



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

# COVID-19 Test, Trace and Protect Transition Plan

24 March 2022

## TEST, TRACE AND PROTECT – TRANSITION PLAN

### Purpose

1. The purpose of this document is to set out a Transition Plan for changes to Test, Trace and Protect in Northern Ireland. With this plan the purpose of test and trace will change and arrangements will become more proportionate, targeted and focused in order to protect the most vulnerable in our society.
2. Based on public health advice and taking account of the current and evolving pandemic situation, now is the right time to review and refresh our approach to testing, contact tracing and isolation in Northern Ireland. The changes set out in this Plan will continue into the future to ensure timely and effective support and care for our most vulnerable and will retain and prioritise test and trace for those people and those areas where it is needed most. There will no longer be a need for the large scale test and trace system that has been required to date.
3. There will be no changes immediately. The first changes will take effect from the 22 April 2022 with further planned changes taking place during a period of transition through to end of June. The exact timing of some of the changes will be kept under review and will be determined by the pandemic trajectory. This transition period will help give us all time to adjust and become familiar with these important changes. In the interim, everyone is strongly encouraged to continue to follow existing public health guidance.

### Background and Introduction

4. The Department of Health's COVID-19 Test, Trace and Protect Strategy (May 2020)<sup>1</sup> sets out a programme of short, medium and longer-term actions, aimed at reducing the spread of the COVID-19 virus among the population in Northern Ireland and in doing so preventing serious illness.

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<sup>1</sup> [Microsoft Word - Test-Trace-Protect-Support-Strategy \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/microsoft-word-test-trace-protect-support-strategy)

5. The Strategy was developed and implemented at a phase in the pandemic when neither a vaccine nor specific treatments for COVID-19 were available and the disease was resulting in high rates of serious illness, hospitalisation and death among those infected. The Strategy acknowledged that test, trace and isolate would become a part of everyday life in Northern Ireland until an effective vaccine was developed and a vaccination programme for COVID-19 delivered to the people of Northern Ireland. Identifying cases through widespread testing and isolating cases and their contacts, has been a proportionate response to date given the consequences of the infection spreading in the population prior to widespread vaccination and specific treatments for COVID-19.
6. As we have moved through the pandemic, we have constantly reviewed and updated our position in light of the latest public health and scientific evidence and advice. Now is the right time to move to the next phase in our test, trace, protect strategy. We will transition to a more targeted approach which focuses test and trace activity to protect and support our most vulnerable and those at highest risk of serious illness should they contract COVID-19.
7. The engagement of people across Northern Ireland with the test and trace programme has been remarkable. We would like to thank the public for their co-operation in adhering to the public health advice and for their willingness to engage with test and trace and to self-isolate when advised to limit transmission and protect themselves and those around them. We acknowledge the sacrifice that people have made during what has been an extremely difficult period in so many ways.
8. We would also like to express our immense gratitude to all those who have worked to deliver an effective and invaluable test and trace service in order to protect the population in Northern Ireland. We would also like to thank health and social care staff who have done so much throughout the pandemic to care for patients and the vulnerable in our population.

## Current COVID-19 pandemic context

9. We are now at a very different stage of the pandemic. The vast majority of the adult population has been fully vaccinated and more than half have been boosted, with further boosters planned for those people at higher risk of infection. Our vaccines are working and have dramatically reduced the risk of serious illness requiring hospitalisation for those infected with COVID-19.
  
10. The vaccination programme combined with the fact that a significant proportion of the population have been infected and recovered means that the Northern Ireland population has a high level of immune protection against the virus which causes COVID-19.
  
11. There are now new COVID-19 specific treatments available in Northern Ireland that reduce the risk of serious illness in those who are at higher risk should they become infected. These were not available in earlier waves. Systems are already in place to enable those eligible for the new treatments who test positive to receive them. We will continue to strengthen and enhance these clinical pathways. The vaccination programme remains our first line of defence against COVID-19 and the addition of these treatments bolsters our ability to protect vulnerable patients and reduce their risk of developing serious illness.

## Continuing with key protective behaviours

12. Over the last two years we have all adopted a number of protective behaviours such as social distancing, wearing face coverings and meeting others outdoors. We should continue with these important routines to continue to reduce spread of the virus. There is no change recommended at this time to the range of protective measures and behaviours that we have in place and we should all continue to adhere to these (see **Annex A**). The latest guidance

on things we should all do to reduce the risk of catching and spreading COVID-19 can be found on NI Direct<sup>2</sup>.

13. Rates of COVID-19 infection in the Northern Ireland population are currently extremely high. The proportion of those infected going on to become seriously unwell and needing hospital treatment has greatly reduced. However, due to the high prevalence COVID-19 is still causing illness and disruption across society. While the remaining legal COVID-19 restrictions have been removed, following the guidance for example on good ventilation, keeping social distance and wearing a face covering remain extremely important to reduce transmission of the virus.

### **Changing purpose of test and trace at this stage in the pandemic**

14. Based on public health advice and taking account of the current and evolving pandemic situation set out above, now is the right time to review and refresh our approach to testing, contact tracing and isolation in Northern Ireland. Similar reviews have recently taken place across the other UK nations and in the Republic of Ireland.

15. It is no longer necessary or proportionate to continue to test, trace and isolate across the whole population at the scale we have seen to date. Our approach up to now has aimed to suppress virus transmission by using widespread testing to find as many positive cases as possible and to isolate them and their close contacts. This approach has been disruptive but was necessary and proportionate at a time when the population was unvaccinated and COVID-19 treatments were not available. We are now in a very different phase of the pandemic.

16. Now is the right time to transition to a more targeted approach to test and trace. Going forward, key aims of test and trace will be:

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<sup>2</sup> [Coronavirus \(COVID-19\): how to stay safe and help prevent the spread | nidirect](#)

- To **reduce serious illness** and support clinical care in the most vulnerable by ensuring testing and a supporting clinical pathway is available for those who are eligible for COVID-19 treatments and to inform clinical care.
- To **protect and support those in the highest risk settings and the safe delivery of care**.
- To inform expert public health advice, risk assessment and **outbreak management** when required.
- To understand and monitor the disease trajectory including the emergence of new variants through an **effective surveillance system**.
- To support a **contingency plan** that can be deployed at short notice to respond to a new COVID wave, the emergence of a new variant or other changes.

17. There will be **no change** to test and trace immediately and we recommend that people continue to follow all current guidance and should test in the usual way should they develop symptoms and isolate where that test returns a positive result. We will move to the more focused approach for test and trace in a managed way. The changes will be introduced on a phased basis as set out below with a period of transition commencing **22 April 2022** through to a steady state for test and trace from the end of June onwards. A summary of the key changes from 22 April are set out at **Annex B**.

### **In the period after 22 April 2022 and up to the end of June**

#### [Symptomatic Testing \(testing for those with symptoms\)](#)

- PCR testing for most people in the general population will **cease on 22 April**. Public facing test sites for the general population will close from that date. Access to PCR for the small group who remain eligible for PCR testing will be via the home ordering service.
- **From 22 April** most people with symptoms of COVID-19 will be advised to test using Lateral Flow Tests (LFDs) instead of booking a PCR. If they test positive they will be advised to isolate and use LFD tests to

release from isolation from day 5/6 as at present. This will be kept under review and could remain in place up to the end of June depending on disease trajectory.

- At an appropriate time during the transition period, we anticipate that guidance will be amended for most people to remove the need to test if symptomatic. We will move instead to general public health advice for most of the population to take appropriate precautions if unwell, for example to stay at home where possible and to limit contacts.
- A mix of PCR and LFD testing will remain for those for whom it is recommended for clinical reasons and to support treatment and safe delivery of care.

#### [Asymptomatic Testing \(testing for those with no symptoms\)](#)

- Routine asymptomatic testing will continue to be available to support those living, working and visiting high risk settings. This will be kept under continuous review.
- Advice to the general public to regularly test with LFD will cease **from 22 April 2022** and access to free LFDs for that purpose will also cease from that date.
- Routine asymptomatic workplace testing will cease **on 22 April 2022**. Asymptomatic testing for health and social care staff will continue and be kept under review.
- Routine asymptomatic testing in most education settings (mainstream schools, early learning and childcare, universities and further education colleges) will cease **at the Easter break**. Asymptomatic testing in special schools will continue after Easter and will be kept under review. It may continue until the **end of June**.

#### [Contact Tracing](#)

- Routine population level **Contact Tracing** will be phased out between **22 April and the end of June**. During this period contact tracing will also continue to manage complex cases, high risk settings and complex outbreaks.

- The Public Health Agency will retain core capability to deliver contact tracing as required beyond the end of June.
- There is no immediate change to the current public health and [isolation advice for cases and close contacts on NI Direct](#). This will be kept under review and updated guidance will be published at an appropriate stage during the transition period.

#### Steady State beyond the transition period

18. A steady state for test and trace will be reached by the end of June at the latest. All measures will be kept under review in the transition period with some change possible at an earlier stage taking account of disease trajectory and following public health assessment. When we reach the steady state the following will apply:

- LFDs will no longer be advised for most people with symptoms. Most people with symptoms will be advised to take appropriate precautions if unwell, for example to stay at home where possible and to limit contacts.
- Access to testing will remain for those for whom it is recommended for clinical reasons and to support treatment.
- Routine asymptomatic testing will continue to be advised for those living, working and visiting health and social care settings including hospitals and care homes and other high risk settings in line with public health advice. This will be kept under review.
- Routine population contact tracing will no longer take place.
- Test and trace activities will continue to be delivered by the PHA as required based on public health advice including as part of outbreak management.

19. For any purpose for which testing continues to be advised as set out above, free access to testing will be retained throughout the transition period.

## Test and Trace as part of the steady state

20. From the end of the transition period and onwards for the longer term, test and trace which is targeted and proportionate to risk will continue to play an important part in the management of the COVID-19 into the future. While all measures will be kept under continuous review, in summary, the future approach will encompass the following:

- **Test to Treat** – testing will continue to be available to ensure timely and accurate diagnosis for those who could benefit from COVID-19 treatments. This will help support those at higher risk of developing serious illness who are eligible for the new treatments. Testing resource will focus on those individuals for whom the test result will inform clinical care and treatment.
- **Test to Protect** – testing will continue to be made available to support those living, working and visiting health and social care settings including hospitals and care homes and other high risk settings in line with public health advice. This testing will be as part of the suite of mitigations in place to help ensure safe clinical and social care pathways and to reduce the risk of spread of infection in high risk settings. There will be continued testing of health and social care staff, both those who are symptomatic and a regular programme of targeted asymptomatic testing to reduce the risk of transmission to vulnerable individuals.
- **Outbreak Management** – there will be continued use of proportionate and targeted test and trace in the management of outbreaks. The Public Health Agency will continue to provide expert public health advice and risk assessment in the management of outbreaks where required across a range of settings, with a continuing strong focus on high risk settings such as care homes. The use of control measures including test, trace and isolate will be determined on a case by case basis.

- **Surveillance** – Effective surveillance will be very important going forward in order to effectively monitor virus progression and to identify early the emergence of new variants so that an appropriate public health response can be delivered. We will build on learning from the pandemic response to enhance our existing surveillance systems and arrangements for COVID-19 and other respiratory viruses and to deliver a robust and integrated surveillance strategy for the longer term.
- **Contingency Arrangements** – we will continue to focus on developing flexible and agile contingency arrangements for test and trace, which can be scaled as required into the future, in the event of a new variant or significant wave. Contingency planning includes provision for core test and trace capacity and capability which can flex in response to emerging risk. Arrangements will be practical and capable of being deployed at pace to ensure rapid delivery of an effective public health response, whether that is to respond to further outbreaks, waves or a new variant. Plans will be developed and integrated at local and UK level as required.

21. As we move to the next phase of the pandemic response, the Department will continue to keep a core focus on supporting and protecting the most vulnerable people in our society. As we have implemented Test, Trace & Protect measures to date we have sought to identify and minimise any negative impacts on the population including on Section 75 groups. This work will continue as we implement the Test and Trace Transition Plan. The Department and the wider health and social care network will continue to monitor the impact of COVID-19 on health outcomes, reviewing and updating equality impact assessments as necessary and will take action to address any negative impacts identified.

## Conclusion

22. We have all learnt how to protect ourselves and those closest to us from COVID-19 infection over the past two years. This knowledge and continued vigilance will still be required in the months ahead. While we all hope for a

more positive future as we move into the next phase of managing our response to COVID-19, there is still some way to go before COVID-19 is eradicated or causes zero harm. We all have a role to play in continuing to help protect and keep safe our families, our communities and those at higher risk by continuing to follow the guidance. Everyone should continue to keep themselves updated on the latest public health advice contained on NI Direct<sup>3</sup>.

23. Taking account of public health advice and the evolving pandemic situation, now is the right time to set out this review and to refresh our approach to testing, contact tracing and isolation in Northern Ireland. The planned changes set out in this Test and Trace Transition Plan represent significant change for us all. The phased implementation of the plan will give everyone time to adjust.

24. With this Transition Plan the purpose of test and trace is changing and arrangements will become more proportionate, targeted and focused in order to continue to protect the most vulnerable in our society. Test and trace will remain crucial as we move forward together and this Plan will enable us to remain vigilant and prepared. Testing will continue to support safe care for our sickest and most vulnerable; to protect those living and working in high risk and other vulnerable settings, and to support public health outbreak management, effective surveillance and contingency planning.

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<sup>3</sup> [Coronavirus \(COVID-19\) | nidirect](#)

### Actions to reduce the risk of COVID-19 transmission

VACCINE	Get vaccinated and boosted	
	NO CHANGE	
FACE COVERINGS	Wear face coverings in health and social care settings, on public transport and in enclosed indoor settings	
	NO CHANGE	
MEETING OTHERS	Meet outdoors where possible or in well ventilated indoor spaces	
	NO CHANGE	
SOCIAL DISTANCING	Keep a safe distance between you and anyone outside of your household where possible	
	NO CHANGE	
HANDWASHING	Wash your hands regularly and cover coughs and sneezes	
	NO CHANGE	
TESTING IF YOU HAVE COVID-19 SYMPTOMS	Take a PCR test and self-isolate immediately if you have symptoms	Take a lateral flow test and self-isolate immediately if you have symptoms*
	UNTIL 22 APRIL	STARTING 22 APRIL **
TESTING IF YOU DON'T HAVE COVID-19 SYMPTOMS	Take a lateral flow test before mixing with others, particularly vulnerable people	Take a lateral flow test if you are living in, working in or visiting high risk settings
	UNTIL 22 APRIL	STARTING 22 APRIL **

\* Some groups, including those at higher risk of serious illness, may be eligible to receive PCR or lateral flow tests for additional reasons. You can visit [nidirect.gov.uk/testing](https://nidirect.gov.uk/testing) to check if you are eligible to receive tests.

\*\* As set out in the main document the end date will be kept under review.

**Annex B****Test and Trace Transition Plan Timeline**

<b>Starting 22 April 2022</b>
PCR testing will no longer be recommended or available for most people with symptoms. It will still be available to support the small group for whom it is recommended for clinical reasons.
Publicly accessible COVID-19 testing sites will close. Local Health and Social Care Trusts will continue to provide PCR testing to support clinical care.
The PCR home ordering service will remain available for the general public to support those for whom PCR is recommended.
Those with symptoms will be advised to use lateral flow devices (LFDs) to test instead of booking a PCR. This will be kept under review and could remain in place up to the end of June depending on disease trajectory.
Lateral flow tests will be available for those who test positive to support release from isolation at day 5/6. This will be kept under review and could remain in place up to the end of June depending on disease trajectory.
Routine asymptomatic testing will continue to be advised for those living, working and visiting health and social care settings including hospitals and care homes and other high risk settings in line with public health advice. This will be kept under review.
Asymptomatic LFD testing for the wider population will cease. Access to free LFDs for this purpose will cease.
Routine asymptomatic workplace testing will cease.
Routine asymptomatic testing in most educational settings (including mainstream schools, early learning and childcare, universities and further education colleges) will cease at the Easter break.
Asymptomatic testing in special schools will continue after Easter and will be kept under review. It may continue until the end of June.
Routine population contact tracing be phased out between 22 April and the end of June.
There is no immediate change to public health and isolation advice for cases and close contacts. This will be kept under review and updated guidance will be published at an appropriate stage during the transition period.