Inter-federal workgroup testing and tracing

Process flows

May 30, 2020
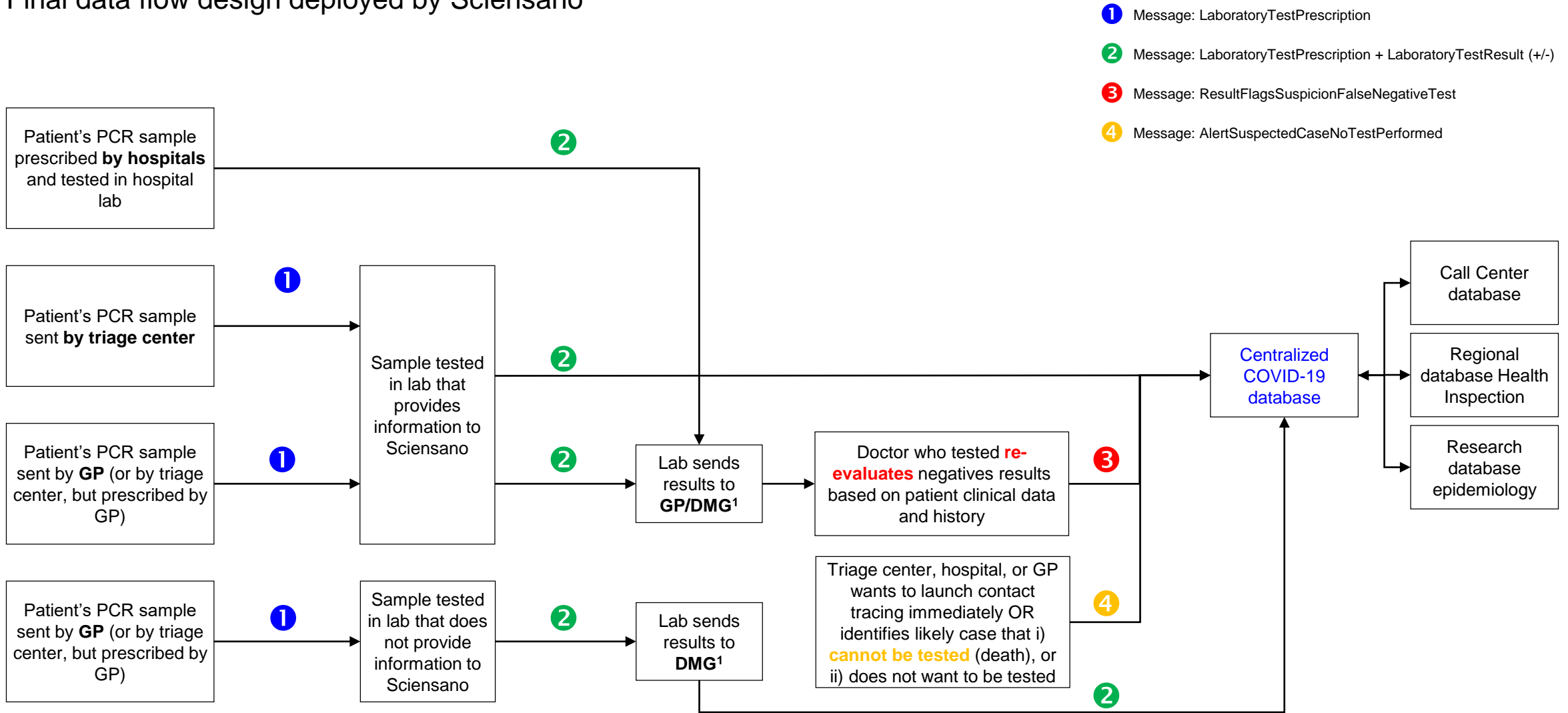
Author: Inter-federal Committee testing and tracing

Key steps for contact investigation
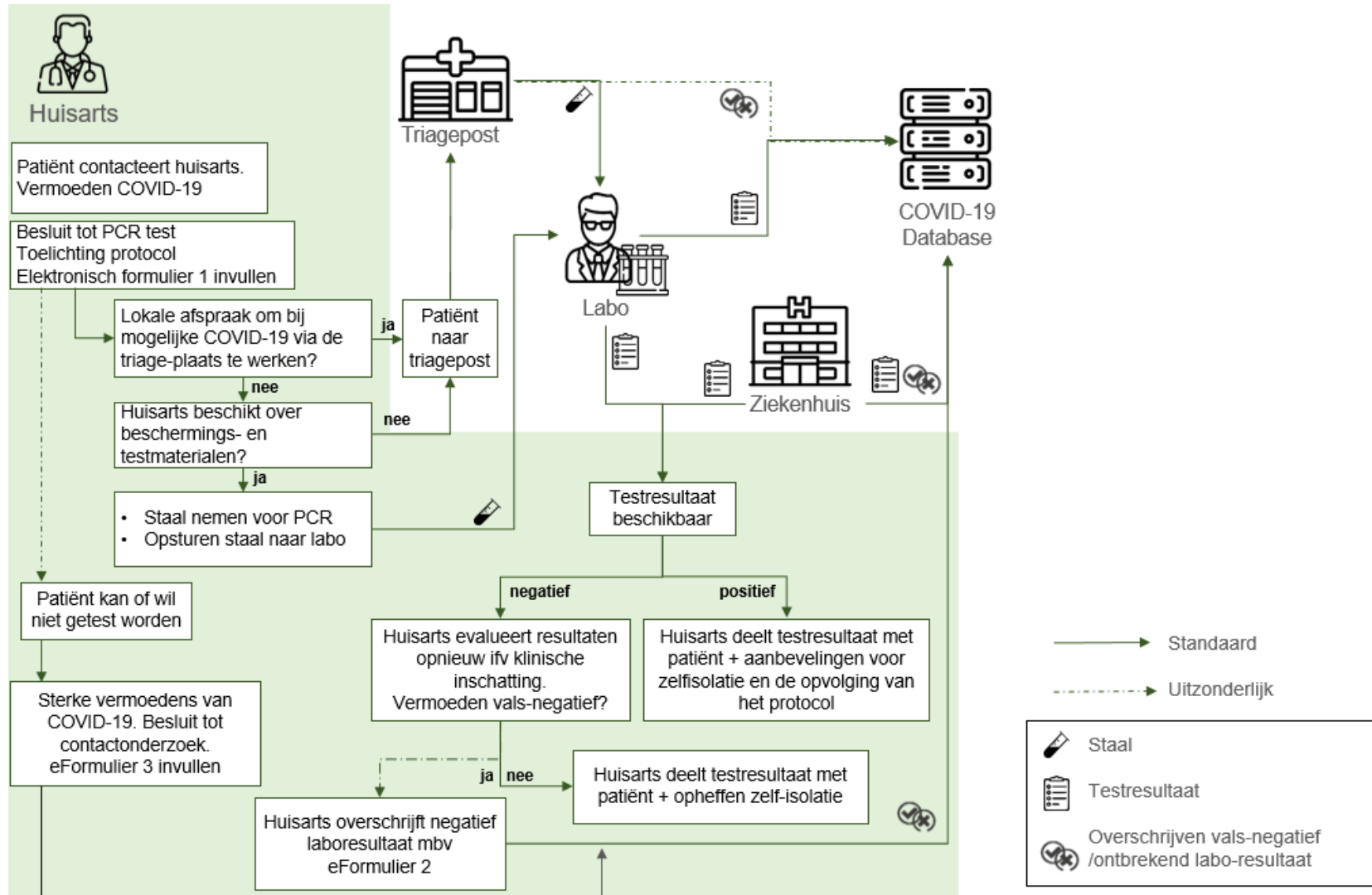
1

Report case

2

Identify and list contact(s)

3

Advise and manage contact(s)

1: Report case

Final data flow design deployed by Sciensano

1 Message: LaboratoryTestPrescription

2 Message: LaboratoryTestPrescription + LaboratoryTestResult (+/-)

3 Message: ResultFlagsSuspicionFalseNegativeTest

4 Message: AlertSuspectedCaseNoTestPerformed

Patient's PCR sample prescribed **by hospitals** and tested in hospital lab

Patient's PCR sample sent **by triage center**

Patient's PCR sample sent by **GP** (or by triage center, but prescribed by GP)

Patient's PCR sample sent by **GP** (or by triage center, but prescribed by GP)

Sample tested in lab that provides information to Sciensano

Sample tested in lab that does not provide information to Sciensano

Lab sends results to **GP/DMG[1]**

Lab sends results to **DMG[1]**

Doctor who tested **re-evaluates** negatives results based on patient clinical data and history

Triage center, hospital, or GP wants to launch contact tracing immediately OR identifies likely case that i) **cannot be tested** (death), or ii) does not want to be tested

Centralized COVID-19 database

Call Center database

Regional database Health Inspection

Research database epidemiology

1. Dossier Medical Global

1: Report case – GP's perspective

2: Identify and list contact(s)

Index call/visit (Script 1.a)

GP informs patient ("index case") of test results, contact tracing procedure, and protocols[1]

Call center reaches out to patient – If the patient cannot be reached within 2 days, (s)he receives a **visit from a field agent as of day 3**

Call agent/field agent lists contacts of index case, records details (incl. categorization in high/low risk contact)

Is contact a household member who already received a quarantine certificate from GP?

Yes → No further action

No → Advise and manage contact (script 2)

Contact call/visit (Scripts 2.a / 2.b)

Is patient part of a collectivity?[2]

No → No further action

Yes → Call *referentie-arts* of collectivity or alternative point of contact ; if collectivity cannot be reached within 2 days, a **field agent is sent as of day 3**
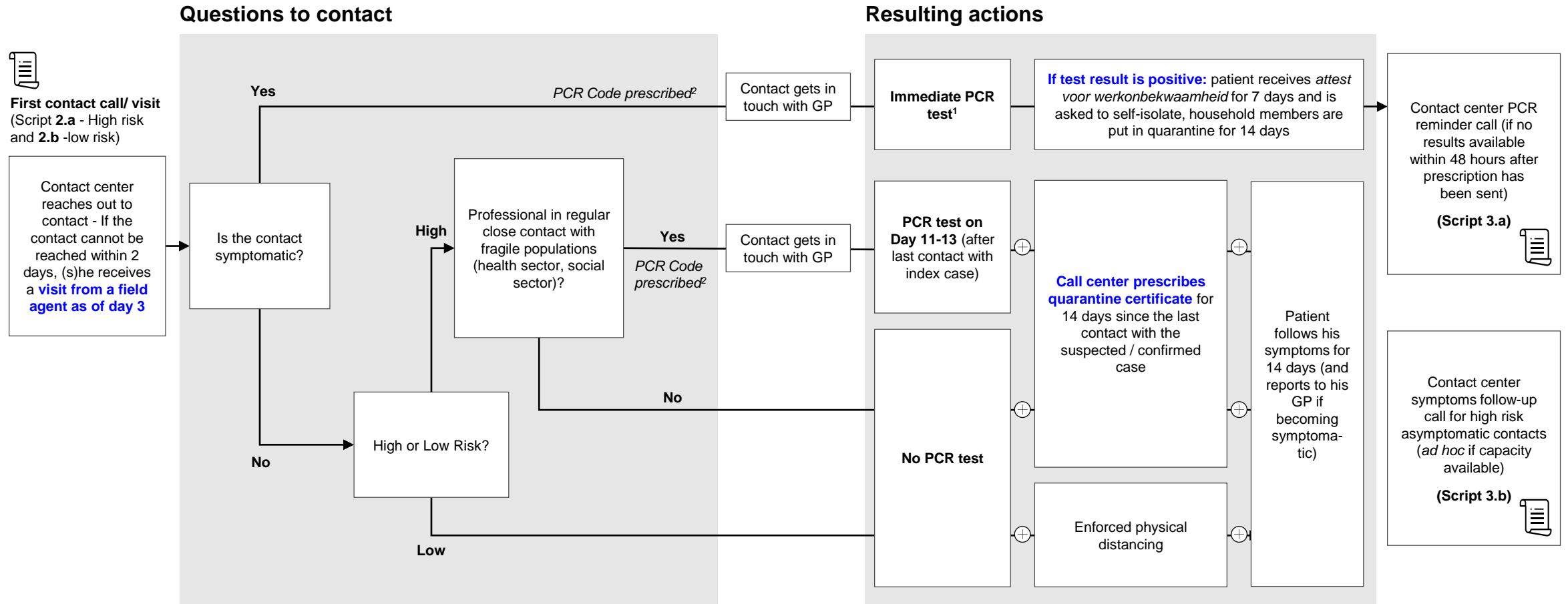
Collectivity call/visit (Script 1.b)

1. Patient receives *attest voor werkonbekwaamheid* for 7 days and is asked to self-isolate (in case the patient is a healthcare worker, self-isolation should continue until 7 days after the start of the first symptoms and at least 3 days without fever and improvement of respiratory systems); patient's household members are put in quarantine for 14 days
2. For example, school, nursing home, child daycare, detention centre, etc.

3: Advise and manage contact(s) (1/2)
First contact call

Questions to contact

Resulting actions

First contact call/ visit (Script **2.a** - High risk and **2.b** -low risk)

Contact center reaches out to contact - If the contact cannot be reached within 2 days, (s)he receives a **visit from a field agent as of day 3**

Is the contact symptomatic?

Yes — *PCR Code prescribed[2]*

No

High or Low Risk?

High

Professional in regular close contact with fragile populations (health sector, social sector)?

Yes — *PCR Code prescribed[2]*

No

Low

Contact gets in touch with GP

Contact gets in touch with GP

Immediate PCR test[1]

PCR test on Day 11-13 (after last contact with index case)

No PCR test

If test result is positive: patient receives *attest voor werkonbekwaamheid* for 7 days and is asked to self-isolate, household members are put in quarantine for 14 days

Call center prescribes quarantine certificate for 14 days since the last contact with the suspected / confirmed case

Patient follows his symptoms for 14 days (and reports to his GP if becoming symptoma-tic)

Enforced physical distancing

Contact center PCR reminder call (if no results available within 48 hours after prescription has been sent)

(Script 3.a)

Contact center symptoms follow-up call for high risk asymptomatic contacts (*ad hoc* if capacity available)
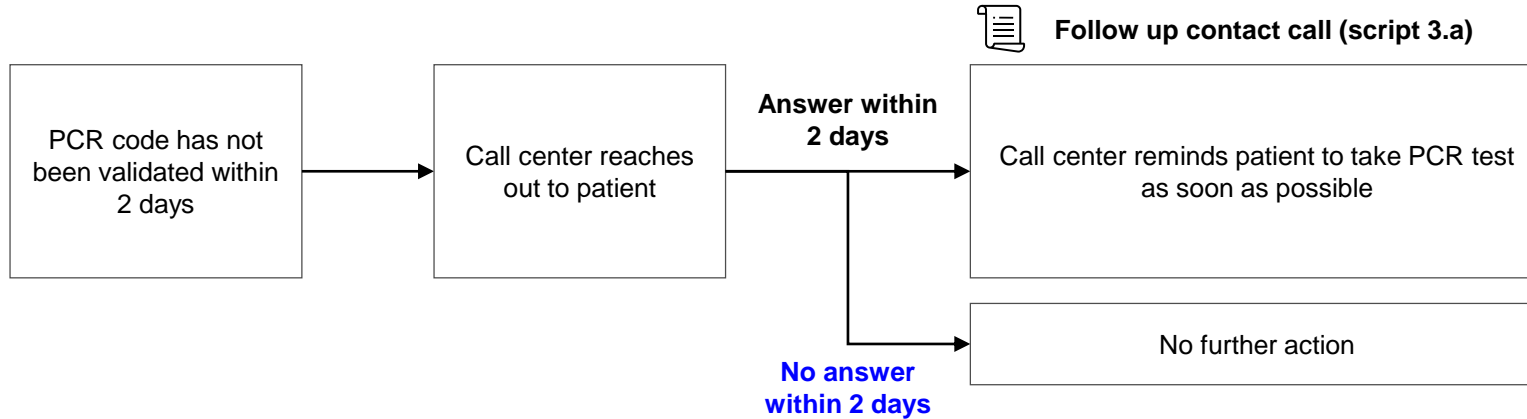
(Script 3.b)

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1. Patient is asked to self-isolate until test results are known; in case of a strong suspicion that the patient has COVID-19, household members are also asked to self-isolate until test results are known
2. Call agent sends a PCR code to contact via SMS or dictates the PCR code in case the contact does not have a mobile phone

Important: duration of quarantine certificate should be measured vs the day of last contact with the COVID-patient / suspected case
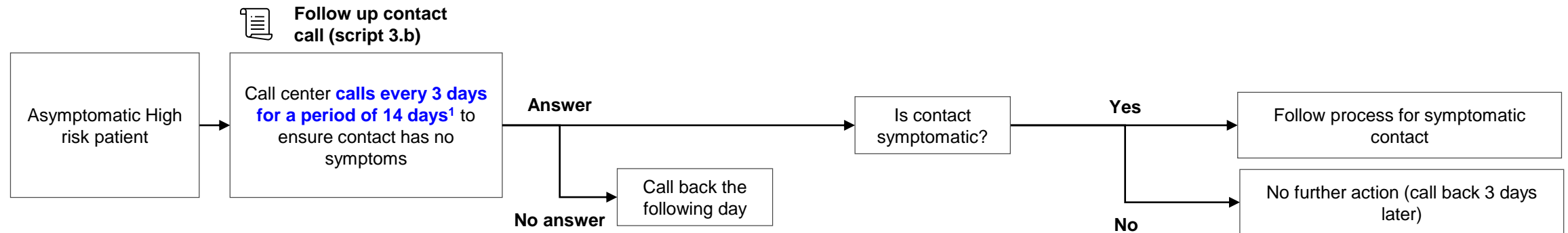
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3: Advise and manage contact(s) (2/2)
Contact follow up
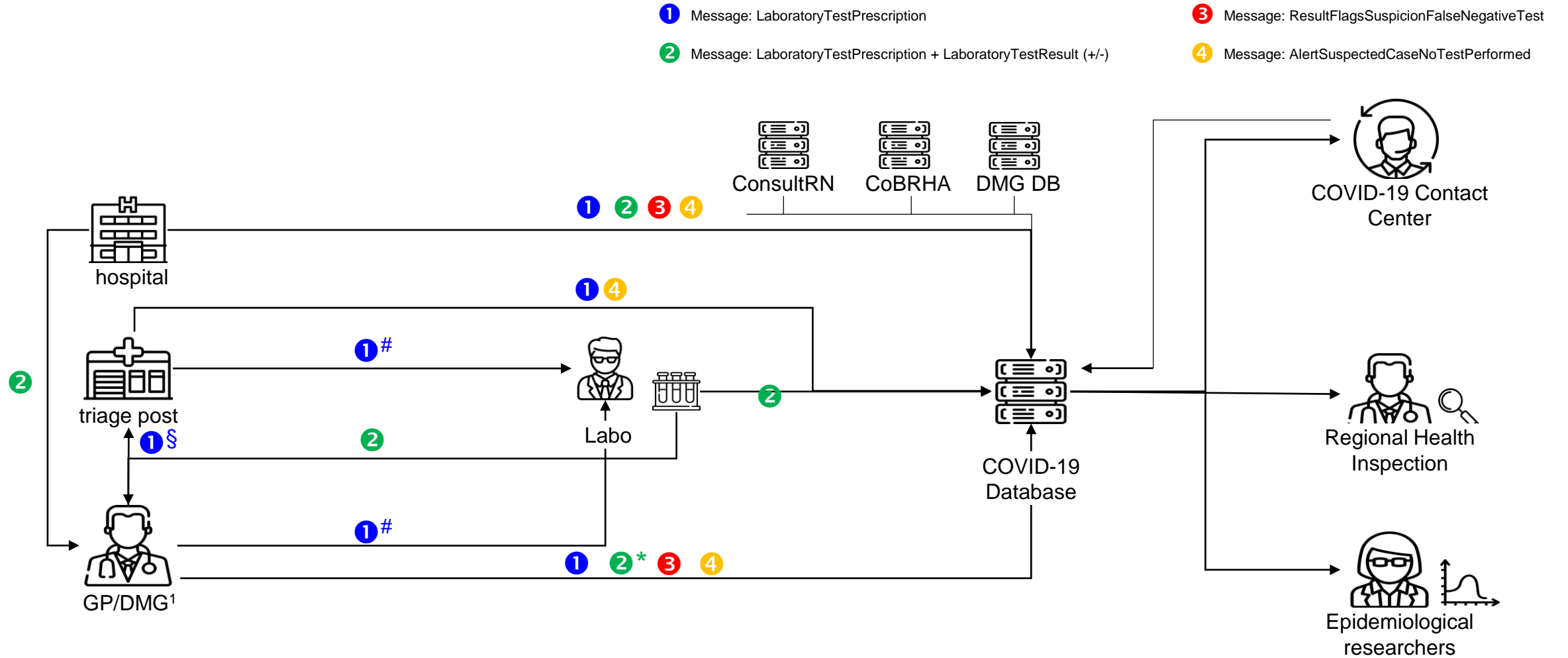
Script 3.a: PCR follow-up call (symptomatic contacts)

Follow up contact call (script 3.a)

PCR code has not been validated within 2 days	→	Call center reaches out to patient

Answer within 2 days → Call center reminds patient to take PCR test as soon as possible

No answer within 2 days → No further action

Script 3.b: Symptoms follow-up call with High Risk Asymptomatic contacts

Follow up contact call (script 3.b)

Asymptomatic High risk patient	→	Call center **calls every 3 days for a period of 14 days**[1] to ensure contact has no symptoms

Answer → Is contact symptomatic?

No answer → Call back the following day

Is contact symptomatic? — **Yes** → Follow process for symptomatic contact

No → No further action (call back 3 days later)

1. Measuring from the last day of contact with the Index patient

Contact center – Data flow

❶ Message: LaboratoryTestPrescription

❷ Message: LaboratoryTestPrescription + LaboratoryTestResult (+/-)

❸ Message: ResultFlagsSuspicionFalseNegativeTest

❹ Message: AlertSuspectedCaseNoTestPerformed

ConsultRN   CoBRHA   DMG DB

hospital

triage post

Labo

GP/DMG[1]

COVID-19 Database

COVID-19 Contact Center

Regional Health Inspection

Epidemiological researchers

* Only if labo does not reports results to COVID-19 Database   § Only if GP does not take sample him/herself   # With sample

1. Dossier Medical Global