Croydon Council

Identifying and responding to Covid-19 clusters in Croydon: A surveillance protocol

1 September 2020

Purpose of the surveillance protocol

Identifying and acting on early warning signs is a crucial part of Croydon's joint outbreak response.

The purpose of this document is to describe the steps taken on a daily and weekly basis to identify concerning patterns of Covid-19 infection.

The surveillance protocol sits within the Data Hub allowing the Hub to achieve its assurance role as per theme 1 of the Data Hub Terms of reference. (To provide assurance of rapid case identification, outbreaks and hotspots, monitor their management and evaluate the effectiveness of interventions).

Protocol summary

Croydon Public Health are notified of emerging and evolving situations through several routes:

- Reports of outbreaks from the Public Heath England's (PHE) London Health Protection Team (London Coronavirus Cell – LCRC)
- Direct report from settings such as care homes, hospitals, schools, employers
- Daily reporting and review of data
- Croydon data hub
- Soft intelligence e.g. Covid-19 complaints re: premises; unlicensed events; anti-social behaviour interventions to disperse large groups etc.

Once cases are identified PHE LCRC and Croydon Council carry out and support risk assessments with the settings. The Croydon Council Director of Public Health in conjunction with PHE LCRC will decide if an incident management team needs to be convened (see Croydon Outbreak Control Plan).

COVID19 data investigation and use

<u>Daily</u>

Every week day at 8:45am the core membership of the Data Hub consisting of public health analysts and public health specialists, meet to discuss the data and other soft intelligence that was received the previous day to identify any concerning patterns of infection. Discussions are held regarding possible risk level escalation and action required (see Appendix 1). At weekends, data is reviewed by the Public Health Consultant on the rota and they make any decisions for action.

<u>Weekly</u>

On a weekly basis, more in-depth analysis is conducted by the data team across all reporting streams and a report of any relevant new information is provided to the Data HUB core membership. As new data is made available, the sources of this in-depth analysis will be updated. Currently the key sources are:

- New cases reported by PHE, incidence rates and trends
- Reporting from NHS Test and Trace tool
- Testing information; numbers being tested, those positive and those void
- New deaths occurring, where these took place, excess deaths, rates and trends
- Inequalities data and demographic breakdowns
- Outbreaks / situations

- R-rate and other exceedance reporting of observed vs expected cases

Decisions to take more detailed investigation / action

A decision to undertake more detailed investigation, consider preventative action or convene an IMT will be based on a combination of several factors and the data team are limited by the information that is provided to them.

In Croydon, key indicators which are reviewed include:

- **Testing positivity.** Nationally, this is rated as green (0-4%), amber (4-7.5%) and red (7.5% +). Given Croydon's current small numbers and to ensure a local early warning system in Croydon this is rated as green (0-3%), amber (3-4%), red (4% +).
- **7-day incidence (per 100,000 population).** Nationally, this is rated as green (0-25), amber (25-50) and red (50+). Given Croydon's current small numbers and to ensure a local early warning system in Croydon this is rated as green (0-15), amber (15-25), red (25+).
- **14-day incidence (per 100,000 population).** Nationally, this is rated as green (0-50), amber (50-100) and red (100+). Given Croydon's current small numbers and to ensure a local early warning system in Croydon this is rated as green (0-30), amber (30-50), red (50+).
- **Contact tracing.** Although not used as a trigger nationally, locally we monitor the % of contacts identified in Level 2/3 of the NHS Test and Trace tool who have provided the appropriate information to the system. Locally, this is rated as green (85% +), amber (60-85%), red (less than 60%)
- **Exceedance.** Reports provided to us by PHE detailing the number of expected cases, the number of observed cases and the local R-rate is monitored on a daily basis. Given the small numbers currently being seen in Croydon this is used for contextual information only and does not serve as a trigger in itself.
- **Testing rate (per 100,000).** Locally this is also monitored as a contextual indicator to understand the amount of testing taking place within the population and does not serve as a trigger in itself.

Additional flags for concern include:

- A sharp increase in numbers of cases or test positivity rates
- Gradual increase in numbers of cases or test positivity rates
- Tight geographic clustering
- Indication that a particular demographic or age group is affected
- Concern based on local intelligence
- Concern based on setting information available

Further investigation is carried out using the available information.

- Discussion with service lead/directors
- Discussion with LCRC/Track and Trace
- Discussion with setting

If the intelligence sources indicate that there is an area of concern:

1. The data team (or on-rota public health team) informs the Director of Public Health
2. The Director of Public Health will investigate or direct the relevant team to investigate.
3. A risk assessment k is undertaken and
4. The need for an incident management team considered in collaboration with PHE LCRC.

Reporting routes

Reporting routes, report content and frequency to the wider council are outlined in figure one below

Figure 1: Data and Reporting

Report	Source	Details	Updated	Reported To
Interactive postcode map	LCRC, LSAT postcode data	Maps cases and outbreaks to monitor potential community clusters	Daily	Core members only. Discussed at 8:45 meeting
PHMT Daily Data	PHE, LCRC, CHS, Pillar 2 testing dashboard	R-rate, number of new cases (inc postcodes & ages), outbreaks and deaths (in CHS or of care home residents), testing positivity % and testing rate, contact and case completion in test and trace tool, plus commentary	Daily	Core members only. Discussed at 8:45 meeting
Becc dashboard	LCRC, CHS	Number of new outbreaks, cases and deaths (in CHS or of care home residents)	Daily	Gold
New cases graph (rolling avg)	Published data	Graph showing rolling average of new cases against key COVID milestones	Weekly	Silver
Weekly test and trace data	PHE, Pillar 2 testing dashboard	Numbers of tests and cases / contacts managed within NHS Test and Trace. Number of pillar 2 tests and positivity rates	Weekly	Core members only. Discussed at weekly in-depth meeting.
Weekly BI dashboard	Published data	Numbers of cases, care home outbreaks, deaths and excess deaths within Croydon	Weekly	Discussed at weekly in-depth meeting. Health Protection Board (bi-weekly) Also shared with wider council membership
Postcode data	PHE	Maps of cases and analysis on age/gender, ethnicity, occupation and deprivation.	Monthly	Core members only. Discussed at in-depth meeting on a monthly basis.

If a significant issue or cluster is identified that needs further action this will be discussed with the PHE LCRC leads at the earliest opportunity.

In the instance of a significant issue or cluster being identified the Council Chief Executive / Executive Leadership team will be notified in line with agreed protocols outlined in the Croydon Outbreak Control plan and Outbreak manual.

Data sources and data gathering process

Figure 2 below sets out the steps taken on a daily basis to gather the surveillance data.

Figure 2 Data gathering process

Step	Action	Responsibility	Comments
1	LSAT Postcode data and LCRC data received via email. Forward these to all core members of the data hub	Director for Public Health	Usually around midday / early afternoon
2	Details from these reports are added to the PHMT Daily Spreadsheet	Carol Lewis	During absence (including weekends), this is completed by whoever is on the rota that day
3	Details from these report are added to the PowerBI Postcode map and link is shared with core membership for them to review	Carol Lewis	To be done on weekdays / when Carol is in the office only
4	Reports from restricted PHE extranet are reviewed (specifically the daily exceedance report and daily contact tracing report) and appropriate details added to the PHMT Daily Spreadsheet	Carol Lewis	During absence (including weekends), this is completed by whoever is on the rota that day. To be done at the end of the day when all reports have been loaded onto the site
5	Restricted NHS Pillar 2 Testing Dashboard is reviewed and appropriate details added to the PHMT Daily Spreadsheet (specifically 7-day test positivity and 7-day testing rate)	Carol Lewis	During absence (including weekends), this is completed by whoever is on the rota that day. To be done at the end of the day when data is most up-to-date
6	Emails from CHS reporting any new cases or deaths are received by exception. If received, forward these to all core members	Director for Public Health	Received only when there is new data to report, if no email received assumption is that there is no change
7	Details from CHS are added to the PHMT Daily Spreadsheet	Carol Lewis	During absence (including weekends), this is completed by whoever is on the rota that day.
8	Information within the PHMT Daily Spreadsheet reviewed, discussions held regarding possible actions	Core membership	At weekends, data is reviewed by whoever is on rota and they make any decisions for action
9	PH Data for the becc dashboard updated and email sent to becc team informing them of the update	Carol Lewis	Before 9:30am each day. Not required during weekends. During absence this is completed by whoever is on the rota that day.

Appendix 1: Escalation Levels

Indicators – these are the range of data that is analysed by public health specialists daily who will make a decision regarding level of escalation. See Surveillance Protocol for more details on the data used to assess current risk levels.

Potential Actions – this is a menu of actions that will be considered at each escalation level by the responsible

Risk Level	Indicators	Potential Actions for consideration	Responsibility and escalation
Level 1	Number of cases low <15 per 100,000; no observed clusters of infection in any particular setting, geography or population. Some localised outbreaks	**Business as usual** • Mass media campaigns - Reinforcing prevention messaging via keep Croydon Safe campaign • Increased communications in areas of low testing • Strengthen Community outreach and support • Infection Prevention Control (IPC) – promoting good IPC in care homes, schools and businesses Targeting IPC support to settings with small outbreaks • Review premises complaints to target IPC messages • Prevention and dispersal of unauthorised events • Publication and promoting of local data on levels of Covid-19 and risk • Contact individuals identified by T&T as 'vulnerable' to assess support needs	Covid-19 Health Protection Board Updates to Council Silver and DPH Assurance reports to Gold. DPH to advise Gold Chair of potential transition to amber
Level 2	Number of cases increasing across the borough or in parts of the borough (15-25 per 100,000); clusters linked particular setting, geography or population; increase in testing positivity; local intelligence indicating non-adherence to social distance.	**All of the above plus:** • Increased targeted comms and use of community champions in high incidence areas • Widen testing options – e.g. Local testing sites and additional MTU site for asymptomatic and symptomatic – targeted to high risk locations/ occupations • Review and cancellation of planned events • Use of public community safety orders to restrict activities • Mobilisation of local contact tracing to strengthen national programme • Setting specific measures in an outbreak	Covid-19 Health Protection Board Notify Silver IMTs established to managed setting based large outbreaks and community clusters Advise Gold of additional actions being taken

Risk Level	Indicators	Potential Actions for consideration	Responsibility and escalation
Level 3 and/or National Amber - Area of Enhanced Support	No. of cases 25 plus per 100,000 (96 plus cases a week); Increase in number of situations linked particular settings, geography or population;	**All of the above plus:** • Close settings driving epidemic (e.g. pubs, workplace, community facilities) • Household specific communications regarding additional measures • Reintroduce epidemic controls • Mandatory masks • Restrict social contacts • Restrict religious gatherings • Blanket care home visitors suspension • Encourage residents not to mix with other households in affected areas e.g. ban on visitors to households • Close open air public areas Consideration for transport impacts • Isolation/asymptomatic testing/tracing of key at risk individuals • Increase community safety presence and increased enforcement of Covid19 regulations • Preparation for reintroduction of shielding	**Notify Gold re: Area of Enhanced Support** **Convene Silver level IMT** Gold will be informed that an IMT is being convened, Minutes/action notes of each IMT meeting will be sent to Gold members within 24 hours of meeting, Gold will be informed of any engagement plan arising from an IMT, Gold will be informed as soon as it is agreed that an enforcement plan needs to be developed
Level 4 National Area of intervention	Infection rate >50 per 100,000 over 7 days	**All of the above plus:** • Consider social and economic restrictions (i.e. local lockdown, curfews) • Close community health facilities to face to face appointments • Reintroduction of shielding • Target intervention dependent upon drivers	**Gold level IMT supported by DHSC**