

## Questionnaire on testing

Dear HSC members,

The recent Commission communication on short-term EU health preparedness for future COVID-19 outbreaks ([https://ec.europa.eu/info/files/communication-short-term-eu-health-preparedness-future-covid-19-outbreaks\\_en](https://ec.europa.eu/info/files/communication-short-term-eu-health-preparedness-future-covid-19-outbreaks_en)) 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...

We are currently performing PCR testing to everybody showing any symptomatology compatible with COVID-19 infection and to any close contact on the day 1 and in some cases on the day 10 after her identification as such.

Testing to some specific populations is being also carried out, such as care settings, closed work environments, hospitals, care facilities or even limited geographical areas such as neighbourhoods, villages or small towns or urban districts where transmission is suspected.

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

Testing within close contacts: PCR testing on day 1 and (recommendable) on day 10 after being identified as close contact.

Testing in outbreak clusters: mass PCR testing in special circumstances (high incidence limited areas –neighbourhoods, closed locations, activities/enterprises....-)

Periodic testing among health care professionals, social workers, workers in essential services (firemen, police...) nurseries... These screening actions may differ between regions.

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)?

Yes, patients undergoing surgery. PCR test.

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

Quarantine of 14 days after last exposure. Control by phone calls every 48-72 hours. If regional authorities test the contact at day 10 of follow-up and is negative quarantine is lifted.

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

Our experience in general is good, no problems in testing people and regarding open calls to general population to perform mass screenings when considered necessary our experience is good too.

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.

The time between the request and sampling varies from 24-48 hours, and time between sampling and the results varies from 24 to 72 hours. There is regional variation and during periods of higher incidence this time may increase.

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

Yes. An epidemiological study on seroprevalence (ENE-Covid) was carried out between April-June in three rounds on the same sample (kind of cohort follow-up) and there are at least two more rounds to come, scheduled for October and February (<https://www.mscbs.gob.es/ciudadanos/ene-covid/home.htm>).

There is another on-going study about exploring the possibility of reinfection with SARS-CoV-2.

## **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...)

Currently, we do not officially encourage the use of antibody tests because their limited sensibility and specificity, implying limited and varying positive and negative predictive value in the current in the different phases of the epidemic and therefore difficulties in the right interpretation of results. We know that they are being used in some facilities and we only guide their interpretation in our diagnostic strategy.

We are testing new antigenic tests on the market in order to find their place in our diagnostic strategy

Q2: If antigen tests are used, are the results accepted as basis for public health measures (e.g. quarantine)?

They are not currently used in our strategy.

Q3: Is your country validating tests at national level? If so, please provide details, including any established minimum criteria for sensitivity and specificity.

There is an on-going study validating antigen test in two hospitals in Madrid. There are two more to come. The usefulness of these tests will depend on the objective for which they are used. When PPV is of interest, close to 100% specificity will be required. When NPV is of interest, close to 100% sensitivity will be required

Q4: If validation of tests is planned or ongoing, has your country identified any possible needs related to test validation?

We need to explore sensitivity and specificity to develop a new diagnostic strategy for autumn and winter where other respiratory viruses are expected to start circulating.

### **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.

There is not any testing policy regarding international travellers. Every traveller is required to be tested if he/she is suspected of being infected, just as the rest of the citizens.

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

No.

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...

Not applied.

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).

Not applied-

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.

They are allowed to come back with specific infection control condition, and put under quarantine on arrival.