

# Stepping up testing and continuation of targeted group testing scheme

In response to the third wave of the COVID-19 epidemic which began in early July, the Government adopted a series of preventive and control measures decisively to achieve the objective of "early identification, early isolation and early treatment" so as to prevent the transmission of the virus in the community with a view to relieving the burden on the healthcare system and safeguarding public health. A Government spokesman said on September 18 that testing was an integral part of the strategy in preventing and fighting the virus and the Government would strengthen virus testing and continue to implement the Targeted Group Testing Scheme (TGTS).

To tackle the third wave of the epidemic, the Government has adopted a three-pronged approach to achieve the objective of "early identification, early isolation and early treatment" so as to prevent the transmission of the virus in the community: (1) ongoing testing for epidemiological surveillance and investigation conducted by the Department of Health (DH) and the Hospital Authority (HA); (2) testing for individual high-risk groups through the TGTS since mid-July; and (3) the voluntary and one-off Universal Community Testing Programme (UCTP) just completed in the first half of September. This three-tier testing strategy has enabled the Government to monitor the third wave of epidemic more effectively and take appropriate preventive and control measures.

Drawing on the experience of using virus testing as a control measure in the third wave of the epidemic, large-scale testing for targeted groups is found effective in early understanding of the epidemic situation in the community and curbing the community transmission chains. The epidemic has subsided now but not yet totally stabilised. While the number of confirmed cases has dropped, there are still local cases of unknown source as well as infected groups related to individual trades and premises. In addition, the Government needs to prepare for the fourth wave of the epidemic, which might emerge in autumn and winter with even greater severity. The Government must remain vigilant and guard against community transmission by early detection of confirmed cases and tracing close contacts, and must act swiftly to cut the silent transmission chains in the community to reduce the risk of community outbreaks.

## Enhancement of Virus Testing Capacity and Work

The COVID-19 testing capacity in Hong Kong has been enhanced significantly in the past two months. With the commissioning of the DH's laboratory in the Hong Kong Children's Hospital and the new laboratories of the Chinese University of Hong Kong and the University of Hong Kong in late July and early September 2020 respectively, the testing volume that can be handled by public testing services on a regular basis has increased from about 3 600 per day in late June to the current level of over 7 000 per day.

The testing volume of local private laboratories has also increased from around 4 000 per day in late June to tens of thousands at present. The public sector will procure testing services from private laboratories when necessary to further enhance public testing capacity.

To assist individuals who feel they have a higher risk of exposure or are experiencing mild discomfort to undergo a free COVID-19 test, the HA has increased the total number of general outpatient clinics (GOPCs) distributing specimen collection packs to 31 from September 18, and will increase the number of such GOPCs to more than 40 by the end of September. Besides, the tests that are mainly undertaken by the DH and overlap with targeted group testing will be included under the TGTS as appropriate so that the surveillance and testing arrangement for the relevant groups can be rationalised.

### Continuation of Targeted Group Testing

To enhance and broaden surveillance at the community level, and incorporate disease prevention and infection control into the new normal of the daily operation of society, the Government will integrate and regularise the TGTS as part of sentinel surveillance and as a main tier of the "Enhanced Laboratory Surveillance Programme" of the Centre of Health Protection (CHP) of the DH. The TGTS will become part of the surveillance and early-warning system. By facilitating contact tracing and epidemiological investigations, it does not only help with "early identification, early isolation and early treatment", but also provides data for reference for the overall assessment of the epidemic situation.

In particular, the Government will base on risk assessment to arrange testing on a regular basis or by random sampling for certain targeted groups depending on anti-epidemic needs, including (1) high-risk groups such as staff of residential care homes for the elderly (RCHEs), residential care homes for persons with disabilities (RCHDs) and nursing homes; (2) staff of critical infrastructure and services, such as slaughterhouse workers, designated frontline container terminal employees, etc.; and (3) high-exposure groups such as public transport drivers (including taxi drivers), frontline staff of catering businesses, stall operators and personnel working in markets, etc. In the eventuality of a sudden outbreak in certain groups, the Government may arrange for urgent cluster testing for the relevant locations or premises with confirmed cases based on a need and risk assessment in order to identify the infected persons and cut the transmission chains as soon as possible.

The TGTS will continue to include groups such as staff of RCHEs, RCHDs and nursing homes, workers in the Sheung Shui Slaughterhouse, and designated frontline staff at the Kwai Tsing Container Terminal, etc., all of whom will be tested regularly every two to three weeks on average in order to protect the institutions with a higher risk, and to maintain the normal operation of critical infrastructure or services. The Government will also conduct regular tests using random sampling for other high exposure groups progressively based on risk assessment, including taxi drivers and other public transport

drivers; frontline staff of catering businesses, staff of market stalls and personnel working in market; frontline government staff with frequent contact with members of the public, etc. The Government will regularly review the coverage and frequency of the TGTS based on the latest epidemic risk assessment.

In addition to the regular diagnostic tests conducted by the public sector, it is estimated that an average of 5 000 tests or more can be carried out under the TGTS per day. The network of healthcare professionals, administrative and logistics support system and information technology platform developed under the UCTP will continue to provide useful support for the TGTS.

### Latest Progress of the TGTS

As at September 17, a total of 499 000 specimens have been tested under the TGTS for COVID-19 since mid-July, among which 84 cases were confirmed positive by the CHP of the DH. The positive rate was approximately 0.02 per cent. At the peak of the third wave at late July, the seven-day average positive rate of the overall TGTS once reached 0.05 per cent. The TGTS has been instrumental in identifying patients and containing the spread of the disease in the community. Targeted groups covered by the TGTS mainly comprise the following categories. Details and the statistics are at Annex.

- Staff of RCHes, RCHDs and nursing homes;
- Taxi drivers, public light bus drivers/frontline staff, employees of franchised bus companies and other public transport;
- Frontline staff of catering businesses, staff of market stalls and personnel working in markets, supermarket staff and licensed hawkers;
- Foreign domestic helpers staying in boarding facilities of employment agencies and those waiting to join new employers' family;
- Designated frontline workers at the Kwai Tsing Container Terminal and operators and outsourced staff providing service in Public Cargo Working Areas;
- Frontline property management workers, lift and escalator trade practitioners and hotel frontline staff;
- Residents of selected housing estates or buildings; and
- Frontline government staff with frequent contact with members of the public.

### Procurement Arrangement of Testing Services

When the TGTS was planned in early July, given the large number of targeted population from higher-risk and high-exposure groups, the requisite testing volume exceeded the testing capacity of the laboratories in the public system which were coping with the severe situation of the third wave. Only a handful of local private laboratories were capable of conducting large scale testing for the targeted groups within a short period of time. In view of the rapidly deteriorating epidemic situation, it was necessary for the

Government to directly procure testing services so as to launch the TGTS as soon as possible. Since August, the supply of testing services provided by the private laboratories has increased significantly, and the cost for testing services has also dropped considerably. Currently, the Government generally adopts competitive procurement procedures when procuring specimen collection and testing services, so as to procure services at market prices while meeting the testing needs at the same time. As of September 17, the total expenditure of the TGTS is about \$183 million (the average cost of each test is about \$370) since commencement in mid-July. The actual expenditure of individual schemes may be different depending on the specific testing arrangement. For example, services providing a one-stop solution to cover procedures from specimen-taking to testing may incur higher service and logistic costs. As such, the testing costs for different testing arrangements can vary.