**Parliamentary Inquiry into Contact Tracing and Testing – Data Summary and Explanation**

| Contact Tracing Request | **Status** | **Index** | **Further explanation if needed** |
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| 1. Disaggregated information pertaining to contact tracing interactions in Victoria since 1 January 2020. Please provide for all positive cases:
	1. the average weekly sequence of timing (in hours) from tests being taken, results received by the Department, the initial contact being made with the positive case, and the conclusion of the contact tracing process for that case.
 |   Provided | CT1a (testing to notification)CT1a\_2 (timing of contacts)CT1a and CT3c (av timing test) | * The elapsed time to interview confirmed cases and notify close contacts is measured from the time that a sample is taken at a testing site.
* The end-to-end analysis is based on measuring the time taken to complete several different milestones between the test, the interview and the notification of a close contact.
* In some instances the data collected to assess the time taken between milestones is a sample. For example, for measuring the time taken from when sample was taken to when the Department is notified can only be done for tests that are in a certain digital tracing device (Test Tracker) meaning the person has scanned a QR code. We are not able to track the time taken to notify the Department of tests not going through Test Tracker.
* The methodology is designed to collate the maximum number of data points, however in some instances this can only be a sample of the full data.
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| * 1. The communication mode used to notify:
	2. the patient
	3. primary close contacts
	4. secondary close contacts (if applicable)
 | Provided | CT1b (communication notification modes) | * The list provided outlines the communication types that DHHS uses to communicate with a confirmed case/patient once a positive result has been established and the patient and department have been notified of the positive result.
* DHHS teams do not typically notify a patient/case of their COVID-19 test result. That is the responsibility of the health service/medical practitioner.
* However, where DHHS does organise testing for potential cases (e.g close contacts or individuals identified as part of an outbreak) the department notifies the individual directly of their result.
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| * 1. the number of mandatory tests carried out on primary and secondary close contacts.
 | Provided | No attachment required | * Mandatory testing at Day 11 or an extension of quarantine for 10 days for primary close contacts was introduced on the 10th October 2020.
* Since the introduction of mandatory testing, there have been 482 primary close contacts and only 9 Primary close contacts have refused a day 11 test and had their quarantine extended.
* Testing of secondary close contacts is not mandatory so not provided.
* There are 94,320 primary close contacts recorded in Public Health Event Surveillance System (PHESS). Since the 1st of August 2020 all Negative Test Results have been stored in a separate database outside of PHESS. This requires a predominantly manual search on key individual identifiers to link negative test results to individual close contacts.
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| 1. The weekly number of people employed in COVID-19 related contact tracing roles for Victoria since 1 January 2020. Please provide:
	1. Qualifications of each employee
 | Partly provided | CT2a (workforce data)CT2a\_1 (CCOM job cards)CT2a\_2 (CCOM PDs)CT2a\_3 (departmental response)  | * The department employs suitably qualified epidemiologists, case, contact and outbreak management staff, senior medical advice officers and specialist medical officers (including the Chief and Deputy Chief Health Officers) to support the department’s ongoing response to the COVID-19 pandemic.
* Job Card and Position Descriptions have been provided for relevant contact tracing related roles within the Case, Contact and Outbreak Management function within the Department of Health and Human Services.
* DHHS does not hold the qualifications of each employee, once an employee has commenced their employment with the department.
* Qualifications, experience and skills are vetted through the recruitment process.
* Each role recruited for the COVID 19 response is done via a Job Card or a Position Description. The Job Card and Position Description outlines the skills, expertise and qualifications expected for each role. The person is selected on the basis of their qualifications, skill, expertise and fit for the role.
* Job Cards and Position Descriptions are provided for most roles within the COVID response.
* During the initial stages of the Emergency Response some staff were reassigned to COVID duties based on an expression of interest (EOI) or recruitment process where the skills, experience, and preferences of the employee were taken into account and the deployment period was for weeks or months, not exceeding six months.
* To provide individual qualifications would require retrieving the resume of each staff member and would not meet timelines.
* Please note, DHHS is investing in a whole of government end-to-end human resource system (Human Capital Management System) that will capture this data in the future. There is significant work occurring in DHHS Workforce Readiness Centre that will also assist with the collection of this information
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| * 1. The employer of each employee (Helloworld, Stellar Pty Ltd, DHHS etc.)
 | Provided | CT2a (workforce data)  | * A list of agencies and organisations that employ staff has been provided
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| * 1. The weekly average hours worked since 1 January 2020
 | Not provided | CT2a – (workforce data) | * This data is unable to be provided for the Case, Contact and Outbreak Management function within the Department of Health and Human Services. This is due to the composition of the sources of the workforce that comprise the Case, Contact Outbreak Management function within the department.
* Please note that many of the employees within the Case, Contact and Outbreak Management function are paid by external organisations and the collection of this information may not be available for all employees, including staff who were not required to be rostered on shift patterns while engaged by DHHS.  When this occurs, only the headcount of the employee will be recorded.
* Under the VPS Industrial Relations Framework, several seconded staff from other VPS departments remained on their home department’s payroll system and therefore the department does not have access to this data within the timeframes requested.
* Some employees who were seconded from other organisations (including health organisations) have remained on their home organisations payroll system. The Department does not have access to this data within the timeframe requested. The Department will need to submit a formal request to these organisations for the relevant payroll data.
* For staff engaged via labour hire arrangements or through commercial contracts with the department, the department has procured the contract details for these staff. However, this will not necessarily outline each employees’ weekly average hours nor FTE as requested in 2) c) and d). The department would need additional time to provide this data.
* Case and contact staff work 24/7, with outreach for case and contact management with members of the Victorian public occurring between 8am and 10pm.
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| * 1. FTE for each employee.
 | Headcount provided | CT2a – (workforce data) | * Headcount has been provided due to the sources of the workforce that comprises the Case, Contact Outbreak Management function within the department.
* Many of the employees within the Case, Contact and Outbreak Management function are paid by external organisations and the collection of this information is not be available for all employees.
* On 29 January the Health Protection Branch identified the need to establish an Incident Management Team to respond to the emerging threat of COVID-19 Cases within Australia.
* The initial public health response team from the Health Protection Branch comprised approximately 57 people.
* There were 255 people working in the Case, Contact and Outbreak Management function on the 1 May 2020.
* On the 23 June 2020, the Public Health Emergency Operations and Coordination Division was established within the department. As a result of this division being established the department began to formalise structures and reporting arrangements in its HR systems.
* The department has provided the headcount of staff engaged specifically within the Case, Contact and Outbreak Management function from June to 24 October, which is used to inform part of the department’s overall Public Health workforce figures.
* The data has been provided in a deidentified manner to protect the privacy of individual employees.
* The headcount provided is based on fortnightly payroll data for DHHS employees.
* Please note that many of the employees within the COVID-19 Response are paid by external organisations and the collection of this information may not be available for all employees, including staff who were not required to be rostered on shift patterns while engaged by DHHS.
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| 1. Weekly metrics for people employed in COVID-19 related contact tracing roles for Victoria since 1 January 2020. Please provide:
2. Inbound call numbers per week, including calls connected and calls that were not answered
 | Provided | CT3a and b (contact tracing call data) | * Data provided from the Genesys (telephony) database.
* Data relates predominantly to the following call service:
	+ DHHS Hotline: The Department of Health and Human Services operates a 24-hour communicable diseases hotline (1300 651 160). This number receives urgent communicable disease notifications from clinicians, including notifications for COVID-19.
* Please note that the Inbound / Outbound category relates to calls that were either received or made that required an additional party to be included, for example, a translator service.
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| 1. Outbound call numbers per week, including calls connected and calls that were not answered
 | Provided | CT3a and b (contact tracing call data) | * Data provided from the Genesys database.
* Data relates predominantly to the following call services:
	+ Helloworld and Stella calls: calls made by external contractors to close contacts.
	+ HealthDirect: external contractor that has supported CCOM in making calls to confirmed cases.
* Please note that the Inbound / Outbound category relates to calls that were either received or made that required an additional party to be included, for example, a translator service.
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| * 1. Outbound text messages sent per week (if applicable)
 | Provided | CT3 (sms messages sent) | * Data provided from the WHISPIR database for SMS sent to confirmed cases and close contacts.
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| * 1. Outbound email messages sent per week
 | Not provided |  | * Not able to provide as not recorded and too onerous
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| * 1. Inbound email messages sent per week.
 | Not provided |  | * Not able to provide as not recorded and too onerous
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| Testing Request | Status | Index | Further explanation if needed |
| 1. Please provide daily test numbers carried out in Victoria since 1 January 2020, broken down by:
	1. testing site by Local Government Area (i.e. surge pop-up, fixed location, drive through, or at home)
 |  Partly provided |  T3 and 4 (testing) | * List of current test sites by local government area (LGA) provided.
* Breakdown by testing modalities by LGA to date for polymerase chain reaction (“PCR”) and Serology tests provided. Other modalities are in pilot and have not been provided.(PCR tests are generally considered better at detecting the presence of the SARS-CoV-2 virus and are currently the gold standard for diagnosis of COVID-19. Serology-based tests detect antibodies that develop in response to coronavirus (COVID-19) infection).
* Daily aggregate level testing data by local government area provided.

Gaps and context:* DHHS currently has two methods of monitoring activity around its testing regime: 1) collection of data relating to the number of tests processed at the lab, which provides the most complete and accurate picture of all testing activity in the State2) the samples collected at the point of testing which does not have a complete picture due to:
	+ Sample collection numbers by site cannot offer site-level detail reliably due to how the data is provided currently, eg some data is provided at an organisation level (aggregate level) but not at a site level
	+ Several sample collection activities arranged outside of the department such as aged care testing, private commercial testing etc. do not provide sample collection data.
* All testing activity is reflected through results of tests reported through pathology testing numbers; however, these do not report from which site the samples have come from.
* For the number of tests processed by labs, these can be broken down by LGA, but this is for patient’s place of residence and not where they undertook their test.
* We have limited historical site data prior to end of June 2020.
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| * 1. testing method.
 |   |  T3 and 4 (testing) | * Provided breakdown by testing modalities by LGA to date for PCR and Serology tests. Others are in pilot.
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| 1. Please provide specific locations of each testing site in Victoria, and the date each site was established.

  | Partly provided  |  T3 and 4 (testing)  | * List of current test sites by LGA and location provided
* Some sites will not have commencement dates
* Data is not available prior to September 2020 as data was captured inconsistently.
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| 1. In regard to at-home, self-administered COVID-19 tests, please provide:
	1. The total number of at-home, self-administered COVID-19 tests
 | Partly provided  |   | * The department does not provide at-home, self-administered testing.
* A small pilot was undertaken in June/July 2020; it was discontinued.
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| * 1. The total number of positive results from these tests
 | Not provided |   | This data is not available |
| * 1. Any connections to known clusters identified from at-home, self-administered tests.
 | Not provided |   | This data is not available |
| 1. In regard to employee testing in high-risk industries (such as aged care, abattoirs, meat and poultry processing, and supermarket distribution centres), please provide:
	1. The dates that mandated testing in high-risk industries commenced;
 |  Provided |  T3 and 4 (testing)  |  |
| * 1. The number of tests completed in high-risk industries, broken down by industry type
 | Provided |  T3 and 4 (testing) |  |
| * 1. The number of mandated tests completed in the health care sector, excluding aged care
 | Partly provided |  T3 and 4 (testing)  | * Data is limited to 2 weeks starting October 25th, 2020
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