

Questionnaire on testing

Dear HSC members,

The recent Commission communication on short-term EU health preparedness for future COVID-19 outbreaks (10)(2g) lists action points for Member States, including in the area of testing for COVID-19:

- Via the HSC, EU level agreement for aligned testing strategies and methodologies (European Commission & Member States)

*Agreement sought in the HSC via a written declaration.*

Countries were invited to submit their suggestions for relevant questions on testing, with a view to gather more information on the topic, towards a common approach.

The survey below is aimed at understanding commonalities and divergences in the current approaches to testing by different countries.

Thank you in advance for your cooperation.

Best regards,

HSC Secretariat

**Questionnaire:****1. Test and tracing strategy**

Q1: What testing strategy is currently in place in your country? Please specify which individuals are being tested, e.g. symptomatic, asymptomatic, specific groups, etc...

All symptomatic individuals are eligible for testing. Asymptomatic testing is currently performed in a research setting and decisions on asymptomatic testing will take place after this research phase. The research phase just started.

Q2: Which approach is used with regards to asymptomatic testing? Please specify if testing is done within specific settings or groups, e.g. close contacts, outbreak clusters, care settings, professional groups

The testing of asymptomatic individuals takes place in a research setting in the case of: 1) close contacts of contact tracing; 2) people who receive a notification from the Corona finder app and 3) travellers who return from countries code red/orange. Besides this, the municipal health services can decide to perform asymptomatic testing in outbreak clusters or in care settings (in collaboration with the care taking organisation).

Q3: Is your country currently testing any new incoming patient in hospitals for triage purposes? What type of tests are used (Antigen rapid tests, points of care PCR tests)?

Testing in hospitals is only performed in case of suspicion of COVID and/or relevant symptoms.

Q4: For identified close contacts, does your country have measures (voluntary or compulsory) in place? Please specify.

Identified close contacts are strongly advised to go into quarantine for two weeks. Currently, the option of compulsory quarantine is being explored.

Q5: Do you experience challenges related to the willingness to get tested among the general population or certain population groups?

Testing willingness is generally low, behavioural research showed. Campaigns are intensified and more testing locations are arranged in order to increase willingness.

Q6: What is the current testing turnaround time (understood as the time between the test request and the receipt of test results by the health professional)? Please specify separately the time between the request and sampling, and time between sampling and the results.

This time varies, but the aim is a maximum time of 24 hours between the test request and sampling, and a maximum of 24 hours between the sampling and the test results.

Q7: Is your country currently testing for epidemiological studies? If yes, please specify what kind of studies are ongoing in your country?

There are numerous studies ongoing. Testing happens in research setting and in medical labs.

## 2. Tests used

Q1: Does your country support the use of antigen or antibody tests? If so, please specify the purpose of the usage. Please specify the type of test (e.g. CE-marked device, in-house assay, Point of Care, etc...) Serology is used to complement clinical diagnosis when clinical suspicion for COVID-19 remains but molecular testing is negative repeatedly. Most labs use CE-marked ELISA test, but in-house tests are also used. Use of POCT serology is being advised against as the reliability is too low for current prevalences. Antigen tests are being monitored and validated. Have not been implemented in clinical practice yet as most tests on the market are not accurate enough.

Q2: If antigen tests are used, are the results accepted as basis for public health measures (e.g. quarantine)? No

Q3: Is your country validating tests at national level? If so, please provide details, including any established minimum criteria for sensitivity and specificity. Yes, with respect to serology. Please see:

(10)(2g)

And (10)(2g)

for information on how and the criteria we have established.

Q4: If validation of tests is planned or ongoing, has your country identified any possible needs related to test validation? Clinical samples of asymptomatic/presymptomatic phase of disease.

### 3. Testing in the context of travel

Q1: Does your country have a testing policy regarding international travellers: from the Schengen area, special territories of the EU and non-EU countries? Are travellers required to e.g. show evidence of a negative test on arrival, get tested on arrival, self-quarantine, etc. Please provide details.

Q2: Are there specific testing policies for incoming travellers from "high risk countries"? Please specify "high risk country" according to your national definition.

Q3: If travellers are required to show evidence of a negative PCR test result on arrival, is the conformity and result (negative) of the test checked on arrival? If so, please specify, e.g. by airport manager, border control authorities, health authorities, etc...

Q4: If travellers are required to get tested on arrival, please provide details regarding the testing (e.g. mandatory/ compulsory, payment), the type of tests and location (e.g. airport, other).

Q5: What is your country's policy for people vacationing abroad and wanting to come back home for quarantine after being identified as close contacts? Are they allowed to come back, is testing required? Please specify.