

COVID-19

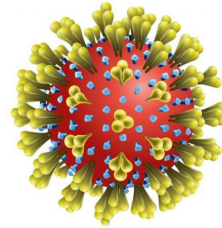
Contact Tracing – The Steps

Level 1 - Contact Tracing Process from NHS Test & Trace
through to Local implementation

Updated 08/09/2021

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Terms & Definitions:

- Testing Pillars
- Case
- Contact:
 - Household
 - Non household
- Isolation

It is useful to understand more around some of the different terms used for contact tracing to help in explaining what happens if someone has had a positive result and the need for contacts information.

Let's will go through the terms and definitions for:

- Testing pillars
- Case
- Types of contacts
- Isolation

Terms & Definitions: *Testing Pillars*



Pillar 1: Testing in laboratories

Pillar 2: Processed in national laboratories; mainly tests booked by individuals in the community

Pillar 3: Serology testing to show if people have antibodies

Pillar 4: Blood and swab testing for national surveillance



Pillar 1: is testing in laboratories - so mainly for hospital patients, healthcare workers and care home residents.

Pillar 2: testing is processed in national laboratories and is mainly tests booked by individuals in the community - such as the tests available at the drive through site in Peterborough Showground, the postal tests made available through the national Test and Trace website, and whole care home testing of staff and residents.

Pillar 3: serology testing to show if people have antibodies.

Pillar 4: blood and swab testing for national surveillance supported by PHE, ONS, and research, academic, and scientific partners to learn more about the prevalence and spread of the virus and for other testing research purposes, such as the accuracy and ease of use of home testing.

Terms & Definitions: Case

- **Possible case:** new continuous cough or high temperature or a loss of or change in, normal sense of taste or smell (anosmia)
- **Confirmed case:** those who have received a positive test result for SARS-CoV-2
- **Outbreak:** 2 or more cases that are linked by time and place
- Contact tracing undertaken on confirmed cases (at the moment)

A possible case is someone with a new continuous cough or high temperature, or are experiencing a loss of or change in normal sense of taste or smell.

A confirmed case is someone who has tested positive for SARS-CoV-2.

An outbreak is defined as 2 or more cases that are linked by time and a place.

Terms & Definitions: *Household Contacts*

Household:

- Those living together (sharing kitchen, bathroom), **or**
- Spending a cumulative ≥ 8 hours in same household, **or**
- Sexual contacts, **or**
- Cleaners without PPE (even if resident is not at home during cleaning),
Babysitters, maintenance workers in the household on a regular basis

Household includes shared accommodation and homes of multiple occupancy. E.G Halls of residence, lodgings.

The 8 hours is equivalent to an overnight stay/contact.

The addition of the cleaners without PPE has been introduced possibly due to the element of risk they bring as they touch surfaces and move around the house plus the fact that they move between houses and could act as infectors for spread of the disease.

Additionally workers can also be classed as within your household, such as a babysitter or maintenance worker in the household on a regular basis.

Terms & Definitions: *Non- Household Contacts*



Non-household:

- had face-to-face contact of any duration, less than 1 metre away from a case, **or**
- were coughed or sneezed on by the case, **or**
- had unprotected physical contact (skin to skin) with case, **or**
- spent more than 1 minute within 1 metre of the case, **or**
- spent more than 15 minutes within 2 metres of the case, **or**
- travelled in a car or other small vehicle (even on a short journey), **or**
- airline contacts



For non household contacts the definition is a person who has had face-to-face contact (within one metre), with someone who has tested positive for COVID-19, including:

- being coughed on
- having a face-to-face conversation within one metre
- having skin-to-skin physical contact, or
- contact within one metre for one minute or longer without face-to-face contact
- a person who has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- a person who has travelled in a small vehicle with someone who has tested positive for COVID-19 or in a large vehicle or plane near someone who has tested positive for COVID-19

Terms & Definitions: *Isolation*

- Isolation is used to separate an ill person from those who are healthy
- Isolation means not leaving the house at any point for any reason. The only exception is to leave the house to get tested
- Support whilst isolating (food, emotional, financial) is available from local hubs
- Clear national guidance on isolation is available here:
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

As coronavirus can be spread from person to person, isolation restricts the movement of someone who is ill to prevent the spread elsewhere meaning that they can not leave their house, with the only exception to get tested.

Someone self-isolating will require support to complete fully, they will need support for:

- having food delivered
- finances
- understanding benefits that can help them during their isolation period if no income
- emotional and wellbeing support
- medicine supplies and how to arrange any new prescriptions and delivery during isolation

The above are only examples of key areas of support. There are local hubs that have been set up to provide links to support, check in the Local Outbreak Control Plan for details of the hubs.

Further guidance can be found on the government website:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection> Last accessed 26/07/21

Difference between quarantine and isolation

https://youtu.be/l3s75_X8Xjs

Sources: Link to Centres for Disease Control and Prevention: www.cdc.gov/coronavirus/2019-ncov/ for more information for video and description of difference of quarantine and isolation

Link to CDC, What To Do If You Are Sick and WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)

Sources: Centres for Disease Control and Prevention: www.cdc.gov/coronavirus/2019-ncov/ for more information

CDC, What To Do If You Are Sick and WHO, Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)

To view a video description on the difference between quarantine and isolation please use:
https://youtu.be/l3s75_X8Xjs

Quarantine

Is for people who are not infected , but may have been exposed

- ✓ If you might have been exposed to COVID-19, you should stay home. This is called quarantine.
- ✓ Quarantine keeps someone who might have been exposed to the virus away from others

Isolation

Is for people who are infected and confirmed with a positive test

- ✓ You should isolate, if you have COVID-19, whether or not you have symptoms.
- ✓ Isolation separates people who are infected with virus from others, even in their home.

Restricting people's movement is to monitor symptoms for early detection and also to prevent spread of infection or contamination.

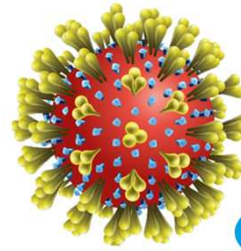
Background: *The virus and disease*

COVID-19:

name of the disease caused by the virus SARS-Cov-2

SARS-CoV-2:

Severe acute respiratory syndrome coronavirus 2
first detected in Wuhan City, China in December 2019



The virus and the disease

The name for the disease created by the virus is Covid-19. This is made from the following:

- COV stands for Coronavirus
- D stands for disease
- 19 for the year it was detected, 2019

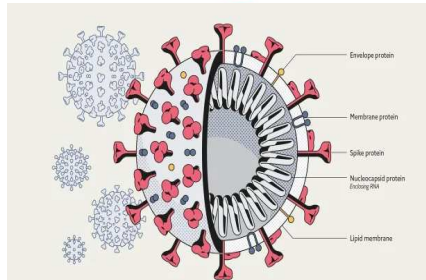
SARS –CoV-2 Is the actual virus.

- SARS stands for Severe Acute Respiratory Syndrome
- CoV for Coronavirus
- 2 is because it is similar to another Coronavirus outbreak in China, SARS-CoV in 2003, so the 2 references being a 'relative' or the second to that outbreak

Background: *The virus*

CORONAVIRUSES

large group of viruses



crown = "corona"



different types

respiratory gastrointestinal



common cold
pneumonia

generally mild disease

some cause severe disease

SARS - CoV China - 2003

MERS - CoV Saudi Arabia - 2012

2019 n- CoV China - 2019

Image source: The Coronavirus SARS-CoV-2 and COVID-19: What We Know So Far > ENGINEERING.com

There are hundreds of different types of coronavirus, of which 7 can infect humans, from a mild cold to severe respiratory illnesses; SARS-CoV China, 2003; Middle Easter Respiratory Syndrome (MERS- CoV) Saudi Arabia 2012.

When viruses infect you, they attach to your cells, get inside them, and make copies of their own Ribonucleic acid (RNA), their genetic material, which helps them spread.

How does SARS-CoC-2 affect the human body's cells?

All viruses have to replicate inside cells. Some do that best in particular cells but they have to get into the body via cells at the surface (in this case, the respiratory tract).

The virus's spike protein binds to the receptor ACE2, which is an enzyme on the surface of human cells, then fuses with the cell surface and releases RNA into the cell. It is then able to replicate within the cell and can spread throughout the body.

The membrane and envelope protein help in the binding of the virus within the host cell and fusing to other cells assisting the virus replication process.

All of the elements of the virus are held together by a lipid membrane.

Transmission Routes

- Mostly through close **person-to-person** contact through respiratory droplets (talking, coughing and sneezing):
 - Respiratory droplets enters **directly** through mouth, eyes and nose
 - Touching of **surfaces** contaminated with virus containing respiratory droplets
- May also spread through **airborne transmission** when droplets remain in the air after the person with the virus leaves the area

Transmission is mostly through close person-to-person contact through respiratory droplets and enters through the nose, mouth and eyes :

- By coughing, sneezing, talking, laughing, singing
- through touching surfaces containing the virus
- Groups create a perfect environment for transmission due to close proximity

Can also spread through airborne transmission, when droplets remain in the air after the person with the virus leaves the area.

The R O - Reproductive number - Example



Image source: [more information on what the R naught is](https://www.coursera.org/learn/covid-19-contact-tracing/), www.coursera.org/learn/covid-19-contact-tracing/ Adapted 19/08/20 Last accessed 19/08/2020

Free training on the principles of contact tracing from John Hopkins University [Free online course with more information on contact tracing](https://www.coursera.org/learn/covid-19-contact-tracing/)

Ref: Covid-19 Contact Tracing. <https://www.coursera.org/learn/covid-19-contact-tracing/lecture/1vwF0?t=447> Last accessed 19/08/2020

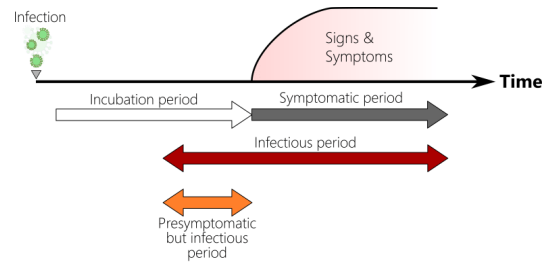
The reproductive number (the R naught), which represents how quickly a disease can spread, for SARS-CoV-2 is 2 -3, meaning that for every one person that has the virus they can potentially infect 2 to 3 other people. The higher the reproductive number, the more people will be infected over the course of any outbreak.

2 – 3 may sound small but if everyone who a positive Covid-19 person comes into contact with becomes infected it means everyone they meet they carry a risk of infecting 2 more, and so on, which means the virus quickly spreads and a number that seemed so small is now huge and creating outbreaks. As you can see in the picture one person could effectively create a cascade of infection of 30 people which continues.

The number is important because specialists are using R - naught for determining whether their respective COVID-19 outbreaks are growing, shrinking and or holding steady. R - naught is not a fixed number. It's a starting point that's influenced by many factors, including human behaviour.

This is where social distancing and self-isolation comes into play, because if you could reduce the number of people you come into contact with, even by one, you are reducing the spread from 30 potential infected to 4, as the second picture shows and this means the outbreak becomes more manageable.

Infectious Period



Infectious period: 48 hours before, to 10 days after, symptom onset (or on the day of specimen collection for 10 days if the case is asymptomatic).

- *Window of time to establish possible contacts with the case*

In some cases the infectious period can be as short as from 48 hours before to 5 days or as long as 10 days.

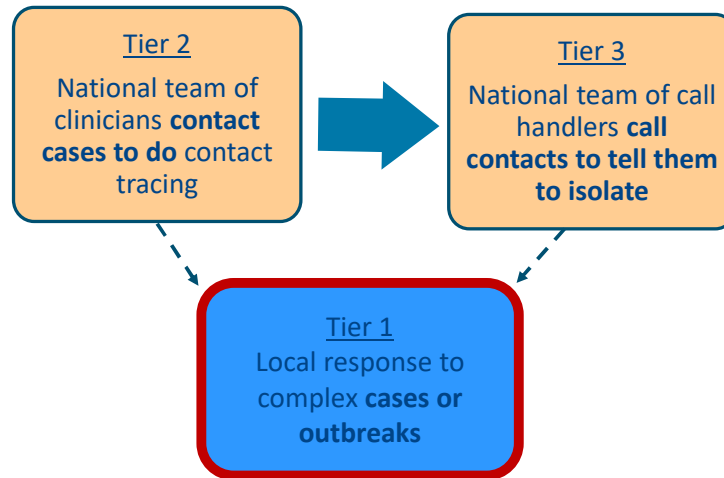
They develop signs and symptoms of disease usually about five days after they're infected, but up to 14 days after their infection.

They themselves are able to infect others two days before they get sick, particularly on the day that they get sick. And they're still able to infect people as long as they have signs and symptoms, which is at least ten days.

The red line shows when they are infectious from the two days before symptoms start and that they remain infectious throughout the time they have symptoms.

To stop transmission of COVID-19 it is important to find people who have been infected and limit the number of people that they have contact with, so the transmission chain won't keep going. But as the diagram shows it is very difficult to do, because very quickly after a person becomes infected, they will themselves become infectious and able to transmit to other people, which basically means that the window of time to establish possible contacts with the case is very small.

NHS Test & Trace: Overview



The NHS test and trace service – Normal process ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents.

They contact tested cases to provide them with their results and if positive provide support links in how to isolate and what a positive test means.

Helps trace close recent contacts of anyone who tests positive for coronavirus and notifies them that they must self-isolate at home to help stop the spread of the virus. If that contact has been doubled vaccinated with a UK approved COVID-19 vaccine they will not need to self-isolate, but should still refer to government guidelines on what they should do.

As of 28/11/2020 the process of contact and isolation advice was updated. A primary (Index) case within a household will be able to provide the required details of contacts in their households and take responsibility to advise the contacts to isolate if they need to, as per notes above if vaccinated with UK approved COVID-19 vaccine the household contact will not need to isolate – these contacts can then be marked as complete and will not need to be separately invited for the digital journey. Previously every member in the household would have been contacted by NHS Test & Trace meaning households received multiple contacts. This amendment addresses that issue, reducing the amount of contacts made to the household.

The aim of NHS test & trace is to help return life more to normal, in a way that is safe and protects the NHS and social care. The service will allow the spread of the virus to be traced and isolate new infections, playing a vital role in giving early warning if the virus is increasing again, locally or nationally.

NHS Test and Trace index cases/contacts will receive a maximum of 10 calls, with calls attempted up to 96 hours from the time of notification into the NHS Test and Trace system. If after these attempts there is no contact made with the case then the case is closed and classed as a Follow Up Failed.

How it works:

Tier 2: People who test positive for COVID-19 are contacted by NHS Test and Trace by email, text message or phone call, and will get advice via the Test and Trace website or from a contact tracer over the phone.

They will be invited to go onto a secure website to complete the questions or can answer the questions over the phone with a Tier 2 Clinician. All of this information remains confidential and is only used for contact tracing reasons. It is not shared with any other authority bodies.

Questions cover:

- When symptoms started or date of their test if no symptoms to be able to provide advice on their isolation time period. They will be tracing contacts they had from 48 hours before symptoms started or their positive test up to 10 days post symptoms.
- Contacts are checked by category of both household and non-household
- If have school or nursery school age children
- Check on their place of work.
- Check if they are within the *clinically vulnerable or extremely clinically vulnerable classification, who need to have extra support and advice for their isolation period.

*This group during the initial stages of lockdown back in March started isolation before the general population and had prolonged isolation to shield them from the risks of the virus.

All of these questions are vital as they identify if there is a risk of the virus spreading in complex settings. If any of these settings are identified that the positive case has visited, works in or children are at school then the details are escalated to Tier 1 for the incident management team to handle working in partnership with Public Health England.

Tier 2 are also doing backward tracing from 7-10 of onset of symptoms to establish places, venues, areas positive cases have been. This is to see if there are common areas of spikes that other positive cases have visited and if a certain setting/environment/place is an area of risk for the virus spreading.

Once all questions have been completed and advice given to the person with the positive result, Tier 2 end the conversation or the website questions are completed if doing on line. All contacts information is then passed to Tier 3.

Tier 3: Call close recent contacts of anyone who tests positive for coronavirus and notifies them that must self-isolate at home if they are not COVID-19 vaccinated to help stop the spread of the virus. The contact will receive the same format of notification, a text/email or phone call and complete similar questions on line or with a call handler.

Tier 1: There are cases such as those linked to care homes, prisons, homeless hostels or schools, that are more complex to contact trace and are referred to PHE health protection teams, often working in partnership with local government, who will do the contact tracing.

During the process of contact tracing must ensure that reassurance is offered to the contacts regarding confidentiality and that all information will be treated with privacy, respect, collected in good faith for the public's wellbeing, fair and just and totally confidential and that the aim is to reduce the spread of the viruses, not to share their information with any other agency outside of contact tracing.

Due to legal requirements it is also important to explain the legal implications of isolation and risk of fines if isolation is not adhered to.

No contact of a positive case will know the details of the case, they will simply be informed that they were in contact with someone who received a positive result.

NHS Test & Trace: *Examples of questions asked*

Activities

Activity types and contacts they had during these activities:
Visiting a health/social care or other complex setting
Visiting friends or relatives
Entertainment and eating out
Exercising
Event and workshops
Community activities
Personal care
Playgroups/organised trips
Travel on public transport
Air and international travel
Please get flight number and airline
Collect date of activity and following details:
Venue/Group/Travel Details
Contacts information (closer than 2m for more than 15 mins or closer than 1m for any time)
Contacts name and contact details – tel. number/email address
If contact is over 18 years of age

Please refer to the PowerPoint version of Level 1 training to view question types.

Contact tracing team keep updated by completed refresher knowledge on NHS e-LFH.

Examples questions:

When Did Symptoms Start?

Type of Symptoms?

Do you need support as clinically vulnerable?

Where live and who live with?

Activities completed during infectious period?

School age setting?

Place of work?

Information they need:

NHS Test and Trace needs to collect personal identifiable information so that they can provide advice to people who have coronavirus and protect the people they have been in contact with.

The information collected on people with coronavirus or those with symptoms includes:

- Full name date of birth home postcode & house number telephone number email address
- The type of symptoms people have and how these are changing over time.

The information NHS Test & Trace collects on the contacts of people with coronavirus includes, where available, their:

- Full name home postcode & house number telephone number email address

This information is used by Public Health England to help control the spread of coronavirus by providing advice to people with coronavirus and those who have symptoms; identifying people who have been in contact with someone with coronavirus symptoms and who may be at risk of developing the infection; and asking anyone who is infectious to stay at home until they stop being a risk for others.

When you do not need to self-isolate

From 16 August, you will not be required to self-isolate if you live in the same household as someone with COVID-19 and any of the following apply:

- you are fully vaccinated
- you are below the age of 18 years 6 months
- you have taken part in or are currently part of an approved COVID-19 vaccine trial
- you are not able to get vaccinated for medical reasons

Even if you do not have symptoms, you should still:

- Get a [PCR test on GOV.UK](#) to check if you have COVID-19
- Follow advice on [how to avoid catching and spreading COVID-19](#)
- Consider limiting contact with [people who are at higher risk from COVID-19](#)



Source: [Link to Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#)
[When to self-isolate and what to do - Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#)

Source: [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#) Last accessed 08/09/2021

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- you are fully vaccinated
- you are below the age of 18 years 6 months
- you have taken part in or are currently part of an approved COVID-19 vaccine trial
- you are not able to get vaccinated for medical reasons

Fully vaccinated means that you have been vaccinated with an MHRA approved COVID-19 vaccine in the UK, and at least 14 days have passed since you received the recommended doses of that vaccine.

NHS Test and Trace will contact you to let you know that you have been identified as a contact and check whether you are legally required to self-isolate.

If you are not legally required to self-isolate, you will be provided with advice on testing and given guidance on preventing the spread of COVID-19. Even if you do not have symptoms, [you will be advised to have a PCR test as soon as possible](#).

You should not arrange to have a PCR test if you have previously received a positive PCR test result in the last 90 days, unless you develop any new symptoms of COVID-19, as it is possible for PCR tests to remain positive for some time after COVID-19 infection.

This advice applies while the person in your household with COVID-19 is self-isolating.

If you develop [symptoms](#) at any time, even if these are mild, self-isolate immediately, [arrange to have a COVID-19 PCR test](#) and follow the [guidance for people with COVID-19 symptoms](#).

Vaccinated and Isolation Rules

Even if vaccinated, you can still be infected with COVID-19 and pass it on to others.

Even if you are not required to isolate you can help protect others by following the [guidance on how to stay safe and help prevent the spread](#).

As well as getting a PCR test, you may also consider:

- limiting close contact with other people outside your household, especially in enclosed spaces
- wearing a face covering in enclosed spaces and where you are unable to maintain social distancing
- limiting contact with anyone who is clinically extremely vulnerable
- taking part in twice weekly [LFD testing](#)

If develop [symptoms](#) at any time, even if these are mild, self-isolate immediately, [arrange to have a COVID-19 PCR test](#) and follow the [guidance for people with COVID-19 symptoms](#)



Source: [Link to Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#)
[When to self-isolate and what to do - Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#)

Source: [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#) Last accessed 08/09/2021

Even if you are vaccinated, you can still be infected with COVID-19 and pass it on to others. If you are identified as a contact of someone with COVID-19 but you are not required to self-isolate, you can help protect others by following the [guidance on how to stay safe and help prevent the spread](#).

As well as getting a PCR test, you may also consider:

- limiting close contact with other people outside your household, especially in enclosed spaces
- wearing a face covering in enclosed spaces and where you are unable to maintain social distancing
- limiting contact with anyone who is clinically extremely vulnerable
- taking part in twice weekly [LFD testing](#)

This advice applies while the person in your household with COVID-19 is self-isolating.

If you develop [symptoms](#) at any time, even if these are mild, self-isolate immediately, [arrange to have a COVID-19 PCR test](#) and follow the [guidance for people with COVID-19 symptoms](#).

Health or Social Care Worker Isolation Rules

If you are a health or social care worker who has been identified as a household contact and are exempt from self-isolation, there is [additional guidance available](#) that you should follow to reduce the risk of spread of COVID-19 in these settings

If develop [symptoms](#) at any time, even if these are mild, self-isolate immediately, [arrange to have a COVID-19 PCR test](#) and follow the [guidance for people with COVID-19 symptoms](#)



Source: [Link to Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#)
[When to self-isolate and what to do - Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#)

Source: [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#) Last accessed 08/09/2021

If you are a health or social care worker who has been identified as a household contact and are exempt from self-isolation, there is [additional guidance available](#) that you should follow to reduce the risk of spread of COVID-19 in these settings.

If you develop [symptoms](#) at any time, even if these are mild, self-isolate immediately, [arrange to have a COVID-19 PCR test](#) and follow the [guidance for people with COVID-19 symptoms](#).

Isolation Rules: Children and young people under 18 years 6 months

- Can continue to attend education or childcare setting as normal
- Do not need to wear a face covering within the setting
- It is expected and recommended that face coverings are worn when travelling on public or dedicated transport

If develop symptoms at any time, even if these are mild, self-isolate immediately, arrange to have a COVID-19 PCR test and follow the guidance for people with COVID-19 symptoms



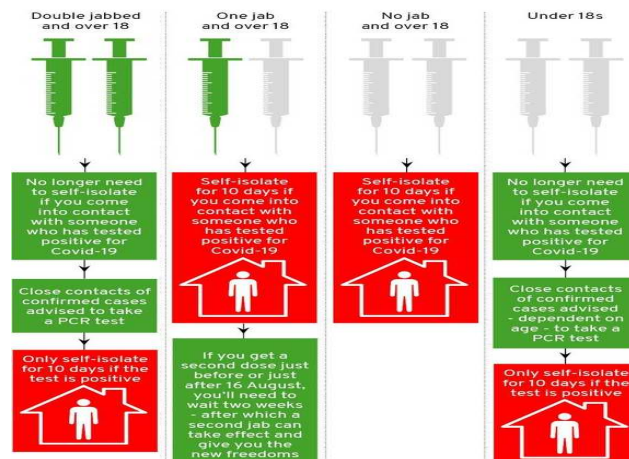
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[When to self-isolate and what to do - Coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#)

Source: [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](#) Last accessed 08/09/2021

Children and young people aged under 18 years 6 months who usually attend an education or childcare setting and who have been identified as a close contact should continue to attend the setting as normal. They do not need to wear a face covering within the setting, but it is expected and recommended that these are worn when travelling on public or dedicated transport.

If you develop symptoms at any time, even if these are mild, self-isolate immediately, arrange to have a COVID-19 PCR test and follow the guidance for people with COVID-19 symptoms.

Isolation dates for a case and household contacts



Please note if household contacts are double COVID-19 vaccinated with UK approved vaccine do not need to isolate

Source: link to isolation example timeframe <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Source: <https://www.nationalworld.com/health/do-we-need-to-self-isolate-after-16-august-self-isolation-rules-and-changes-for-double-vaccinated-explained-3305853/> Self-isolation rules will change on August 16. (Graphic: Mark Hall/JPI Media)

Source: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Double vaccinated and over 18 no longer need to self-isolate if come into contact with someone who has tested positive for COVID-19.

One jab and over 18, self isolate for 10 days if come into contact with someone who has tested positive for COVID-19.

No jab and over 18 will need to self isolate for 10 days if a contact of a positive case.

Under 18s no longer need to self isolate if come into contact with a positive case.

Please note:

For those who are double vaccinated and the under 18s as a close contact of a positive case they are advised to have a PCR test and only self isolate if then receive a positive result if double.

If test positive in any of the situations described above still need to isolate for 10 days.

Types of COVID-19 Tests



There are 2 main types of test to check if you have coronavirus:

Symptomatic Testing – PCR - [How to take a coronavirus self-test swab - YouTube](#)

Polymerase chain reaction (PCR) tests check for the genetic material (RNA) of the virus in the sample

- You send the sample for processing at a lab
- Results usually take 24 hours to receive

Asymptomatic Testing – LFD - [How to do a COVID-19 Self Test \(rapid antigen test\) - YouTube](#)

Lateral flow device (LFD) tests detect proteins called 'antigens' produced by the virus.

- Do not need to send to a lab
- They give rapid results, in 30 minutes after taking the test

There are 2 main types of test currently being used to detect if someone has COVID-19:

- polymerase chain reaction (PCR) tests
- lateral flow device antigen (LFD) tests also known as rapid lateral flow tests

PCR tests detect the RNA (ribonucleic acid, the genetic material) of a virus. PCR tests are the most reliable COVID-19 tests. It takes some time to get the results because they are usually processed in a laboratory. If you have symptoms of COVID-19, you should [arrange to have a PCR test](#).

People who live in the same household as someone with COVID-19 can also take a PCR test, as they are at higher risk of being infected even if they do not have symptoms.

LFD tests detect proteins in the coronavirus and work in a similar way to a pregnancy test. They are simple and quick to use. LFD tests are not as accurate as PCR tests in all circumstances, but can detect a similar number of people with high levels of coronavirus as PCR tests. They are mainly used in people who do not have symptoms of COVID-19.

People in England who do not have symptoms of COVID-19 can take part in regular testing using LFD tests. Many people already do this as part of school or workplace LFD testing programmes. All of these programmes are known as 'asymptomatic testing programmes' and can help reduce the spread of infection to others.

If someone tests positive for COVID-19 by LFD test, they should self-isolate and follow self-isolation guidance. They should also request a follow-up PCR test as soon as possible and within 2 days of the positive LFD test at the latest.

While waiting for the follow-up PCR test result they and their household members should follow self-isolation guidance, it is no longer a requirement if double vaccinated and a contact of a positive case to have to isolate, please refer to Government guidelines regarding this. If the positive case receives a negative follow-up PCR test result, and this PCR test was taken within 2 days of the positive LFD test, they can stop self-isolation

However, they must self-isolate if:

- the PCR test result is positive
- they choose not to take a follow-up PCR test
- the follow-up PCR test was taken more than 2 days after the positive LFD test result

LFD tests can be taken in 2 ways:

An assisted test is where the person takes the test themselves under the supervision of a trained operator, and this operator processes the test, reads and reports the result.

A home (self-reported) test is where a person takes the test themselves and reads and reports their own result.

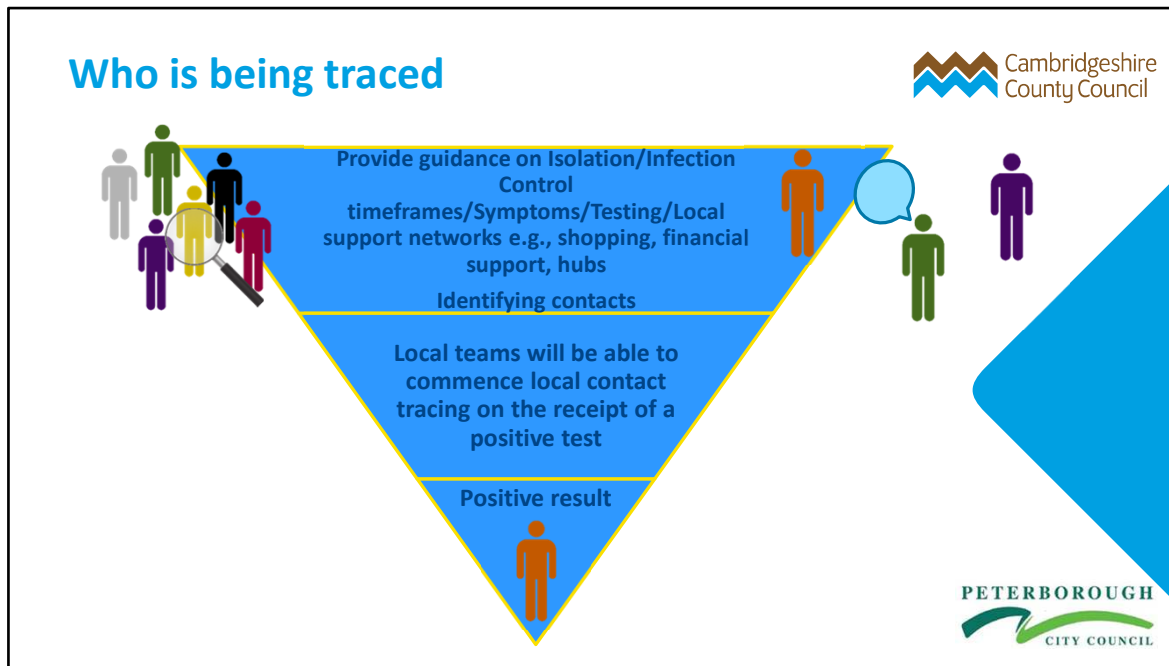
If you have any of the symptoms of COVID-19, you should request a PCR test.

Sources:

Link for isolation advice [Stay at home: guidance for households with possible or confirmed coronavirus \(COVID-19\) infection - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/stay-at-home-guidance-for-households-with-possible-or-confirmed-coronavirus-covid-19-infection)

Link for testing if no symptoms [Understanding lateral flow testing for people without symptoms - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/understanding-lateral-flow-testing-for-people-without-symptoms)

Link for testing if have symptoms [Get a free PCR test to check if you have coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/get-a-free-pcr-test-to-check-if-you-have-coronavirus-covid-19)



Contact tracing is used to help prevent the infection spreading further and is a fundamental part of outbreak control that's used by public health professionals around the world.

Aims:

Ensure anyone that has tested positive for Coronavirus is quickly contacted – with an aim to achieve an 80% contact rate for positive cases.

National and local Tier 2 Teams will make the initial attempt at contact. If a case is identified as complex or part of an outbreak the case will be referred to Tier 1 local authority teams, working with Public Health England to follow up. An example of a 'complex' case would be where there has been an identified positive case in a setting, e.g. school or care home and Tier 1 have to implement process to manage the situation within that environment.

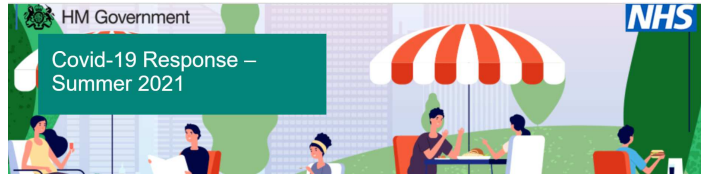
Local contact tracing teams will initially make contact by phone, text or email asking people to call a local number - which earlier experiences in contacting shielded people, has been found to be more effective than a contact from a national number.

But if this fails the contact will be referred for a door knock, which can take two forms:

1. Door knock to establish have correct contact telephone number and to leave a card outlining the contact trace team will be in touch.
2. Door knock to complete the contact trace if telephone call follow up unsuccessful

The contact traces work from the Contact Tracing Advice Service (CTAS) script and update information collected back into CTAS and the local Case Management System (CMS). The CMS can be used to record or outbreak related cases/contacts and outbreak management, allowing different teams to view all the information in relation to a case situation and contact trace, e.g. if escalated internally for follow up within a workplace can view progression via CMS.

How to stay safe and help prevent the spread



Coronavirus remains a serious health risk. It's important to stay cautious and help protect yourself and others. In England:

- Meet up outside or if you're indoors open windows or doors if you have visitors.
- If you think you might have COVID-19 symptoms, take a PCR test and stay home.
- Wear face coverings in crowded places to help protect others.
- Check in with the NHS COVID-19 app when you're out.
- Wash your hands regularly and for at least 20 seconds with soap.
- Get vaccinated if you are 18 or over.



Source: [Link to Gov guidance on Coronavirus: how to stay safe and help prevent the spread - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/how-to-stay-safe-and-help-prevent-the-spread-of-coronavirus)

[Source: Coronavirus: how to stay safe and help prevent the spread - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/how-to-stay-safe-and-help-prevent-the-spread-of-coronavirus)

Step 4 – July 19th

While cases are high and rising, everybody needs to continue to act carefully and remain cautious. This is why key protections are remaining in place:

- testing when have symptoms and targeted asymptomatic testing in education, high risk workplaces and to help people manage their personal risk.
- isolating when positive or when contacted by NHS Test and Trace.
- border quarantine: for all arriving from red list countries and for those people not fully vaccinated arriving from amber list countries.
- cautious guidance for individuals, businesses and the vulnerable whilst prevalence is high including:
 - Government is no longer instructing people to work from home if they can but do expect and are recommending a gradual return over the summer
 - Government expects and recommends that people wear face coverings in crowded areas such as public transport;
 - being outside or letting fresh air in
 - minimising the number, proximity and duration of social contacts.
 - encouraging and supporting businesses and large events to use the NHS COVID Pass in high risk settings. The Government will work with organisations where people are likely to be in close proximity to others outside their household to encourage the use of this. If sufficient measures are not taken to limit infection, the Government will consider mandating certification in certain venues at a later date.

Most legal restrictions to control COVID-19 have been lifted at step 4. This means that:

- You do not need to stay 2 metres apart from people you do not live with.
- There are also no limits on the number of people you can meet.

However, in order to minimise risk at a time of high prevalence, you should limit the close contact you have with those you do not usually live with, and increase close contact gradually. This includes minimising the number, proximity and duration of social contacts.

You should meet outdoors where possible and let fresh air into homes or other enclosed spaces.

The Government is no longer instructing people to work from home if they can. However, the Government expects and recommends a gradual return over the summer.

The requirement to wear face coverings in law has been lifted. However, the Government expects and recommends that people wear face coverings in crowded areas such as public transport.

There are no longer limits on the number of people who can attend weddings, civil partnerships, funerals and other life events (including receptions and celebrations). There is no requirement for table service at life events, or restrictions on singing or dancing. You should follow guidance for [weddings](#) and [funerals](#) to reduce risk and protect yourself and others.

There are no longer restrictions on group sizes for attending communal worship.


COVID-19 has not gone away, so it's important to remember the actions you can take to keep yourself and others safe. Everybody needs to continue to act carefully and remain cautious:

- Meet up outside or if you're indoors open windows or doors if you have visitors.
- If you think you might have COVID-19 symptoms, [take a PCR test](#) and stay home.
- Wear face coverings in crowded places to help protect others.
- Check in with the NHS COVID-19 app when you're out.
- Wash your hands regularly and for at least 20 seconds with soap.
- [Get vaccinated](#) if you are 18 or over. Vaccines for healthy children age 12 and over have been approved and Joint Committee on Vaccinations and Immunisation (JCVI) are presently discussing the vaccine programme for children.

Vaccination

To do this, we will:

1. Reinforce the country's vaccine wall of defence through booster jabs and driving take up.



Although most legal restrictions have been lifted at step 4, and many people have been vaccinated, it is still possible to catch and spread COVID-19, even if you are fully vaccinated, and we are still in the third wave of this pandemic in the UK.

All adults in England have now been offered at least one dose of a COVID-19 vaccine. The vaccines are safe and effective. They give you the best protection against COVID-19. Benefits of vaccinated healthy children age 12 and above is being finalised.

If you have not yet received the COVID-19 vaccine, you should [get vaccinated](#). It usually takes around two to three weeks for an antibody response to develop. You need two doses of vaccine for maximum protection against COVID-19.

However, even if you have been fully vaccinated, you could still get COVID-19 and get sick - a recent PHE report shows that around 1 in 5 people who are double-vaccinated are still vulnerable to getting infected with the Delta variant and showing symptoms. You can also still spread COVID-19 to others. We all need to do what we can to reduce the spread of COVID-19 to protect others and to reduce the risk of new variants developing and spreading.

This advice will help us protect our friends, families, and communities, including those who have been vaccinated.

COVID-19 will be a feature of our lives for the foreseeable future, so we need to learn to live with it and manage the risk to ourselves and others.

Keeping yourself and others safe



<https://coronavirusresources.phe.gov.uk/spring-response/resources/step-4-explainer-video/>



There are still cases of COVID-19 in England and there is a risk you could catch or pass on the virus, even if you are fully vaccinated. You are encouraged to exercise caution and consider the risks. While no situation is risk free, there are actions we can take to protect ourselves and others around us.

If you are worried about going back to a more 'normal' life, there is information from the NHS on [how to cope with anxiety about lockdown lifting](#).

Variant of Concern – Manage Risks & Litigation

Variant of concern is a variant for which there is evidence of an increase in transmissibility, more severe disease (e.g., increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures.

Source [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/84242/sars-cov-2-variants-of-concern-and-variants-under-investigation.pdf)

Source [Working safely during coronavirus \(COVID-19\) - Guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19)

Genetic variants of SARS-CoV-2 have been emerging and circulating around the world throughout the COVID-19 pandemic.

Viral mutations and variants in England are routinely monitored through sequence-based surveillance, laboratory studies, and epidemiological investigations.

The biggest risk to the progress the country has made is a Variant of Concern which fully or partially escapes immunity.

Even without a new variant, next winter could see a further resurgence of COVID-19 cases, which would likely be compounded by other seasonal respiratory diseases, such as influenza.

Litigation – there is a risk of litigation if the principles set out in the working safely guidance, are not adhered to by the Local authority .

New Working Safety guidance can be found on [Working safely during coronavirus \(COVID-19\) - Guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19)

Legislation

Health Protection in England (Coronavirus, Restrictions) Revocation and Amendment Regulations 2021 came into force at 11.55 p.m. on 18th July 2021

- ❖ Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020, is extended till 27th September 2021
- ❖ These regulations will enable local authorities to respond to serious and imminent public health threats
- ❖ The Government will also publish an updated COVID-19 contain outbreak management framework for local areas in due course

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Local Outbreak Plan: Support & Response Hubs



Countywide Hub

Purpose:

To co-ordinate the distribution of support to the Shielded Group of residents who are at the highest risk.
To support the sustainability of critical public services through the deployment of staff and volunteers.
To ensure, with our partners, that we are making the best use possible of all available resources to minimise anxiety, to co-ordinate social action, and to ensure those most vulnerable are benefiting from appropriate community support.

Countywide COVID-19 Coordination Hub:

It is recommended that where possible, contact is made via our online portals, which can be found, 24/7, at:
www.cambridgeshire.gov.uk/coronavirus or www.peterborough.gov.uk/coronavirus
The Hub can be contacted Monday to Friday from 0800 to 1800, and Saturday 0900 to 1300 at:
communityvc@cambridgeshire.gov.uk or on 0345 045 5219

Purpose:

Local district/city hubs have been established to support, coordinate and connect the local and voluntary activity that is happening – working closely with the Countywide Hub they will also respond to individual request for help and offers of assistance that fall outside the scope of the Shielded Group.
To help manage demand, it is requested that where possible contact with the Hubs is made via the online portals

Peterborough	Huntingdonshire	Fenland	East Cambridgeshire District Council	Cambridge City	South Cambridgeshire
<p>Online information: www.peterborough.gov.uk/coronavirus Monday-Friday 09:00-17:00 covid-19@peterborough.gov.uk 01733 747474</p>	<p>Online information: www.wears Huntingdonshire.org/ Monday-Thursday 08:45-17:00 and 08:45-16:30 on Fridays Crm_communitydevelopment@Huntingdonshire.gov.uk 01480 388388</p>	<p>Online information: www.fenland.gov.uk/coronavirus Monday-Friday 09:00-16:00 and Saturday 09:00-12:00 Covid19@fenland.gov.uk 01354 654321</p>	<p>Online information: www.eastcambs.gov.uk/content/coronavirus-community-support Monday-Thursday 08:45-17:00 and 08:45-16:30 on Fridays covid19@eastcambs.gov.uk 01353 665555</p>	<p>Online information: www.cambridge.gov.uk/updates/2020/03/18/coronavirus-changes-to-out-services Monday-Friday, 09:00-17:15 community.resilience@cambridge.gov.uk 01223 457000</p>	<p>Online information: www.scambs.gov.uk/coronavirus/ Monday to Friday 08:00-17:30 Duty.communities@scambs.gov.uk 03450 455 218</p>



Across Cambridgeshire and Peterborough a network of coordination and response hubs have been set up and working extremely well.

Aim to provide support, guidance and links to everyone within the local authority areas

Complementing the Environmental Health capacity, a core hub team is established to create more capacity to respond to an unexpected surge that overwhelms specialist capacity, to also ensure the specialist expertise within Environmental Health is able to focus on more complex outbreaks and provide subject matter expertise.

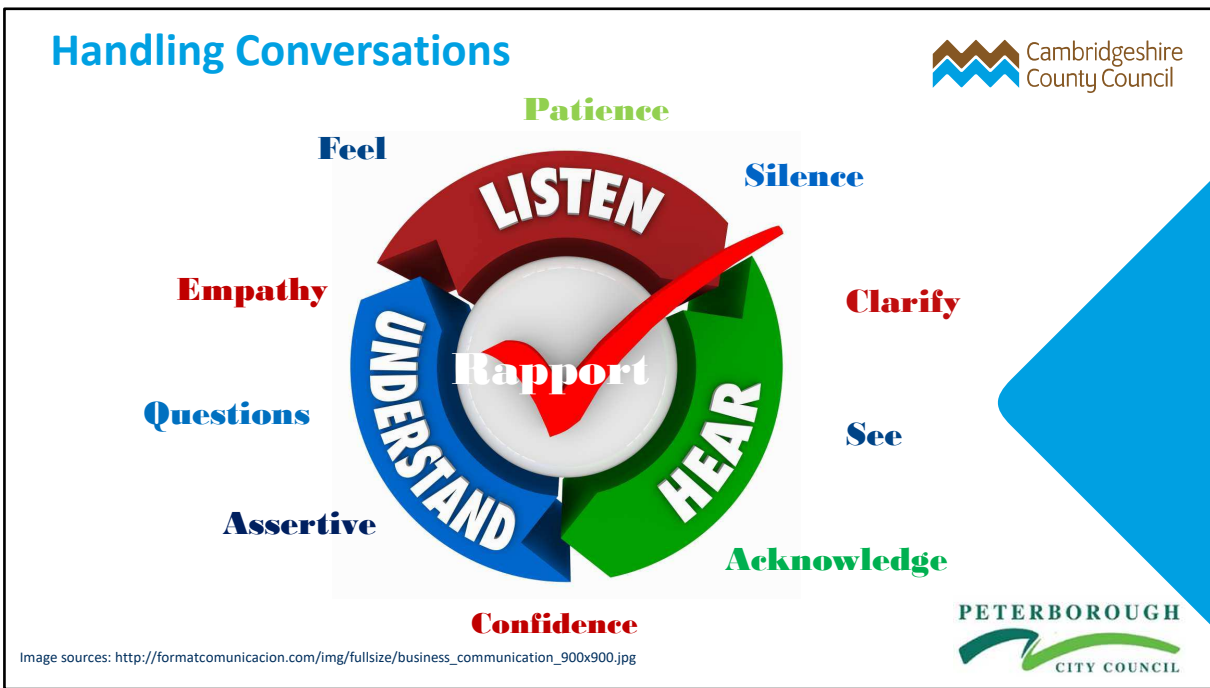
Using the revised redeployment process that is being developed a scalable resource will be able to support the local pilot and the longer term planning:

Support to local enhanced contract tracing

- Provide localised data e.g. contact details
- Support the household contact tracing led by Environmental Health where a positive case is identified
- Coordinate the self-isolation support package offer – ensuring people have access to essential supplies and working closely with each district and city to arrange financial support where needed
- Collate the learning of the pilot to support the future Countywide rollout

Support for longer term work

- Support survey work as part of the one-off asymptomatic testing and engagement with employers associated with recent outbreaks
- Support to shielding in the event of a local lockdown
- Maintaining the 0345 phone line (research shows over 80% calls were not referred due to dedicated line and training)
- Coordination of the rapid response for each district and city



The way that we communicate is made up of 3 key factors:

- The words we choose to use
- How we say those words, the tone, pace, volume
- In our facial expressions and whole body language – you can often make assumptions by what someone is about to say due to their stance, gestures, eye movements, but be cautious as sometimes expressions can be misleading

You will be following up on someone who has been difficult to trace, there could be various reasons for this, and potentially they may not have received the news about their positive test, so be cautious in how you deliver your introduction and the test result.

You need to create rapport to continue the conversation and to ensure the person feels reassured and willing to speak with you. This can be achieved by being empathetic and taking time in asking questions and really listening to answers.

Use silence. Really powerful as allows the person time to stop and think and they will be more inclined to fill the silence and provide more information.

Be assertive and confident in your approach as it offers reassurance. Being too strong in your approach may come across as aggressive and stop the conversation.

Use good questioning techniques to build the rapport and to get the information that is needed.

Types of questions:

- Open – Great for getting more information as allows the other person to speak
- Closed – useful for controlling the conversation or for where a simple yes or no is needed
- Paraphrasing – helps to make sure you have understood the person correctly, basically resaying what they said but in a different way
- Probing or funnelling – delving deeper with your questions to uncover more detail. Useful when need to recall someone's steps or activities, as you ask them for a little more, the What, How, When, Who type of questions, so each time you are funnelling down until you get to a place where you are only using closed questions to confirm you have all the information.
- Leading – This is where you may start the question with an idea. E.G. You didn't have a change of taste did you? This puts an idea to someone that you want them to say that or that they should have had this symptom. But can be useful as a prompt to remember the symptoms they had
- Clarifying/Checking. As simple as recalling what you have heard but in a simplified almost list like structure as allows the person to say yes, no, add bits they may have forgotten or to correct your understanding if you have misheard or misunderstood something.

Paraphrase back what you have heard to clarify on points, summarise if you are unsure you have understood correctly, check in that you have the correct details noted from the conversation, reflect to acknowledge their concerns and feelings. For example they have expressed concern about their family being sick and that they themselves will not be able to go to work and support the family. Respond by acknowledging what you have heard.

'I can hear that you are worried about others and how they are feeling and if they will get sick that must be hard, especially if you are concerned about how there will be any financial support while you are all self-isolating. If you will let me there are support structures in place within the county/district/hub that can provide support during this isolation period and I would like to be able to share those links with you'.

By responding this way you have acknowledged their worries, reflected on how it feels for them and paraphrased their concerns, ending by checking in (a form of clarification) that there are resources that could be offered to support them and if they are happy for this to be shared.

Remember communication is not all about the words, look for clues in their body language, tone of voice, gestures. This will help you to see how they are feeling, if there is more they need to share, if they are worried. You can use this in your questions by reflecting and saying things like:

'I can see you are feeling worried, what is it that is worrying you other than what we have discussed already?'

'I can hear that you are concerned, lets talk about the areas worrying you and see how we can help.'

There is separate training on how to handle conversations and difficult situations so if you feel you could benefit from the extra training please let your lead or SPOC know so you can book onto the training.

As you work through the call script think about how it will sound, think of different situations you may encounter when making the call and think about which elements will support you during these conversations.

How to do it safely



- Follow usual processes:
 - Look up the address before attending
 - Attend in pairs if appropriate
 - Or attend with an outreach worker if appropriate
- Wash/sanitise hands before and after entering household

To view an example of PPE guidance please refer to Contact tracing Training material on SharePoint or seek guidance from your setting

<https://cccandpcc.sharepoint.com/sites/outbreakmanagementuserguide/SitePages/Contact-Tracing.aspx>

Follow due diligence for the visit to ensure safety of all conducting the contact tracing.

Check addresses, history, attend in pairs with an EHO lead and support worker, ideally someone from the speciality of the setting you are visiting, this will help in three ways:

1. The person you are calling on may know you or your team, so feel more comfortable with a 'known' person. Meaning that you are maintaining and protecting relationships built within that environment
2. As the support specialist you will be able to guide the EHO on the environment they are entering
3. It will also enable more teams to be active, rather than two EHO doing calls together

PPE



The aim is **always to keep 2m away** to reduce the risk to ourselves

However, we have PPE in addition to this as an extra precaution which includes:

- Type IIR facemask
- Plastic reusable visor
- Blue nitrile gloves
- 70% alcohol hand sanitiser
- Alcohol wipes for cleaning visor after use
- Anti-bacterial wipes for cleaning any other items
- Rubbish bags to dispose of used PPE
- Thoroughly wash hands as soon as possible afterwards



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Summary

- **NHS Test & Trace contact positive cases and their contacts**
- **Local teams of contact tracers are conducting contact tracing on cases NHS Test & Trace have been unable to follow up and at Zero hours of a confirmed positive case**
- **Still recommended to follow social measures to help reduce spread as we have more interactions**
- **Local plan wraps all the information together of county council actions for isolation support, contact tracing, prevention, surveillance, outbreak management and support**

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