

Questions during the **Statistical Methods for COVID-19: Test, Trace and Protect** webinar on the 28th Jan.V3-16th February

Notes:

1. The answers provided represent the position at the time of the webinar. This is a rapidly changing area and the current position may be different.
2. Speakers were not expected necessarily to answer all questions. A gap in the response does not necessarily mean that there is not an answer, simply that those participating were not able to provide one.
3. Initials of organisations:
 - a. DHSC Department of Health and Social Care
 - b. PHS Public Health Scotland
 - c. ONS Office for National Statistics

Question	Directed To	Response/Answer
1.Wondering what is the governance around choice of methods ? I ask this as a recent scrutiny about gaming of statistics (e.g. double-counting where contacts made)	DHSC	<i>The work is based on reporting the operational system. It was set up following close discussions with the operations team and the Head of Profession. There is ongoing dialogue on the approach as we move forward Issues like duplicate contacts have been made clear in the methodology. If someone is flagged twice then they are contacted twice so we are reporting on the system as it operates. If there is interest in removing these duplicates then if people let us know we could investigate.</i>
2. Do you know when the regional and local breakdowns of contact tracing data will be available in the reports	DHSC	
3.A study in Sheffield has shown the NHS Test and Trace Programme is poor at picking up in-patients with COVID diagnosis. Are there plans to address this ?	DHSC	<i>We are not familiar with the study but would be interested to see it. In general if someone tests positive they are transferred to contact tracing, although those in hospital may be more difficult to contact.</i>
4.Any plans for the NHS Test & Trace weekly report with Local Authority level data tables/summary	PHS	<i>Data are available locally in the daily dashboard and weekly figures. Vaccinations down to LA are also now available</i>

5. Can you say more about the cluster analysis you have done-is there a link to this?	PHS	<i>We have just touched on this today but the team producing it could provide more detail. The current tool is only available as a tool for NHS Boards</i>
6. Are there any plans to update and publish the ethnicity data?	FOR ALL	<i>DHSC is publishing an update soon. Scotland and Wales are publishing where possible but there are problems with data quality</i>
7. How complete is the daily Scottish data? Are the newest day of case data in the dataset considered provisional or are they final	PHS	<i>We report all data available in the system each day; time series are all based on date of test/death/admission, charts flag latest days likely to be incomplete; 7 day figures are reported with a 3 day lag to ensure completeness</i>
8. Do you provide interval estimates for trends etc	PHS	<i>No, this is not something we are currently publishing. A range of more detailed ad hoc statistical analysis is happening within PHS to support the pandemic response; this may include this kind of analysis.</i>
9. in terms of index cases are you collecting information on household numbers of each case and does this enable you to calculate household secondary attack rates	PHS	<i>in Scotland, all positive test results create an index case, even if they are the same household, regardless of them being symptomatic or asymptomatic</i>
10. Is there a Github link where we can have a look at the RShiny work you mentioned	PHS	<i>Yes - https://github.com/Public-Health-Scotland/COVID-19-Publication-Dashboard Public-Health-Scotland/COVID-19-Publication-Dashboard Dashboard for weekly COVID-19 publication. Contribute to Public-Health-Scotland/COVID-19-Publication-Dashboard development by creating an account on GitHub. github.com</i>
11. How are you defining an index case- first date of specimen within a household? Would asymptomatic cases tested positive be considered as an index case? Is Wales collecting household size as part of the questions put to cases	Welsh Government	<i>An index case is a single positive case.</i>

12. Have you done any predictive modelling for the next three months and the impact of vaccinations in Wales on positive contacts	Welsh Government	<i>In regards to the question on modelling, colleagues within Welsh Government are working alongside academics to look at a number of different models. Links will be provided to this as part of the information circulated once the webinar has finished.</i>
13. Why are hospital patients ineligible?	Welsh Government	<i>These are deemed ineligible for follow-up by our local contact tracing teams as they are in closed settings so are either being managed in the setting or are escalated to regional teams for onward management</i>
14. Is the sample representative of national or local?	ONS	<i>Sampling is undertaken regionally</i>
15. Was Russell's presentation a summary of publicly available slides/reports or were they compiled for this presentation? And is anonymised, single case level, data available-usually we have to use aggregate tables already produced (ie by ONS) which makes specific enquiries difficult to resolve	ONS	
16. GENERAL QUESTION: is the basic data all keyed into a unique ID? How much individual demographic data is published? Eg could I find the number of 78 year olds in York in a specific category.	FOR ALL	<i>PHS: In Scotland, case data is held at individual level with a unique identifier used across health and care datasets, so it is possible to track cohorts and link to other datasets where required. The degree to which breakdowns within areas can be released is limited by the need to protect patient confidentiality – smaller populations and case numbers in Scotland.</i>
17. How does statistical provision in other countries compare?	FOR ALL	<i>ONS: the work on surveillance compares favourably, particularly with both the ONS surveillance work described and the Imperial College study based on swab tests</i>
18. Did any organisation use any statistical techniques to validate the reliability of the stats-as there are some issues with data completeness, numerator and denominator	FOR ALL	<i>PHS: a lot of work goes into validating the statistics to ensure we understand the quality and communicate clearly for users. Part of the challenge is the speed at which the statistics are being developed and produced, mostly from</i>

		<i>management information systems developed to managed the COVID response (rather than specifically for statistical reporting purposes).</i>
19. What work is going on in Scotland and Wales around Pillar 1 testing statistics	PHS and Welsh Government	<i>PHS shows breakdowns of pillar1 & 2 tests on its daily dashboard</i>
20. What prospects are there for data on the changing prevalence of the various new variants of Covid 19?	FOR ALL	<i>Public Health England produce these technical briefings which include epidemiological information on Variants of concern https://www.gov.uk/government/publications/investigation-of-novel-sars-cov-2-variant-variant-of-concern-20201201 PHS : we publish a 24 hour period 'snapshot' of new variants information</i>
21. if 20% of people account for 80% of transmission - going forward will we be able to hone resources by using improved profiling of the likely superspreaders? or super spreading events and settings?	FOR ALL	
22. the splitting of cause of death - other causes of death it is unclear if these causes have dropped and all deaths include Covid - for example we would expect 1800 deaths per day but some days the covid deaths is greater than this figure, so is it all covid?	FOR ALL	<i>PHS: We report covid confirmed deaths, so this shows all people who have died with a recent positive test. We do not do further analysis to confirm the actual cause of death for these people. The figure announced each day is deaths recorded in the preceding 24 hour period, which will be subject to delays in registration around weekends and holidays or due to winter weather; our time series show deaths by date of death to reflect the true trend. National Records for Scotland report all deaths where covid was mentioned on the death certificate.</i>
23. one thing I struggle with are data on contact tracing denominators. Contact tracing data seems to be focussed on what is being done rather than understanding cohorts where it is not working so well, which is really important operationally at a local level	FOR ALL	<i>In Scotland, contact tracing is managed through a Case Management System (CMS) which all contact tracers use and can be accessed by local NHS public health teams and national bodies like PHS. There's a lot of granular detail available through the CMS, including alerts to local boards if patterns emerge (e.g. same location is mentioned multiple times). We publish a subset of the CMS data in our weekly report but there's a lot more detail available for local teams to manage outbreaks in their local areas.</i>

Other useful information

PHS daily dashboard team email: phs.CovidDailyDashboard@phs.scot - please get in touch with any queries or feedback

PHS covid data and analytics team email: PHS.Covid19Data&Analytics@phs.scot

ONS local information:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveyspilot/latest#sub-regional-analysis-of-the-number-of-people-in-england-who-had-covid-19>