PROVINZIA AUTONOMA DE BULSAN - SÜDTIROL



ANALYSIS OF MASS TEST RESULTS IN THE AUTONOMOUS PROVINCE OF BOLZANO

Considerations and initiatives to fight the spread of SARS-CoV-2

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Snapshot: Autonomous Province of Bolzano

- The healthcare is provided by one health authority
 (Azienda Sanitaria dell'Alto Adige) organized in 4
 health districts.
- 7 hospitals with a total of 1,641 beds are operated by the local healthcare authority





Country:

Italy

Province Capital:

Bolzano

Population:

534,624 People

Density:

72,2 km²

Municipalities:

116

Distribution of the population:

Bolzano: 44,00%
Merano: 26,00%
Bressanone: 14,60%
Brunico: 15,00%

Degree of urbanization:

High: 21,10% Intermediate: 23,90% Low: 55,00%

Mass testing initiatives at international level

What is "mass testing"?

- "Mass testing" consists in performing a high volume of tests, regardless of whether people show symptoms or not, in order to identify suspected cases with SARS-CoV-2 infection. As the virus detection techniques become easier to perform and read, more population testing initiatives are performed by countries worldwide.
- There are great differences between countries in the way
 these initiatives are carried out, reflecting differences in the
 organisational models adopted, in the human resources
 and means employed, but also in the different cultures in
 dealing with sensitive issues such as public health protection.

Mass testing initiatives at international level

Studies from European Centre for Disease Prevention and Control

- The European Centre for Disease Prevention and Control (ECDC) has recently issued a paper on population-wide testing, considering rapid antigenic swabs to be ideal for this purpose, provided that the following five objectives for their use are met:
 - to control transmission
 - monitoring the transmission rates of the SARS-CoV-2 virus and its severity
 - to mitigate the impact of COVID-19 in health and care facilities
 - detect clusters or outbreaks in specific situations;
 - maintain the elimination status of COVID-19 once achieved

Mass testing initiatives at international level

The steps of the European Commission

• The European Commission has presented on October 28th 2020 a Communication to the European Parliament and the European Council on the steps to be taken to stem the epidemic and has mobilised €100 million to directly purchase rapid antigenic tests and deliver them to Member States, in the belief that they may be useful for population screening.

Aim of the initiative



To get a picture of the population in that specific moment



To test and isolate most of the cases of COVID-19



To gather data and information to cross with other data sources and for subsequent strategies

Details of the initiative

The initiative was realized between **20 to 22 November 2020.**All test executed **72 hours before and after** the testing period were included into the sample.

The **normal prevention and care activities** (increase in the capacities in the hospitals, organization of intensive care, monitoring in the residences for the elderly, etc.) **were not stopped** in the testing period and took place contemporarily.

The situation before the screening

Main indicators



RT-Value

1,92 from 19.10 - 25.10 **1,72** from 26.10 - 01.11 **1,16** from 09.11 - 15.11



Creation of **113** new hotspots



Increased occupancy rate of ICU, IMCU and NS beds

The ordinance of the Provincial Governor

Measures taken in case of positive tests (1/2)

Due to the **exceptional nature of the situation**, in order to identify and isolate the largest possible number of infected people, special measures have been taken:

- 1. the positivity to SARS-CoV-2 infection by means of a rapid antigenic test is followed by home isolation measures without carrying out a confirmative PCR test
- 2. strict contacts were not traced

The ordinance of the Provincial Governor

Measures taken in case of positive tests (2/2)

In order to leave the isolation, there was a differentiation to be made:

- Persons who did not develop symptoms during the period of isolation: after 10 days of home isolation from the detection of a positivity to SARS-CoV-2 the person could return to the community without the need for further testing.
- Persons who did develop symptoms during the period of isolation at home: in this case the person should immediately contact their General Practitioner or Pediatrician to take appropriate action.

Key figures and Data



Cost estimation:

4.500.000 €



Key figures:

Total number of tests: 361.781 Total positive cases: 3.615



Test locations:

Total municipalities: 116

Test locations: 204



Key Partner:













Health professionals employed for the screening

The total number of health professionals employed was **1.937.** These were divided in:

- SABES personnel: 1.289 people
 - 142 doctors
 - 1.048 nurses and midwives
 - 99 prevention, technical health and rehabilitation professionals
- external health personnel: 327 people
 - 196 private doctors
 - 65 GPs
 - 50 nurses, pediatric nurses, midwives
 - 16 prevention, technical health and rehabilitation professionals)
- White Cross and Red Cross personnel: 321

The role of the municipalities

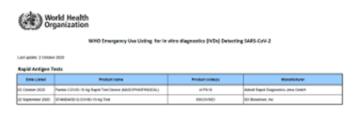
The **116 municipalities** of South Tyrol supported the local Health Authority in carrying out the screening of the population:

The key activities were:

- a. selecting and preparing the location owned by the municipality or, if necessary, by other Authorities (e.g., school buildings, gyms, association offices) according the provided guidelines.
- **b. providing its own staff** for administrative tasks and finding volunteers.

AG Tests used in the screening

Ag commercial kits





pre-test probability for a positive/negative result

- context (prevalence, incidence),
- enrolled categories (asyptomatic/symptomatic, days from hypotetical contact,
- viral load,
- standardization of sample collection,
- transport and storage,
- execution and interpretation,
- molecular reference method used __

LOW CIRCULATION PERIOD

<u>Sensitivity 73%:</u> calculated for 76 PCR positive samples (Ct cut-off values <40) collected from symptomatic and asymptomatic patients in August (high virus.

Sensitivity 85%: calculated for the same samples using Ct cut-off values <28.

HIGH CIRCULATION PERIOD

<u>Sensitivity 80%:</u> calculated for 56 PCR positive samples (Ct cut-off values <40) collected from symptomatic and asymptomatic patients in November.

Sensitivity 90%: calculated for the same samples using Ct cut-off values <28.

Moreover, for two further sample sets, one collected during a high prevalence period (69 subjects) and the other during a low prevalence period (633 subjects), 99-100% of antigen positive samples were confirmed by PCR (positive predictive value)

Participation rate

Covid Screening 20-21-22 November 2020

Südtirol insgesamt Provincia nel suo complesso	Tests Test	Positiv/ Getestete¹ Positivi/ Testati¹	Positiv/ Getestete Ansässige² Residenti positivi/Testati residenti²	Positive Ansässige/ Ansässige ³ Residenti positivi/ residenti ³	Getestete/ Ansässige ⁴ Testati/ Residenti ⁴
Ansässige – Residenti: 536.667	364.039	3.795 1,0%	3.619 1,0%	0,7%	350.848 65,4%

Teststationen in den Gemeinden - Postazioni di test nei comuni

Apotheken - Farmacie

Ärzte / Private Einrichtungen - Medici/strutture privati

Ärzte/Ärztinnen für Allgemeinmedizin und Kinderärzte/ärztinnen freier Wahl Medici di medicina generale e Pediatri di libera scelta

Tests	Positiv	Negativ
Test	Positivi	Negativi
259.025	1.872	257.153
	0,7 %	99,3 %
20.433	323	20.110
	1,6 %	98,4 %
66.577	716	65.861
	1,1 %	98,9 %
17.962	884	17.078
	4,9 %	95,1 %

All 116 municipalities are represented: example given



Ansässige - Residenti: 5.990

Tests Test	Positiw/ Getestete¹ Positivi/Testati	Positiv/ Getestete Ansässige ² Residenti positivi/Testati residenti ²	Positive Ansässige/ Ansässige³ Residenti positivi/ residenti³	Getestete/ Ansässige ⁴ Testati/ Residenti ⁴
3.419	62	78	1,3%	3.794
	1,8%	2,1%		63,3%

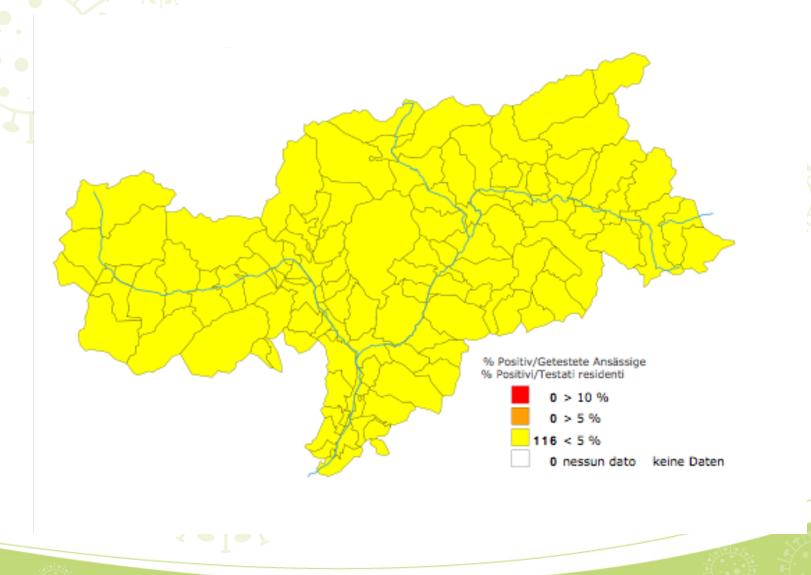
Ahrntal Valle Aurina

MMG_PLS: AHRNTAL MMG_PLS: VALLE AURINA

Seniorenheim Georgianum Seniorenheim Georgianum

Tests	Positiv
Test	Positivi
3.243	52
	1,6 %
53	9
	17,0 %
123	1
	0.8 %

Ratio: positive tests / performed tests



Data analyzed

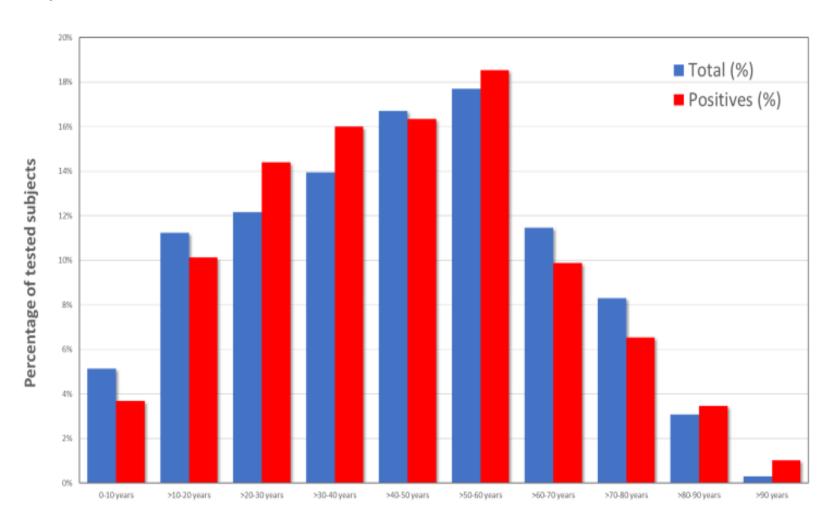
Following data was analysed after the screening:

- Age and gender
- Family groups
- Workers categories
- Distribution of positive cases in Municipalities
- Correspondence of the positive emerged cases to the previous epidemiological insights and tests
- Cross these data with PCR test in the same people who attended antigenic test

Screening participants divided per age and sex

Persone inserite in anagrafica BDPA						Persone NC)N inserite in a	nagrafica	
	Totale	Positivi	Totale	Positivi			Totale	Positivi	
Maschi	177.029	1.742	51%	53%			4963	89	
Femmine	170.286	1.546	49%	47%					
Totale	347.315	3.288	100%	100%					
	Tot	ale	Positivi		Totale		Positivi		
Età	M	F	M	F	М	F	М	F	
0 - 6 anni	2.340	2.249	14	13	1%	1%	1%	1%	
7 - 18 anni	23.581	21.720	191	166	13%	13%	11%	11%	
19 - 65 anni	123.933	115.737	1.318	1.108	70%	68%	76%	72%	
66 - anni	27.173	30.580	219	259	15%	18%	13%	17%	
Totale	177.027	170.286	1.742	1.546	100%	100%	100%	100%	

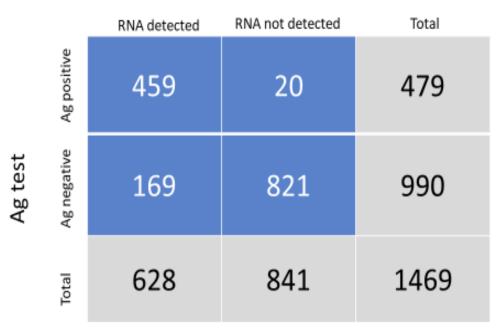
Comparison of age groups of all subjects and Ag positive subjects



Performance of SARS-CoV-2 antigen test

(PCR performed between -2 and +3 days from Ag test)

Real Time-PCR



Sensitivity = 73,1% (459/(459+169)) Specificity = 97,6% (821/(821+20))

Positive predictive value= 95,8% (459/(459+20)) Negative predictive value= 82,3% (821/(821+169))

Accuracy = 87,1% (459+821)/(459+821+20+169)

BIAS:

- Selection of subjects tested with RT-PCR was not random and therefore does not reflect local epidemiology
- Ag and PCR test were not performed simultaneously, collecting two different biological samples
- Two different kits used for Ag testing and RT-PCR

Repercussion on main indicators (comparison between Ministry reports 25-26-27)

1. RT calculation based on data from Civil Protection Department:

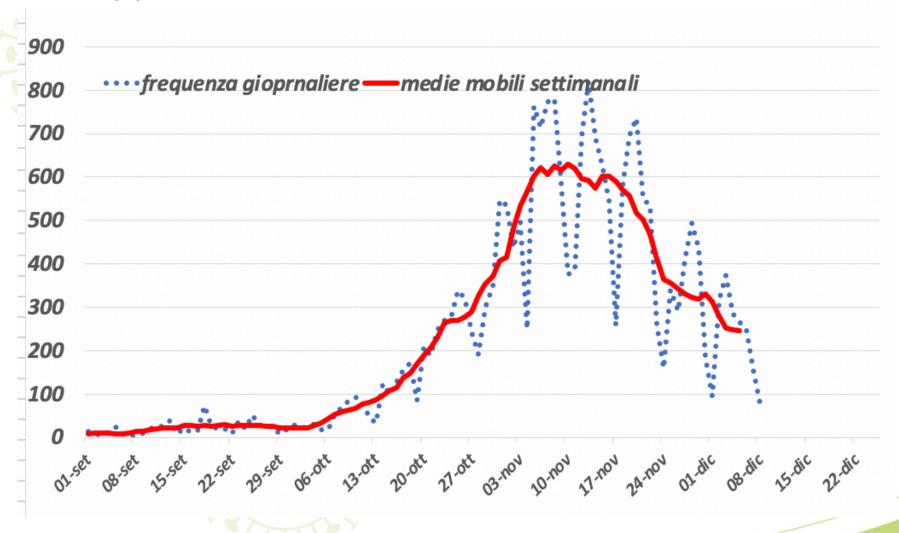
Medical area beds from 98 to 65%, ICU decreasing.

(Dec. 11th, 2020: 41,8% Med. Area beds occupation)

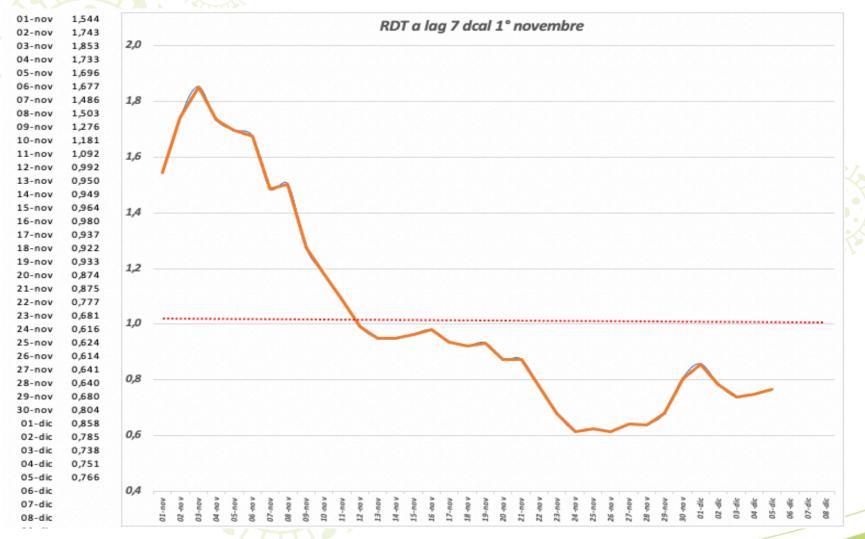
- 1. Deaths and hospitalization presumably avoided.
- Total Deaths , Dec. 11th , 2020 : 612
- -In Patients 7 Regional Hospitals:

Medical Area	323	239		
ICU	38	31	_	
other	148	138		

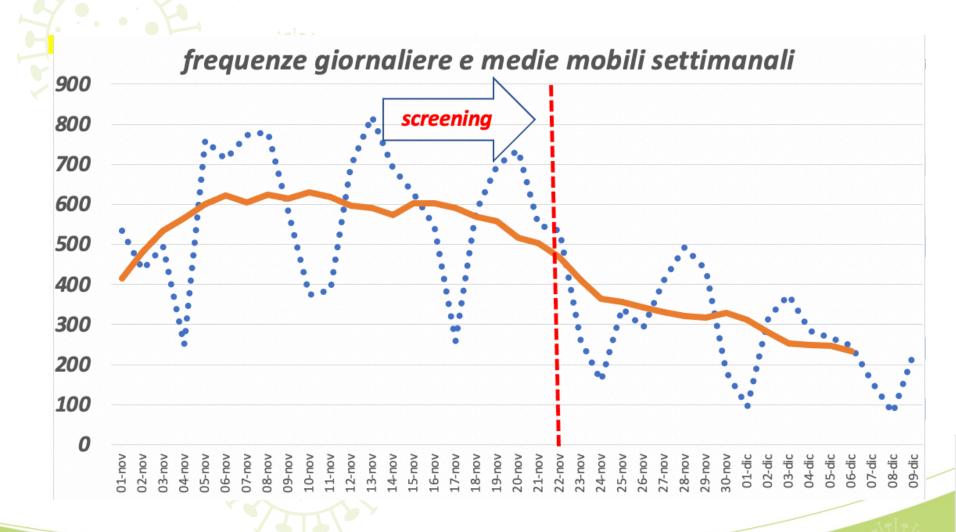
New daily positive cases in AP of Bolzano



RDT Values

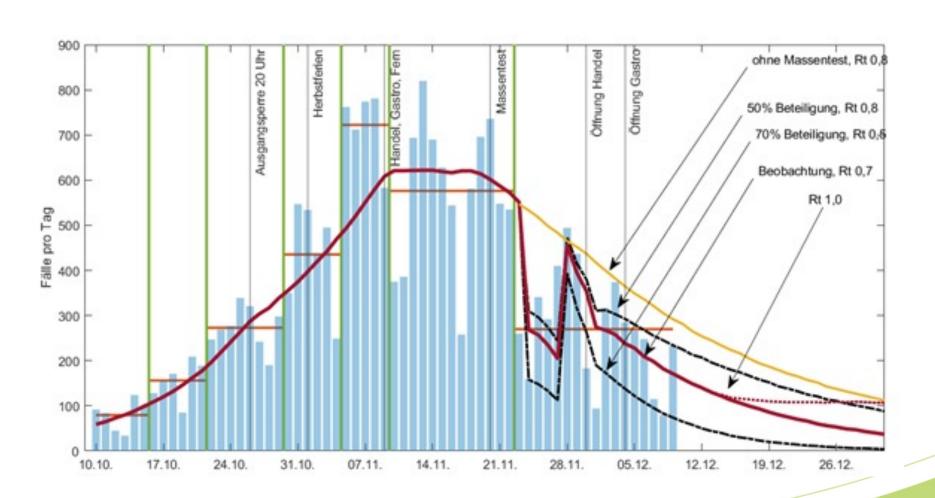


Comparison: RDT Values & new daily positive cases

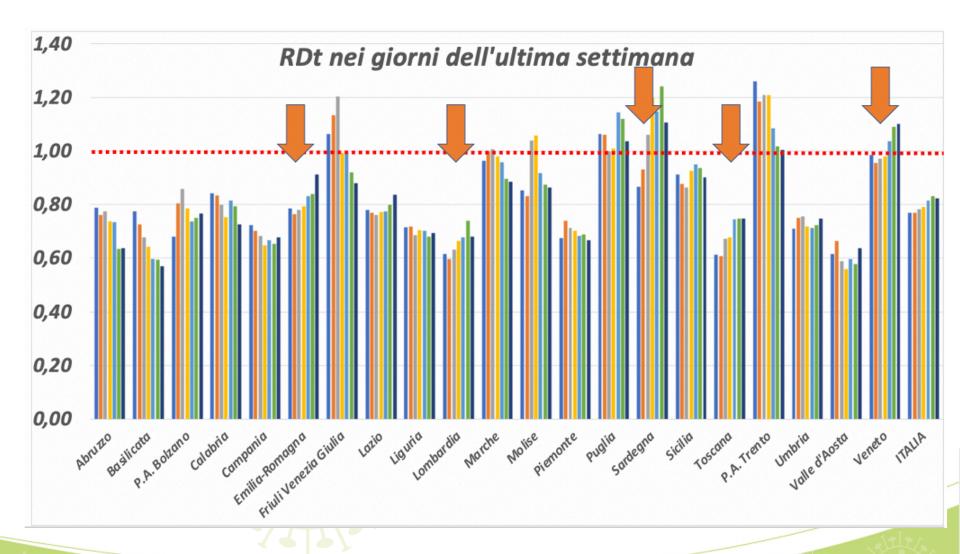


AP of Bolzano

Predictive model of impact of screening-partecipation on Rt-Value



RDT Values (Italy)



Next steps

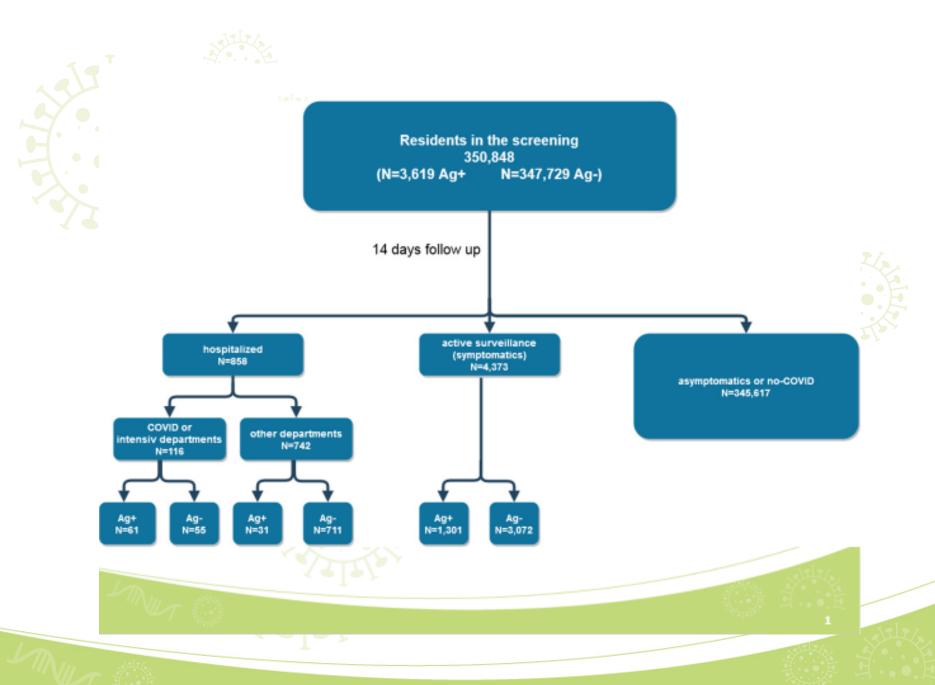
Monitoring the epidemiologic situation

Monitoring South Tyrol is a initiative with a sample of **20.000** citizens throughout the province with the aim of control the epidemiologic situation (weekly sample: 4.000 people). Furthermore, 900 school employees and 300 high school students will participate to the monitoring. The tests will be carried out on a voluntary basis every month - from December to March. The first tests are scheduled to take place next week. In order to gather as much information possible, the project-partner are ASTAT (provincial institute of statistics) and EURAC (Institute of Research).

Next steps

Monitoring the epidemiologic situation

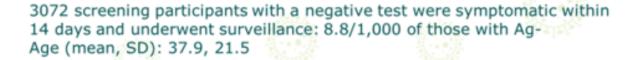
- Sectorial tests, such as those carried out during the summer months on tourism workers, will also be repeated.
- Monitoring various work environments
- Monitoring Social facilities (not only for the elderly)
- Wastewater monitoring in collaboration with the Agency for the Environment and Climate Protection (Appa): a pilot project on wastewater analysis to detect the presence of the virus.
- **High school students** (98,000) and teachers on a monthly basis until the end of the emergency where it seems that it is the teachers who are most affected.



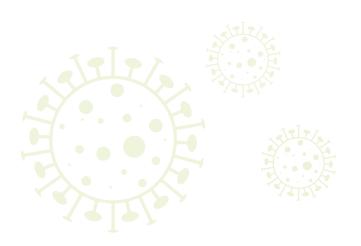


55 screening participants with a negative test were admitted within 14 days to covid or intensive care units: 15.8/100,000 of those with Ag-Age (mean, SD): 63.8, 19.4

Days between testing and admission (mean,SD): 7.7, 3.6







Thanks for your attention



