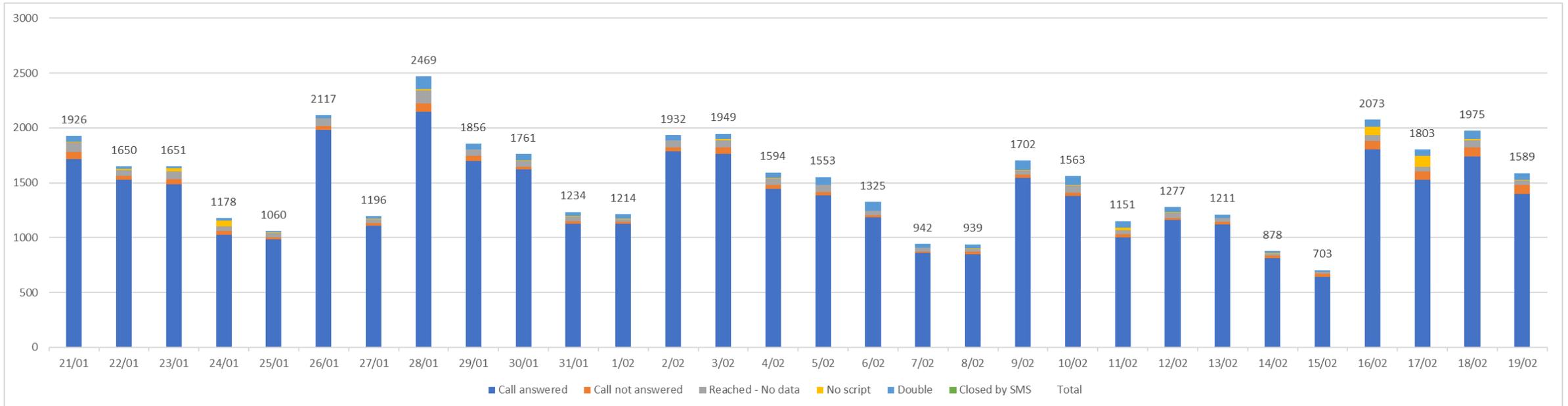
# Speed & effectiveness

Tracing effectiveness : High Risk Contacts



Total High Risk Contacts: **45 471 (21/01 – 19/02)**

- % Call answered: **90,3%**
- % Call not answered: **2,5%**
- % Reached no data: **3,2%**
- % No script: **0,9%**
- % Closed by SMS: **0%**
- % Doubles: **3,1%**



**Source: SMALS reporting**

- Date = Request date
- Final effectiveness (excluding those reached by field agents)
- Reached no data: Already called, collaboration refused, has not been tested or received negative test results (without overrule), wrong person, difficulties to communicate, or other reasons (free text field)

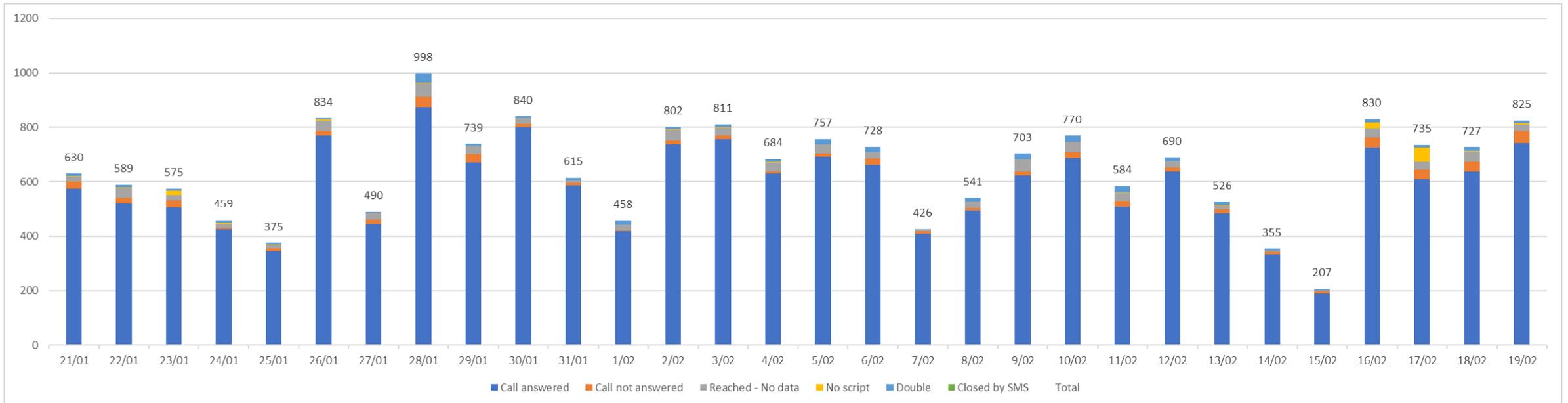
# Speed & effectiveness

Tracing effectiveness : High Risk Contacts



Total High Risk Contacts: **19 303 (21/01 – 19/02)**

- % Call answered: **90,9%**
- % Call not answered: **2,8%**
- % Reached no data: **3,8%**
- % No script: **0,7%**
- % Closed by SMS: **0%**
- % Doubles: **1,8%**



Source: SMALS reporting

- Date = Request date

- Final effectiveness (excluding those reached by field agents)

- Reached no data: Already called, collaboration refused, has not been tested or received negative test results (without overrule), wrong person, difficulties to communicate, or other reasons (free text field)

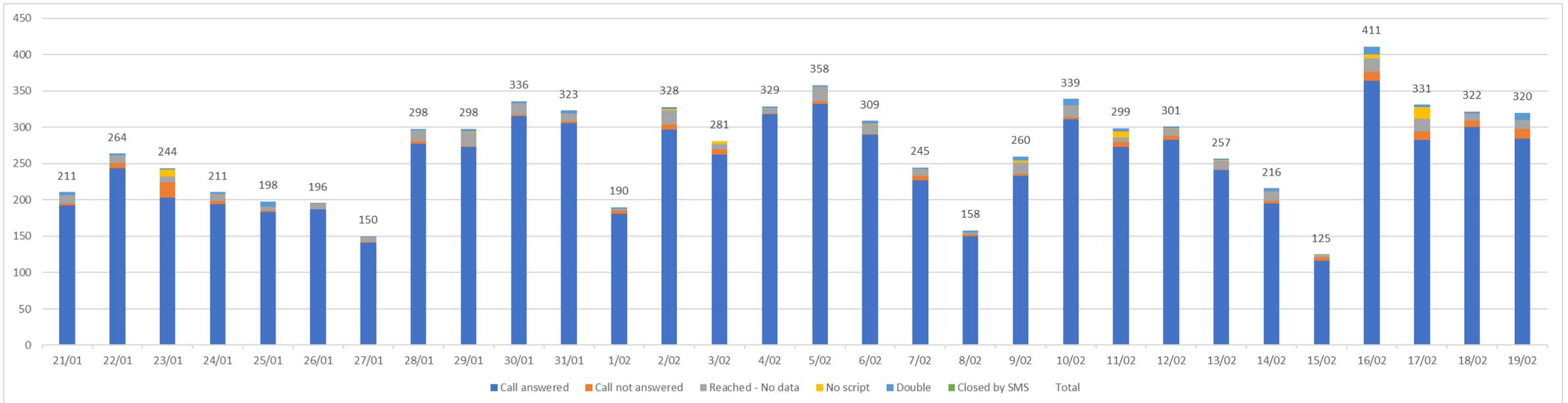
# Speed & effectiveness

Tracing effectiveness : High Risk Contacts



Total High Risk Contacts: **8 108 (21/01 – 19/02)**

- % Call answered: **92,1%**
- % Call not answered: **1,9%**
- % Reached no data: **4,1%**
- % No script: **0,6%**
- % Closed by SMS: **0%**
- % Doubles: **1,3%**



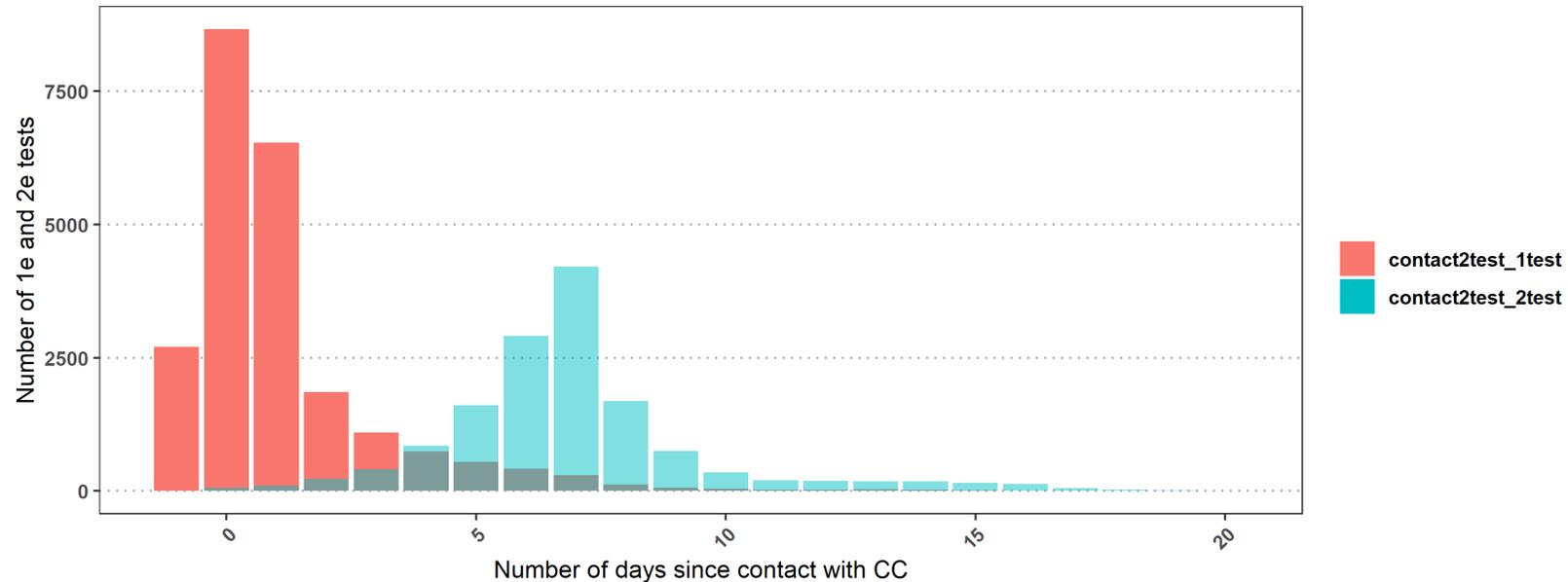
**Source: SMALS reporting**

- Date = Request date
- Final effectiveness (excluding those reached by field agents)
- Reached no data: Already called, collaboration refused, has not been tested or received negative test results (without overrule), wrong person, difficulties to communicate, or other reasons (free text field)

# High risk contacts

## Testing

Absolute number of 1e and 2e tests after contact with CC (data from 25/01/2021 onwards)



Number of HRC with date.contact > 25-01-2021 until 2021-02-12 : 29217 RRN-available: 26032

Region HRC	Index cases	HRC	HRC with RRN	Number of HRC per index	Number of HRC excluded
Flemish Region	12242	25632	22957	2.09	1457
Brussels-Capital Region	2160	4363	3680	2.02	338
Walloon Region	5418	11522	10086	2.13	1081
Belgium	19930	41751	36912	2.09	2918

Number of test	Total tested	Proportion HRC with test	Positivity rate
1	23245	0.89	0.19
2	14316	0.55	0.16

Belgium: From 2021-01-25 to 2021-02-12

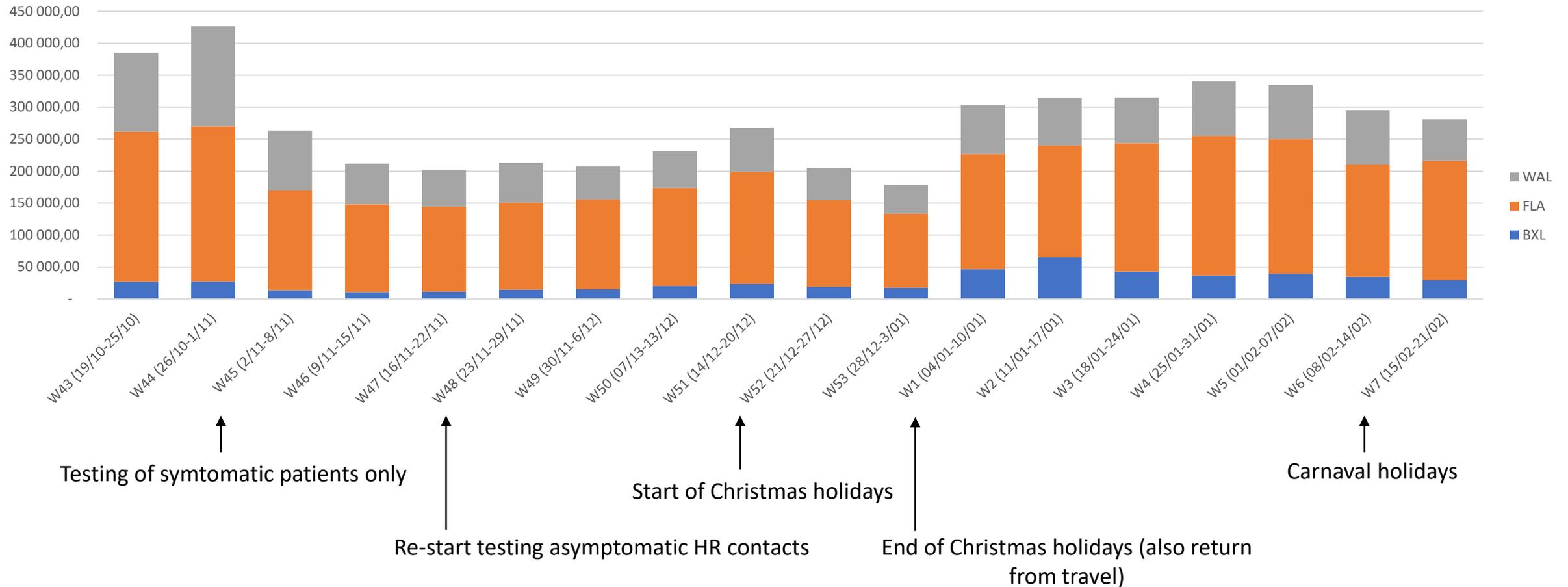
# Speed & effectiveness

Testing & lab results: # transmitted PCR test results

	W2 (11/01-17/01)	W3 (18/01-24/01)	W4 (25/01-31/01)	W5 (01/02-07/02)	W6 (08/02-14/02)	W7 (15/02-21/02)	
BXL	65.081	42.912 ↓	36.643 ↓	39.270 ↗	34.695 ↓	29.559 ↓	- 14,80%
FLA	175.220	200.441 ↗	218.436 ↗	210.483 ↓	175.107 ↓	186.892 ↗	+ 6,73%
WAL	74.008	71.599 ↓	85.525 ↗	85.245 +-	85.516 +-	64.768 ↓	- 24,26%
TOTAL	314.309	314.952 +-	340.604 ↗	334.998 ↓	295.318 ↓	281.219 ↓	- 4,77%

# Speed & effectiveness

# transmitted PCR test results (total = hospitals, private, policlinic, fed. platform) – long-term evolution over 18 weeks



# Speed & effectiveness

Evolution of TAT: from sample to communication of test result

	<b>&lt; 24 hour</b>	<b>24 to 36 hour</b>	<b>36 to 48 hour</b>	<b>&gt; 48 hour</b>
<b>W2 (11/01-17/01)</b>	247005 (78.6%)	31567 (10%)	12528 (4%)	23028 (7.3%)
<b>W3 (18/01-24/01)</b>	253953 (80.6%)	34286 (10.9%)	8714 (2.8%)	17860 (5.7%)
<b>W4 (25/01-31/01)</b>	281555 (82.7%)	42286 (12.4%)	10058 (3%)	6457 (1.9%)
<b>W5 (01/02-07/02)</b>	282967 (84.5%)	35042 (10.5%)	11321 (3.4%)	5533 (1.7%)
<b>W6 (08/02-14/02)</b>	253340 (85.8%)	23224 (7.9%)	8396 (2.8%)	10197 (3.5%)
<b>W7 (15/02-21/02)</b>	233919 (83.2%)	18709 (6.7%)	7725 (2.7%)	20763 (7.4%)

## Evolution of TAT: from sample to communication of test result

TAT (period 18/01 –  
21/02) per region

### Flanders



	< 24 hour	24 to 36 hour	36 to 48 hour	> 48 hour
W3 (18/01-24/01)	88%	8,1%	1,3%	2,5%
W4 (25/01-31/01)	87,1%	10,3%	1,3%	1,2%
W5 (01/02-07/02)	89,6%	8,7%	1%	0,7%
W6 (08/02-14/02)	92,7%	5,1%	1,1%	1%
W7 (15/02-21/02)	83%	4,4%	2,1%	10,4%

### Wallonia



	< 24 hour	24 to 36 hour	36 to 48 hour	> 48 hour
W3 (18/01-24/01)	77,5%	13,5%	5,8%	3,2%
W4 (25/01-31/01)	74,8%	16,3%	7%	1,9%
W5 (01/02-07/02)	74,8%	12,3%	9,1%	3,8%
W6 (08/02-14/02)	75,5%	9,2%	6,5%	8,8%
W7 (15/02-21/02)	84,5%	9,2%	5%	1,3%

### Brussels



	< 24 hour	24 to 36 hour	36 to 48 hour	> 48 hour
W3 (18/01-24/01)	51,6%	19,5%	4,5%	24,4%
W4 (25/01-31/01)	74,4%	15,9%	3,6%	6%
W5 (01/02-07/02)	78%	15,9%	3,8%	2,3%
W6 (08/02-14/02)	76,1%	18,7%	2,7%	2,5%
W7 (15/02-21/02)	81.1%	15.3%	2.1%	1.6%

## Flanders



	< 1 hour	1-4 hour	4-24 hour	> 24 hour
W3 (18/01-24/01)	1,3%	6,4%	82,2%	10,1%
W4 (25/01-31/01)	1,2%	6,1%	81,2%	11,3%
W5 (01/02-07/02)	2,4%	6,6%	81,7%	9,1%
W6 (08/02-14/02)	1,9%	8,4%	83,4%	6,1%
W7 (15/02-21/02)	1,8%	7,8%	85,6%	4,8%

## Wallonia



	< 1 hour	1-4 hour	4-24 hour	> 24 hour
W3 (18/01-24/01)	2,3%	4%	79,5%	12,3%
W4 (25/01-31/01)	1,8%	4,2%	78,7%	14%
W5 (01/02-07/02)	2,2%	7,3%	75,9%	13,1%
W6 (08/02-14/02)	2%	6,2%	76,6%	13,7%
W7 (15/02-21/02)	2,5%	7,5%	78,4%	10,1%

## Brussels



	< 1 hour	1-4 hour	4-24 hour	> 24 hour
W3 (18/01-24/01)	1,9%	18,7%	54,9%	24,5%
W4 (25/01-31/01)	2,1%	5,6%	73,5%	18,8%
W5 (01/02-07/02)	1,8%	6,3%	73,1%	18,9%
W6 (08/02-14/02)	3,5%	7%	68,5%	20,9%
W7 (15/02-21/02)	3%	12,8%	67,8%	16,4%

# Evolution of TAT: from taking of test to validation in lab

TAT (period 18/01 –  
21/02) per region

## Flanders



	< 1 hour	1-4 hour	>4 hour
W3 (18/01-24/01)	95%	3,1%	1,8%
W4 (25/01-31/01)	97,4%	1,7%	0,9%
W5 (01/02-07/02)	95%	3%	2%
W6 (08/02-14/02)	97,3%	1,6%	1%
W7 (15/02-21/02)	86,3%	1,1%	12,6%

## Wallonia



	< 1 hour	1-4 hour	>4 hour
W3 (18/01-24/01)	75,5%	5,2%	19,3%
W4 (25/01-31/01)	75%	2,6%	22,4%
W5 (01/02-07/02)	78,3%	1,4%	20,3%
W6 (08/02-14/02)	80,9%	1,9%	17,2%
W7 (15/02-21/02)	85,4%	3,3%	11,3%

## Brussels



	< 1 hour	1-4 hour	>4 hour
W3 (18/01-24/01)	71,3%	0,8%	28%
W4 (25/01-31/01)	92,7%	0,6%	6,7%
W5 (01/02-07/02)	91,8%	4%	4,2%
W6 (08/02-14/02)	90,9%	6,3%	2,8%
W7 (15/02-21/02)	93,7%	4,7%	1,6%

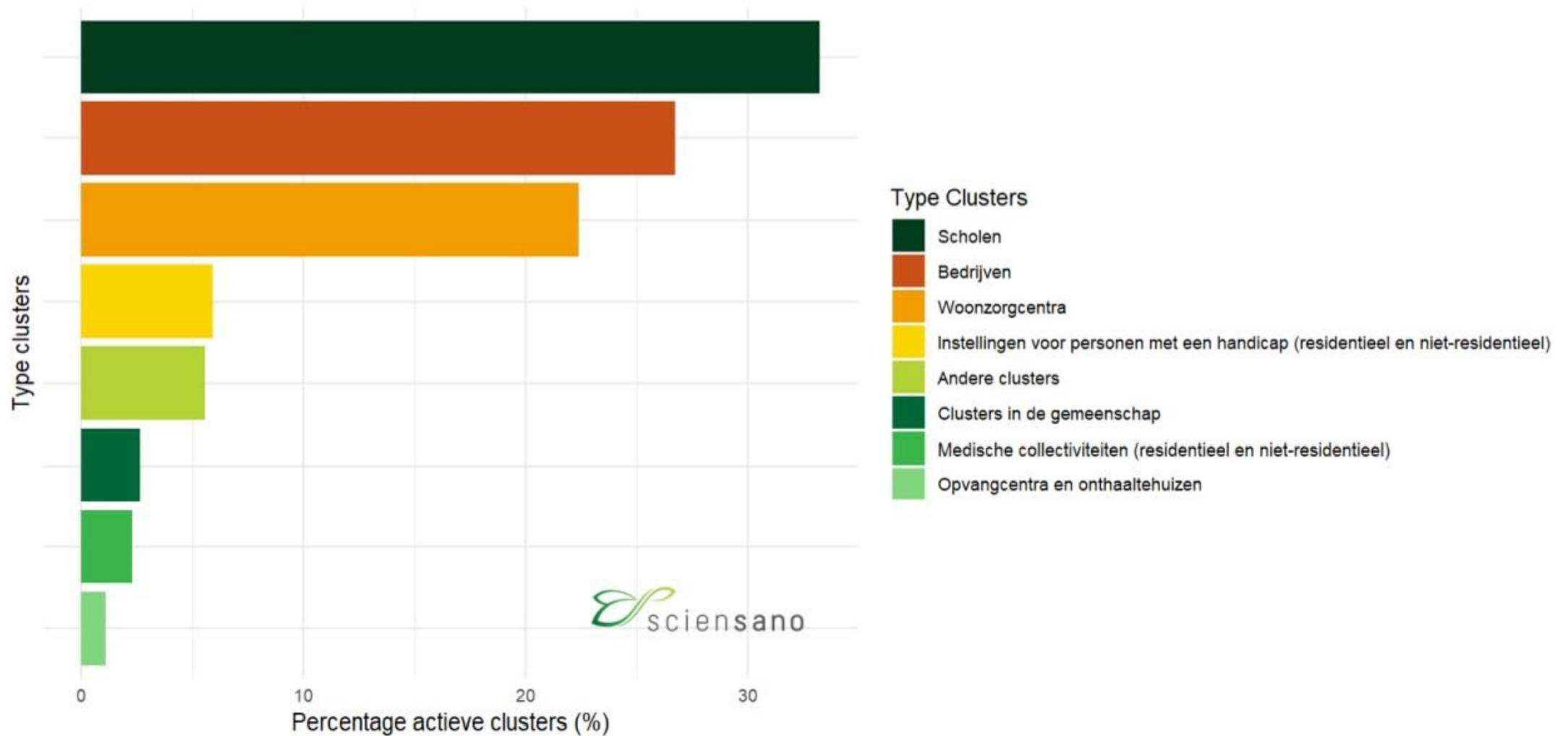
# Evolution of TAT: from test validation lab to communication of result

TAT (period 18/01 – 21/02) per region

# Speed & effectiveness

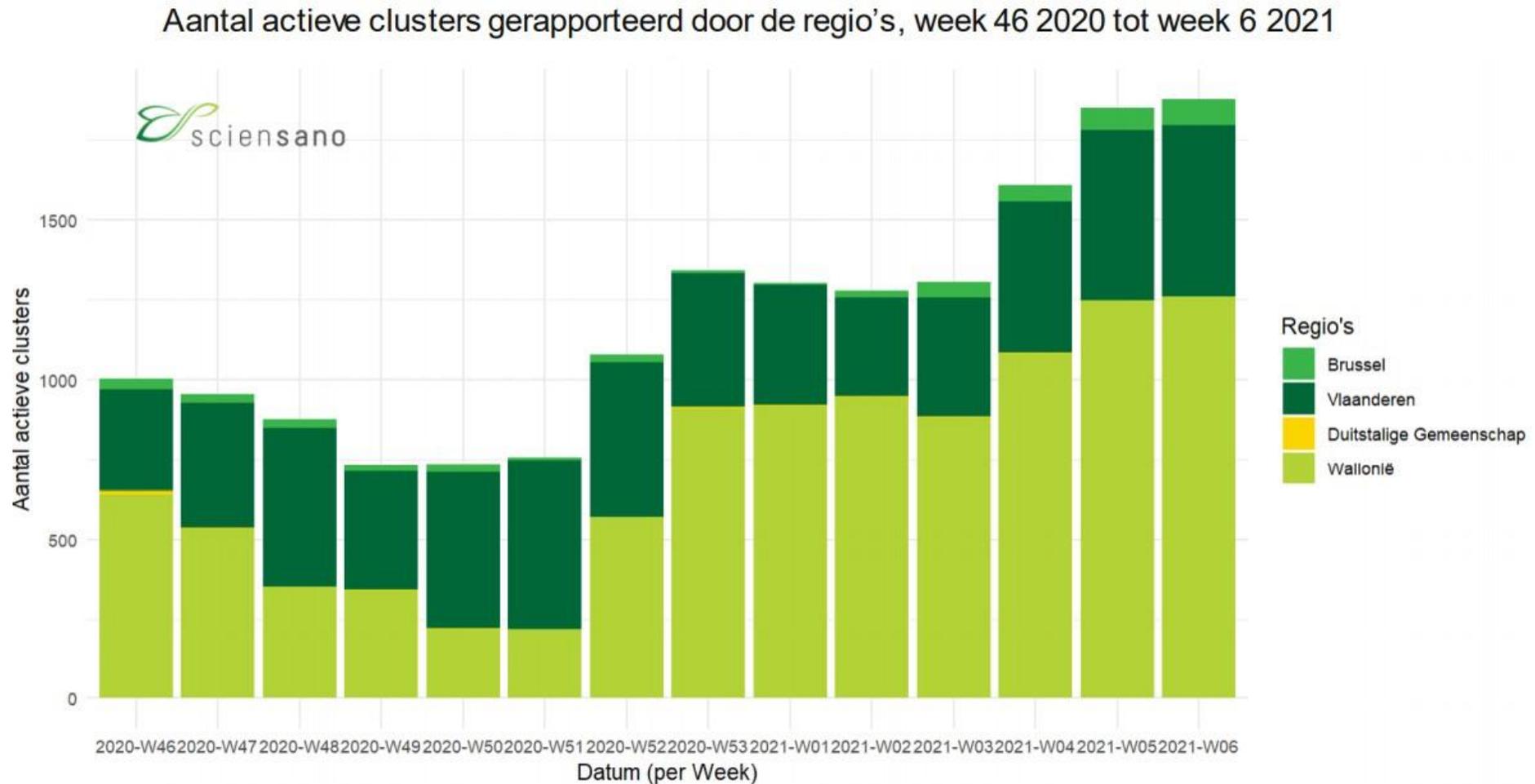
## Clusters

Actieve clusters gerapporteerd (n=1876) door de regio's per type cluster, België, week 5 (01/02 tot 07/02)



# Speed & effectiveness

Clusters: Active clusters per region (split)

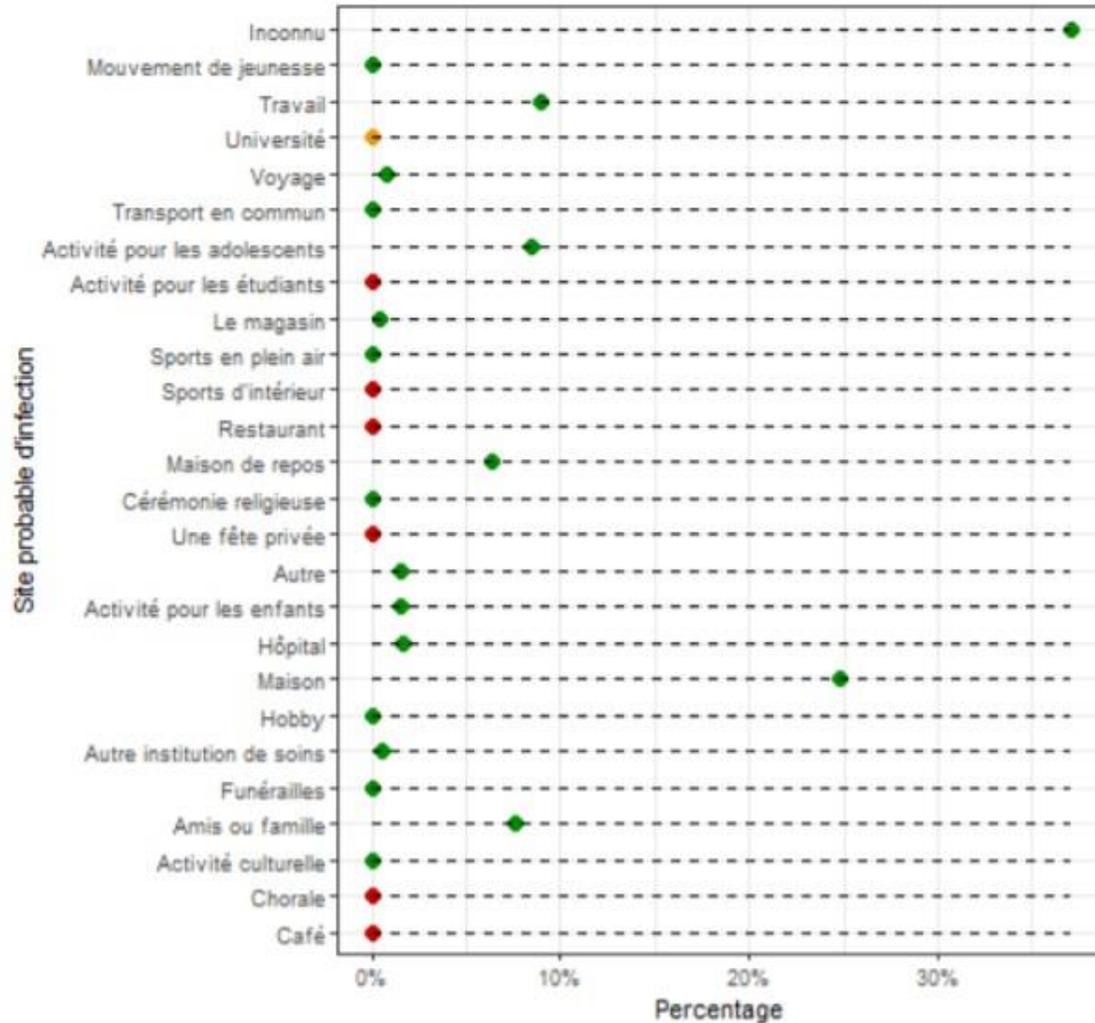


**Active cluster:** A confirmed cluster for which at least one new case has been reported in the last 14 days. The active clusters therefore also include the new clusters.

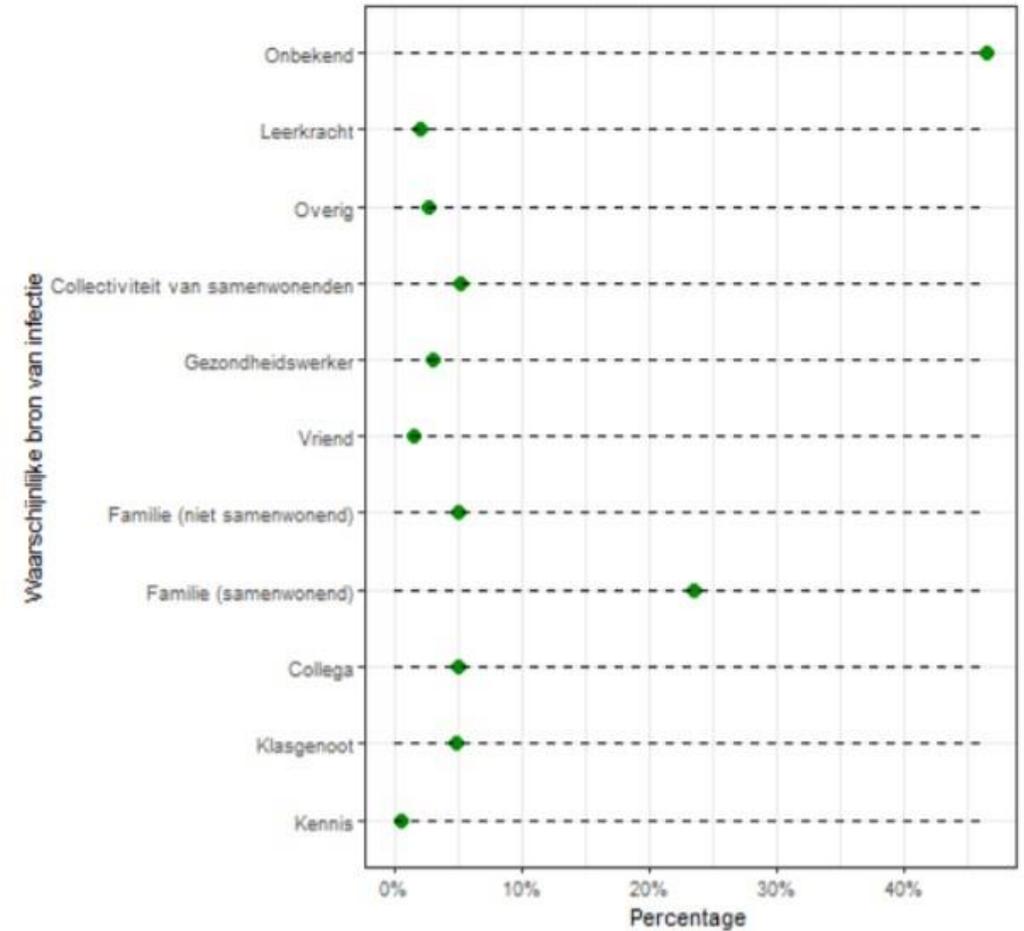
# Speed & effectiveness

## Sources

### Where



### Whom



# Speed & effectiveness

## Coronalert application



- Addition to manual contact tracing via call center & field agents
- Contact tracing in collectivities



Specific conception of app to increase user buy-in (privacy, accessibility,..)



Efforts to promote the use of the app through several channels (press, advertising, social media)



Efforts to increase user-friendliness along the way

## Succes rates

- Almost 2,5 million downloads since launch
- +475.000 results were received in the app, of which about +46.000 were positive
- +16.700 users alerted their contacts via the app

## **4. The public's role**

# The public's role

## Overview of reach



**+894.447**

total number reached  
Index cases (487.124)  
and HR contact  
persons (407.323)

(from May 15 2020 to February 22 2021)



**13:04**

Average duration of  
a call with an index  
case

(from May 14 2020 to February 22 2021)



**+2.488.000**

Number of  
downloads  
Coronaalert

(from September 30 2020 to February 22 2021)



**85%** of Index  
cases  
& **88%** of HR  
contact persons

Reached within 24  
hours by call center

(from January 1, 2021 to February 22 2021)



**316.647**

total number of  
quarantine attests send  
(HR contact & PLF)

(from January 1, 2021 to February 22 2021 )



**+2.725.664**

Total number of  
PLF collected

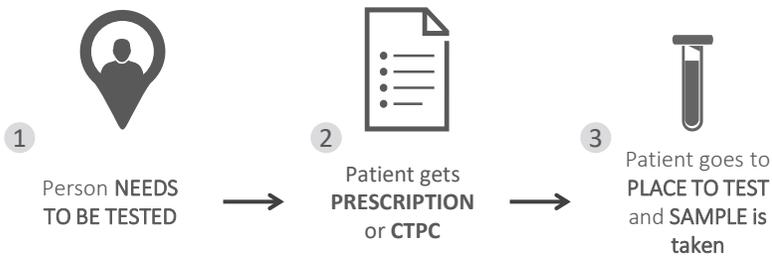
(from August 1, 2020 to February 14 2021)

***Quid the  
public's role  
in the testing  
and tracing  
process ?***

# The public's role

## Testing

### The speed at which they get tested



### It's crucial for the public to...



#### ... Get tested as soon as symptoms develop

- ▶ On average, 2 days elapse between the development of symptoms and consultation with the GP



#### ... Get tested on the day of the test requested



#### ... Be informed and to familiarize with testing and tracing tools

# The public's role

Tracing

## Their role in supporting contact tracing



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CONTACT TRACING

## It's crucial for the public to...



### ... Download Coronalert

- ▶ 28% of the people with a smartphone have installed Coronalert



### ... Warn contacts using Coronalert

- ▶ Only 37% of the people who received a positive test result on Coronalert shared their keys



### ... Call the call center if Coronalert warns of HRC



### ... Answer when contacted by the call center

- ▶ 3,4% of index patients do not answer



### ... Collaborate when contacted by the call center

- ▶ 0,5% of index patients refuse collaboration

# The public's role

Tracing

## Their role in supporting contact tracing



CONTACT TRACING

## It's crucial for the public to...



### ... Provide contacts to the call center

- ▶ 21% of successfully reached index patients does not provide useful contacts
- ▶ Successfully contacted index cases provide an average of 2,3 contacts



### ... Respect regulations regarding travel abroad

- ▶ Respect travel ban for non-professional reasons (if any)
- ▶ Submit a PLF when returning to BE and use SAT correctly
- ▶ Take tests upon return from abroad



### ... Respect regulations on isolation & quarantine even when tracing process isn't started yet

## **5. Next steps**

## Next steps

## Key challenges

Despite improvements & performance, critical challenges remain.

### IFC Testing & Tracing is working on...



#### ... Continuous improvements

- ▶ Improve cluster/source analysis
- ▶ Handle 1A tickets on the field
- ▶ Permanent adaption of system following OCC decisions
- ▶ ...



#### ... Promoting Coronalert to increase users & using the app as communication channel



#### ... Supporting implementation of vaccination strategy



#### ... Promoting the importance of testing & tracing regardless of vaccination schemes

**Q&A**