IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Submission to the Special Committee on Covid-19 Response on Testing and Tracing

June 2020

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1. *Brief introduction*

Testing, to confirm/rule-out a diagnosis, and contact tracing, to identify exposed persons and provide appropriate health protection interventions, are long established and frequently used methods, to assist with effective investigation and control of infectious diseases, such as Tuberculosis, Meningitis and Verotoxigenic E.coli (VTEC). Covid-19 is another infection that requires comprehensive investigation and control, including "testing and tracing". In Ireland investigation and control of infectious diseases are the statutory responsibilities of Medical Officers of Health in Departments of Public Health and the legislation allows activities such as contact tracing to occur without breaching the GDPR.

2. *About testing and tracing*

Testing - at present, testing primarily refers to microbiological swab of the nasopharynx (in the nose) and of the oropharynx (throat), and at the laboratory, carrying out polymerase chain reaction (PCR) testing to detect SARS CoV 2 RNA. The results for this test are:

- detected (positive);
- not detected (negative); or
- indeterminate.

There is the possibility of false negative and false positive results and expert interpretation is required. Serology (blood antibody) testing, when widely available, will offer additional information about past infection and current infection, and may have a higher sensitivity (pick-up of disease present). Different specialities have different requirements for testing, for example:

- GPs need results quickly to provide timely and appropriate care for their patients in the community both in practice and Covid Hubs.
- Hospital consultants and NCHDs also need results quickly to provide timely and appropriate care for their patients in hospitals and to isolate or cohort them to reduce risk of spread of infection.
- Directors of Public Health, Specialists in Public Health Medicine and Senior Medical Officers need results quickly to identify and investigate outbreaks, identify risks for others quickly, prevent avoidable spread of infection and break all chains of transmission possible.
- Occupational Health Physicians also require results promptly for the management of incidents and outbreaks in congregate work settings.

All doctors are interested in patient care as well as the health of the public and work together as much as possible for the best outcomes. Sometimes it requires multiple medical specialties to interpret the results for the variety of purposes for which they are needed including individual care, occupational health, and public health.

Test results will often need clinical interpretation as to both the diagnosis and the public health implications - so it is important not to separate to "test and trace" services from clinical services particularly Public Health Medicine.

At the beginning of the pandemic, testing was provided through the NAS (National Ambulance Service), CHO (Community Health Organisations) and hospitals and generally worked well. As the pandemic grew General Practice played a pivotal role in the testing of patients suspected of being infected with Covid- 19 under the evolving algorithms.

Tracing – this refers to contact tracing, one of the essential activities carried out by Medical Officers of Health under the Infectious Diseases Regulations 1981 as amended. The Regulations describe the Covid-19 investigation and control functions: *On becoming aware, whether from a notification or intimation under these Regulations or otherwise, of a case or a suspected case of an infectious disease or of a probable source of infection with such disease, a medical officer of health, or a health officer on the advice of a medical officer of health, **shall** make such enquiries and take such steps as are necessary or desirable*

- *for investigating the nature and source of such infection,*
- *for preventing the spread of such infection*
- *and for removing conditions favourable to such infection*". (Infectious Diseases Regulations, 1981- Regulation 11)

Contact tracing is only one of the ways that we prevent spread of Covid-19

Contact tracing involves, as part of the investigation, talking with the patient who is a confirmed or suspected case, identifying the people that may have been exposed to the case during the period of infectiousness and then contacting the close contacts and informing them, interview them as to whether they are a case, suspected case, have been symptomatic recently etc, carry out a risk assessment of their situation and provide them with the appropriate medical advice about restricting their movements, or arrange testing if they are suspected cases etc. Sometimes the close contact is actually more likely to be the **source** of the initial case's infection, and if so, this person may need to be contact traced themselves, and at-risk settings need to be risk assessed and all risks need to be addressed.

Issues that have arisen regarding testing

- The volume of tests available was limited due to capacity issues and availability of re-agents. It was necessary to align the algorithms with the capacity and for this the criteria for testing were kept very narrow . This may have resulted, unavoidably, in missed cases and early opportunities for control.
- At the beginning, Specialists in Public Health Medicine had to approve whether a Covid-19 test was carried out – resulting in individual doctors being called all throughout the night as well as the day, 7/7. These same doctors were required to provide an expert service at the same unprecedented time in terms of: supporting HSELive; occupational health queries (in some areas there were virtually no occupational health services developed). This placed substantial pressures on an already under-resourced service.
- Consequences of delays in results: out of date data; lost opportunity for control; burden of calls looking for results.
- Report information was sometimes inadequate –Ct (Cycle threshold) values provide additional information to aid results interpretation but were not routinely given to Public Health until recently.

Issues that have arisen with regard to contact tracing

- *Capacity* – prior to Covid-19, most Departments of Public Health (in which Medical Officers of Health work) were seriously under-strength, particularly in the East and the North-East. This was a major risk and may have hindered effective action given the overwhelming numbers of cases that needed to be properly investigated and controlled. Poor capacity in Public Health Medicine may be a serious risk to Ireland's health security (during the SARS outbreak of 2003, this was identified as a major issue in Canada). While redeployments occurred the first wave, these staff have returned to their normal roles, but the under-capacity issue remains. It also should be noted that redeployed staff, however expert they are in their own field, need training in Covid-19 investigation and control when they arrive and this again takes from the front-line medical capacity.
- *Safety* – testing and tracing appears to be considered by some as a simple Lab/IT exercise, which it is not. If it is to be safe and effective, the clinical expertise must be incorporated and supported properly. Preventing a second wave of Covid-19 needs stringent comprehensive implementation of expert Public Health Medicine best practice.
- *Legality* - Contact tracing involves processing a person's health data without consent, so needs to be carried out legally and in line with Article 9 2(i) of the GDPR and with the Infectious Diseases Regulations 1981 as amended. Scrutiny by the Data Protection Commission of some investigation and control activities in recent months raise the importance of understanding and aligning contact tracing services with the law. All clinicians need to be assured that they are operating within the law.
- *Clinical Governance* – contract tracing is a clinical Public Health Medicine service and can identify very serious health risks that need to be addressed urgently. It also goes hand in hand with source investigation so needs to be integrated across the other statutory functions so that best medical practice is carried out. Therefore, all aspects of contact tracing need clear clinical governance.

3.Recommendations

- Immediate awarding of a consultant contract to our Specialists in Public Health Medicine and ensure they are contracted to work to the top of their licence including the essential statutory functions to control Covid-19. Over 50% of Public Health Specialists are due to retire in the next five years and Public Health medicine is no longer seen as an attractive option for medical graduates due to the lack of consultant status and remuneration and poor career opportunities. Both the Crowe Horwath Report[1] and the Scally report[2] in 2018 recommended the immediate awarding of consultant status to specialists in Public Health Medicine. The awarding of Consultant status as per the Crowe Horwath report due to be implemented in Q3 2020 appears to be on hold and immediate action is now required.

[1] Crowe Horwath, Final Report to the Department of Health on the Role, Training and Career Structures of Public Health Physicians, April 2018
[2]Scally G, Scoping Inquiry into the CervicalCheck Screening Programme, Final report April 2018

- Departments of Public Health need a comprehensive electronic case management system. This is long- promised and unfortunately was not in place by the time COVID-19. This would ensure an efficient and timely test and trace system. There should be acknowledgement across the system that the clinical governance of this public health function (investigation and control of infectious diseases) lies with Public Health. Resources should therefore be deployed directly to Departments of Public Health for 'test and trace' improvements.

- Specialists in Public Health Medicine by reason of their training, experience and statutory responsibilities as well as their existing links with clinicians, community medicine, immunisation services. laboratories, international bodies, Department of Health etc. are uniquely qualified to play a pivotal role in the prevention and control of infectious disease, Covid- 19 in this particular case. Testing and contact tracing is an integral part of this.

  Supplementary public health medical services such as "test and trace" services/apps need to be developed in accordance with the already constituted statutory medical services. The clinical expertise and statutory functions are already in place and integrated development is required to ensure:

  - Expertise and experience in contact tracing is incorporated
  - Good clinical governance
  - Legal basis to avoid data protection breaches
  - Integration with the investigation and controls services
  - Duplication of services is avoided

- Strengthen all investigation and control actions that are being provided by expert services that are already in place. Necessary actions include:
  - Preventing outbreaks
  - Detecting outbreaks
  - Controlling outbreaks
  - Identifying any underlying system vulnerabilities and addressing them either at national, regional or local level

- Departments of Public Health are a front-line service during a pandemic and an essential source of data and information for pandemic planning and implementation. Direct communications with Departments of Public Health would enhance decision making at senior level.

- Referral for Covid 19 Testing must continue to be supported through General Practice to assure clear clinical oversight of the process.

- Occupational health services should be fully resourced in an equitable manner.