



UK Health
Security
Agency

Weekly statistics for NHS Test and Trace (England)

18 to 24 November 2021

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Main points

People tested, England:

- 268,245 people tested positive for coronavirus (COVID-19) at least once¹ between 18 November and 24 November 2021 – an increase of 5.8% compared to the previous reporting week (11 November to 17 November)
- 4,780,848 people were tested at least once between 18 November and 24 November 2021 for COVID-19 – an increase of 1.8% compared to the previous week

Pillar 2 testing turnaround times, England:

- in the most recent week, 74.6% of in-person tests were received within 24 hours, an increase from 68.0% in the previous week
- since the previous reporting week, the median turnaround time for home tests has decreased from 50 hours to 47 hours – the median turnaround time for satellite tests has also decreased from 40 hours to 38 hours

Distance to in-person testing sites for booked PCR tests, pillar 2, England:

- in the latest week, the median distance to in-person testing sites (pillar 2) for booked PCR tests has remained unchanged at 2.3 miles.

Positive cases transferred to NHS Test and Trace:

- 255,953 cases were transferred to the contact tracing system between 18 November and 24 November 2021, an increase of 14.0% on the previous week
- of the cases transferred to the contact tracing system between 18 November and 24 November 2021, 88.4% were reached and asked to provide information about their recent close contacts – this is a decrease from the 89.1% observed in the previous week

Close contacts identified by NHS Test and Trace:

- between 18 November and 24 November, 685,136² people were identified as coming into close contact with someone who had tested positive – the number of close contacts identified has increased by 12.8% from the previous week

¹ Deduplicated for the reporting week. For information on how the number of people are tested and tested positive in a reporting week is measured see the [NHS Test and Trace statistics methodology](#).

² The number of people identified includes duplicates as an individual may be named as a close contact for more than 1 case. See [NHS Test and Trace statistics methodology](#) for more information.

- for those where communication details were available, 91.4% of close contacts were reached and told to self-isolate in the most recent week – considering all contacts identified, 86.1% were reached in the most recent week

Managed Quarantine Service (MQS):

MQS figures from Tables 19 and 20 are not updated past the week ending 29 September 2021 (see the [Publication update](#) section for details):

- in the week 23 September to 29 September 2021, 409,077 people started quarantining at home and 3,133 people started quarantining in a managed quarantine hotel
- between 11 February 2021 and 29 September 2021, 5,228,471 people started quarantining at home or in a managed quarantine hotel

Test and Trace Support Payment Scheme (TTSP):

- as of 24 November 2021, local authorities have paid £184.8 million to 369,664 applicants since the start of the scheme
- over the previous week, local authorities reported payments of £3.4 million to 6,889 applicants
- in the last week, discretionary payments made up 44.6% of all TTSP

Introduction

The UK Health Security Agency (UKHSA) publishes weekly statistics on NHS Test and Trace (England) across all 4 testing pillars. The purpose of this publication is to provide a weekly update on the implementation and performance of NHS Test and Trace in England.

For NHS Test and Trace (England), this includes:

- Testing:
 - people tested for COVID-19
 - people testing positive for COVID-19
 - time taken for test results to become available
 - distance to in-person test sites for booked PCR tests
- Contact Tracing:
 - people transferred to the contact tracing system, and the time taken for them to be reached
 - close contacts identified, and the time taken for them to be reached
- Managed Quarantine Service (MQS):
 - people quarantining at home or in a managed quarantine hotel
 - number of PCR tests processed by international arrivals quarantining at home or in a managed quarantine hotel and how many of these were positive
- Test and Trace Support Payments:
 - number of payments and amount paid for successful TTSP claims, by week and local authority

Data collected for NHS Test and Trace is primarily for operational purposes and was not designed to track the spread of the virus. Studies into the spread of the virus in the UK are carried out by the Office for National Statistics (ONS). Further guidance can be found in [comparing methods used in the COVID-19 Infection Survey and NHS Test and Trace, England](#).

A list of data sources relating to the COVID-19 pandemic in the UK can be found at [COVID-19 statistics and analysis](#). A breakdown of all available testing and contact tracing data in the UK can be found at [Testing and contact tracing in the UK: summary of data](#). All data used in the report can be found on the [Weekly statistics for NHS Test and Trace](#) page. A full explanation of the data sources and methods used to produce these statistics can be found in the additional methodology document for [NHS Test and Trace statistics](#).

Data and methodology for the NHS COVID-19 app are available on the [NHS COVID-19 app support website](#).

Revisions to figures previously published

Figures given in previous releases are routinely revised each week going back to the start of Test and Trace for people tested for COVID-19, people testing positive for COVID-19, pillar 2 testing turnaround times, distance to in-person PCR test sites and contact tracing, to the start of the managed quarantine service for people quarantining at home or in a managed quarantine hotel, and to 15 February 2021 for number of PCR tests taken by international arrivals quarantining at home or in a managed quarantine hotel. The figures presented are based on a data cut several days after the end of the reporting period. This is to give time for data relating to the end of the 7-day period to be collected. Some data may continue to be collected after this period, and therefore may need to be revised over time.

Figures for pillar 1 testing turnaround times are not routinely revised as only minor changes occur to past weeks post-publication. Figures are only revised when substantial changes occur. More detail on routine revisions is given in the quality section.

Note that these routine revisions to data include the local authority level contact tracing data that is made available on the [weekly collection page](#). As past data is revised, subtracting figures given in the previous week from figures given in the current week will not give the total number of cases for that week.

For the release on 19 August 2021, the number of people starting their quarantine at home has been revised. This is due to the introduction of private provider provision of amber fully vaccinated services on 19 July 2021. This data can be found in Table 19 of the [accompanying data tables](#).

Publication update

This publication does not include information on the Omicron Variant of Concern. This data will first appear in Table 21 of this report due to be published on 23 December 2021.

As noted in the report published on 25 November 2021, this report will not be published on 30 December 2021 (for the period covering 16 December to 22 December 2021) and 6 January 2022 (for the period covering 23 December to 29 December 2021). This is due to data delivery and quality concerns anticipated over the Christmas and New Year reporting period. Normal publication routine will resume on 13 January with the report including the previously unreported 3-week period to 5 January 2022.

From 4 October 2021, [England's new travel system](#) came into effect with changes to the Managed Quarantine Service (MQS), countries and territories are now categorised as either red

list or the rest of the world. Eligible fully vaccinated passengers returning from countries and territories not on the red list, can now do so without having to quarantine.

Figures from Tables 19 and 20 in the MQS section have not been updated past the week ending 29 September 2021 as new statistics and tables are being developed to reflect change in MQS policy that became effective on 4 October 2021.

We expect the number of individuals tested in Table 21 for the latest reporting period (4 November to 24 November) to be revised upwards when the table is updated on 23 December 2021 as more data on LFD tests by international arrivals become available.

1. NHS Test and Trace

NHS Test and Trace was launched in England on 28 May 2020 and ensures that anyone who develops symptoms of COVID-19 can quickly be tested to find out if they have the virus. It then helps trace recent close contacts of anyone who tests positive for COVID-19 and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus. The flow of how people move through the NHS Test and Trace service is shown in [Figure 1](#). More information about NHS Test and Trace can be found at [NHS Test and Trace: how it works](#).

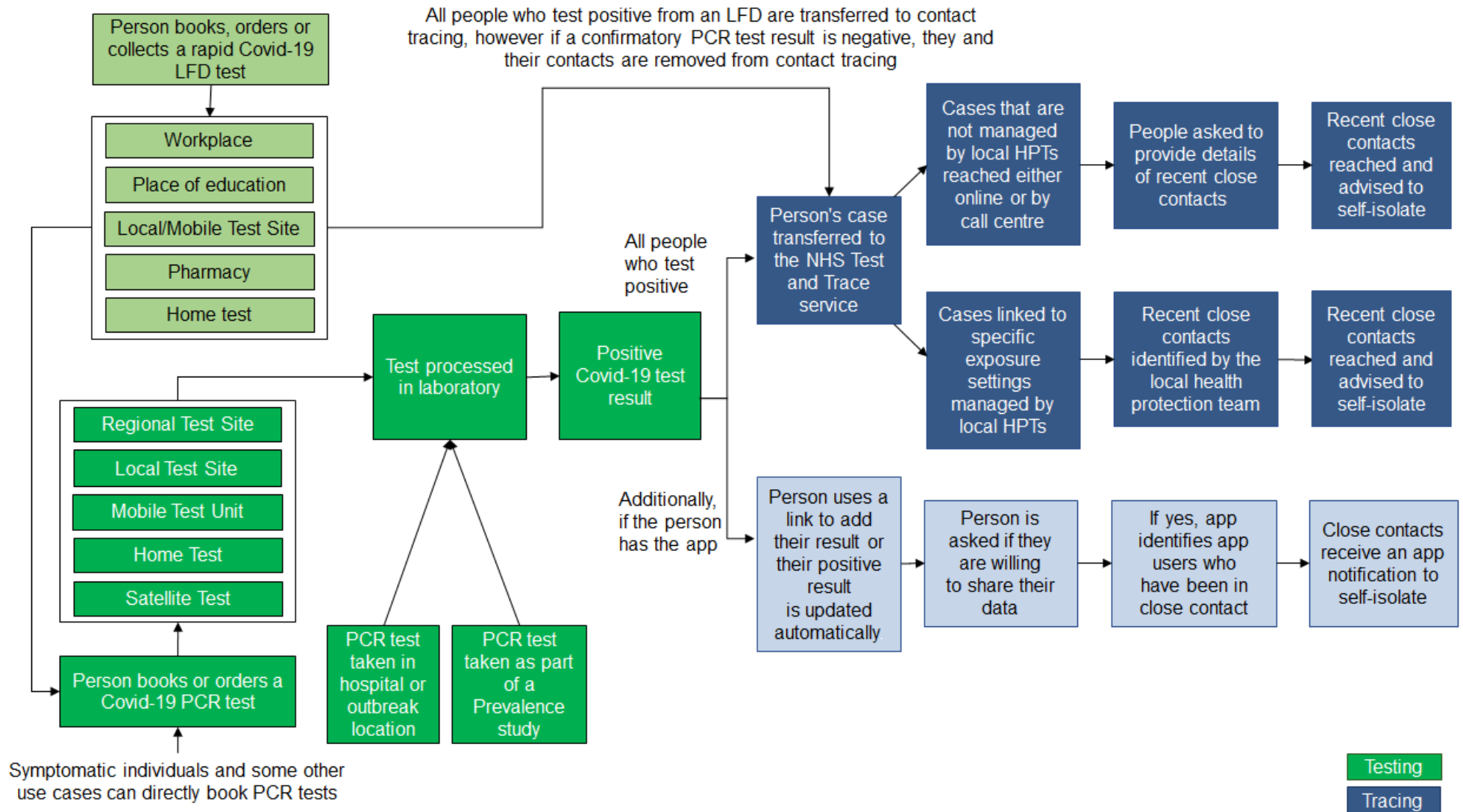
1.1 Testing in England

NHS Test and Trace starts with an individual taking a swab test for the virus, either in pillar 1 (testing in hospitals and outbreak locations), pillar 2 (national swab testing) or pillar 4 (prevalence studies). Those who go on to test positive will have their case transferred to NHS Test and Trace for contact tracing.

From 30 March, individuals who test positive from an LFD test are asked to take a confirmatory PCR test. A positive LFD result will continue to trigger contact tracing; however, NHS Test and Trace has introduced improvements to automatically inform anyone self-isolating from a positive LFD to stop isolating if the confirmatory PCR is taken promptly and is negative. These individuals will then be removed from the contact tracing process.

Statistics in this section are given for England only. Weekly figures for UK testing are available to download from the [weekly collection page](#) and are also available daily on the [coronavirus in the UK dashboard](#). Information on contact tracing in Scotland, Wales and Northern Ireland can be found directly from Public Health Scotland, the Welsh government, and the Northern Ireland Public Health Agency.

Figure 1. Number of LFD tests conducted in education, by phase of education, England



[Figure 1](#) shows the journey a person can take through NHS Test and Trace. This can start with either an LFD COVID-19 test, or a PCR COVID-19 test.

For those taking LFD tests, they can collect their test from their workplace, place of education, pharmacy or local or mobile test site. They can also order an LFD test to be delivered to their home. All people who test positive from an LFD are transferred to contact tracing, however if their confirmatory PCR test result is negative, they and their contacts are removed from contact tracing.

All those testing positive from an LFD test are instructed to take a confirmatory PCR test. In addition, symptomatic individuals and some other use cases can directly book a PCR test without taking an LFD test first. PCR tests may also be taken in hospital or outbreak locations or as part of a prevalence study. Booked PCR tests can either be conducted at a regional test site, local test site or mobile test unit; or a satellite or home test can be conducted. After tests have been taken, they are sent to a laboratory for processing. Once processed, a person will be emailed or texted their result.

If a person has a positive COVID-19 test result, then their case is transferred to NHS Test and Trace and can be managed in 1 of 2 ways. First, cases that are not managed by local health protection teams (HPTs) are reached either online or by a call centre. They are then asked to provide details of recent close contacts. These recent close contacts are then reached by NHS Test and Trace and advised to self-isolate. Second, cases that are linked to certain exposure settings are escalated to local HPTs who work to identify and reach recent close contacts and advise them to self-isolate.

Additionally, if the person has the app and used the app to book their test, their positive result is updated automatically. If they have the app but booked their test via a different route, then they can use a link to add their positive result to the app. Once their positive result is entered into the app, the person is asked if they are willing to share their data and if they say yes, the app identifies other app users who have been in close contact with the person who has tested positive. Close contacts then receive an app notification to self-isolate.

People tested and people testing positive, England

The headline figures reported in this publication for people tested and people testing positive include both lateral flow device (LFD) tests and polymerase chain reaction (PCR) tests, deduplicated for each reporting week.³ Information on the differences between these types of tests can be found in the methodology document for [NHS Test and Trace statistics](#).

³ Figures also include a small number of people tested using LAMP tests. See [NHS Test and Trace statistics methodology](#) for more information.

From 7 January 2021, positivity rate is not calculated as part of this publication but can instead be found on the [coronavirus in the UK dashboard](#) for PCR only positive cases in England. This is because the figures in this publication include both PCR and LFD tests and it is likely that LFD tests have a different positivity rate to PCR tests due to the use of LFDs in rapid testing. As the number of LFD tests conducted is increasing over time, a consistent positivity rate cannot be calculated using these figures.

A statistical commentary on rapid testing in England along with data tables for the number of tests conducted, broken down for LFD and PCR tests, is available on the [weekly collection page](#).

The number of people tested and number of people testing positive via PCR tests in each reporting week, by age, gender and local authority is also available on the [weekly collection page](#).

Between 18 November and 24 November 2021, 4,780,848 people were tested for COVID-19⁴ at least once, a 1.8% increase since the previous week.

[Figure 2](#) represents the trend in number of people tested for COVID-19 each reporting week by pillar since Test and Trace began. The number of people tested increased week on week since the start of reporting on 28 May 2020 until it reached its first peak in the week ending 17 March 2021 (6.2 million people tested). A further peak is seen in the week ending 8 September 2021 (6.4 million people tested).

The large increases and decreases in people tested since 8 March 2021 are due to the regular testing of students at schools using rapid tests. These increases and decreases align with the school calendar, with drops during holiday periods and subsequent increases when students return to school.

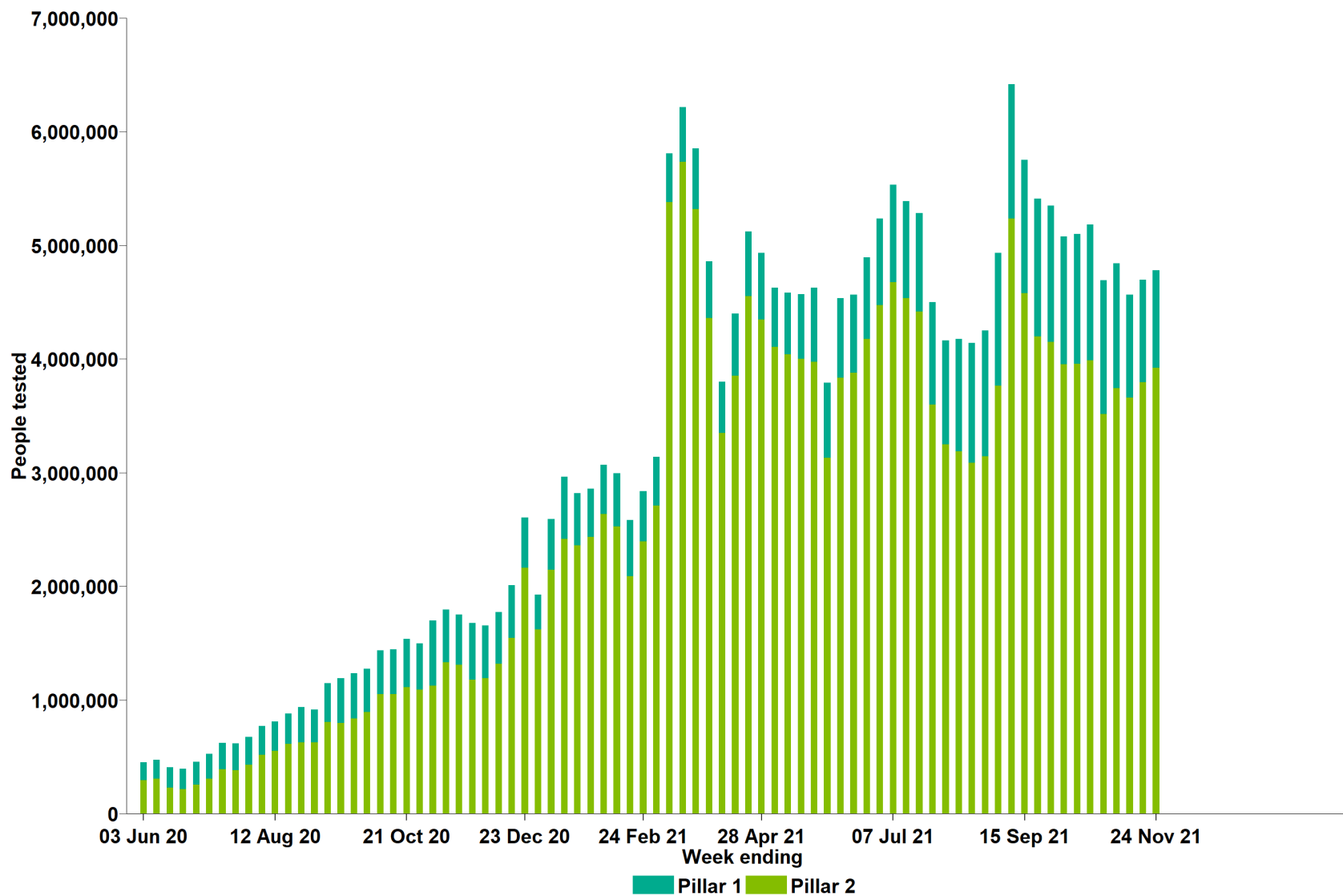
For more information on rapid testing in schools, see the rapid testing commentary available on the [weekly collection page](#).

Since the launch of Test and Trace (28 May 2020 to 24 November 2021), 46,306,862 people have been tested at least once.⁵

⁴ Deduplicated for the reporting week, methodology was revised from 15 October 2020. See [NHS Test and Trace statistics methodology](#) for more information.

⁵ Deduplicated since testing began and the end of the most recent reporting week. People tested multiple times in this time period will only be counted once. See [NHS Test and Trace statistics methodology](#) for more information.

Figure 2. Number of people tested for COVID-19 in each reporting week by pillar, England

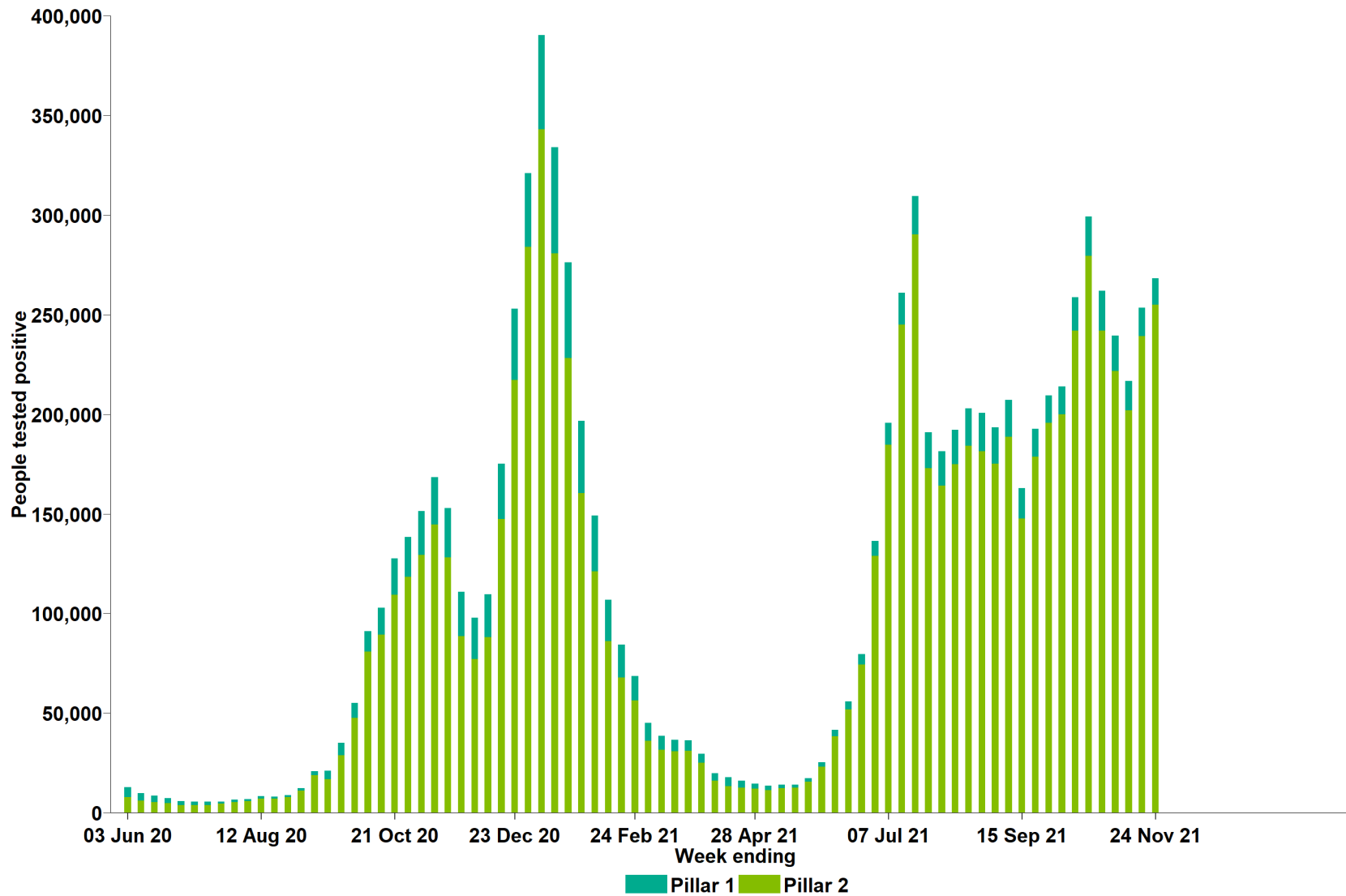


This data can be found in the 'table_1' tab of the 'NHS Test and Trace Statistics 28 May 2020 to 24 November 2021: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

Between 18 November and 24 November 2021, 268,245 people tested positive, a 5.8% increase from the previous week.

[Figure 3](#) represents the trend in number of people testing positive for COVID-19 each reporting week by pillar since Test and Trace began. The number of positive cases increased from August 2020 until it reached its highest peak week ending 6 January 2021 (390,286 people tested positive). It then declined week by week, reaching a trough in the week ending 5 May 2021 (13,455 people tested positive), before increasing again to the next peak in the week ending 21 July 2021 (309,503 people tested positive). The number of positive cases had been on the rise since week ending 15 September 2021, reaching a recent peak in the week ending 20 October 2021 (299,292). The number of positive cases has since declined to 216,575 positive cases in the week ending 10 November 2021 followed by an increase week on week to up to the current reporting week ending 24 November 2021 (268,245 people tested positive).

Figure 3. Number of people testing positive for COVID-19 in each reporting week by pillar, England



This data can be found in the 'table_1' tab of the 'NHS Test and Trace Statistics 28 May 2020 to 24 November 2021: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

Pillar 1 testing turnaround times, England

Pillar 1 testing refers to swab testing for the virus in UK Health Security Agency (UKHSA) labs and NHS hospitals for those with a clinical need, and health and care workers.

Since some pillar 1 tests are conducted in a hospital setting, it is not practical for those administering the tests to record the exact time that a test was taken. Therefore, the time taken to receive a COVID-19 test result is measured from the time that a test is received by a laboratory for processing to the time when the results are published to the Laboratory Information Management System (LIMS).

This data is only available from 9 July 2020 due to differences in the reporting methodologies between UKHSA labs. More details can be found in the [NHS Test and Trace statistics methodology](#).

In the latest week, over 19 out of 20 pillar 1 test results were made available within 24 hours of the laboratory receiving the test.

Between 18 November and 24 November 2021, 97.3% of pillar 1 test results were made available within 24 hours. Turnaround times for pillar 1 have been above 95% since the week ending 27 January. Since reporting began, 94.5% of test results have been made available within 24 hours.

Pillar 2 testing turnaround times, England

There are various routes for getting tested within pillar 2 (national swab testing) which has an impact on turnaround times.⁶ Data on the time taken to receive a COVID-19 test result for pillar 2 is split up to reflect this. These routes include:

1. In-person tests

These involve a person being tested in-person at a COVID-19 test site and include:

- regional test sites, which includes drive-through testing centres
- local test sites⁷, which are similar to regional test sites but specifically for walk ups
- mobile testing units, which travel around the UK to increase access to COVID-19 testing; they respond to need, travelling to test people at specific sites including care homes, police stations and prisons

⁶ For all measures of time taken to receive a COVID-19 test result, there are a number of tests that were not completed. This covers any test where the results were not communicated, which may be because communication details (for example, phone number or email address) were not provided or were incorrect, or because the test was cancelled or abandoned, or no result was available. It also includes some tests which are still being processed.

2. Satellite test centres

These include test kits provided directly to ‘satellite’ centres at places such as care homes that have a particularly urgent or significant need

3. Home test kits

These are delivered to someone’s door so they can test themselves and their family without leaving the house.

A lower proportion of home and satellite test results will be available within 24 hours of the test being taken compared to in-person tests due to differences in testing schedules and delivery of tests. Therefore, the percentage of test results received within 24 hours for in-person tests and the percentage of test results received within 48 hours for home and satellite tests are presented in this bulletin. The [accompanying data tables](#) contain all turnaround time windows for all testing routes.

There are normal fluctuations in this operational process which can sometimes cause the time taken to receive a test result to go over 24 hours, but still be turned around the next day. Therefore, we also provide the percentage of tests turned around the day after a test was taken where appropriate. The median turnaround times are also given as an indication of the average time taken.

Turnaround times are measured and reported in 2 ways:

- time from booking a test to receive a test result
- time from taking a test to receive a test result

All figures presented in this bulletin relate to time from taking a test. Both measures are available in full in the [accompanying data tables](#). More information on these definitions is in the [terminology section](#) and the [NHS Test and Trace statistics methodology](#).

Lateral flow device (LFD) tests are not included in this section on turnaround times as they do not require processing in a lab.

For the current reporting week, the median time taken to receive a test result from taking a test has remained the same for regional and local routes compared to the previous week, and has decreased for mobile, satellite and home test kit routes.

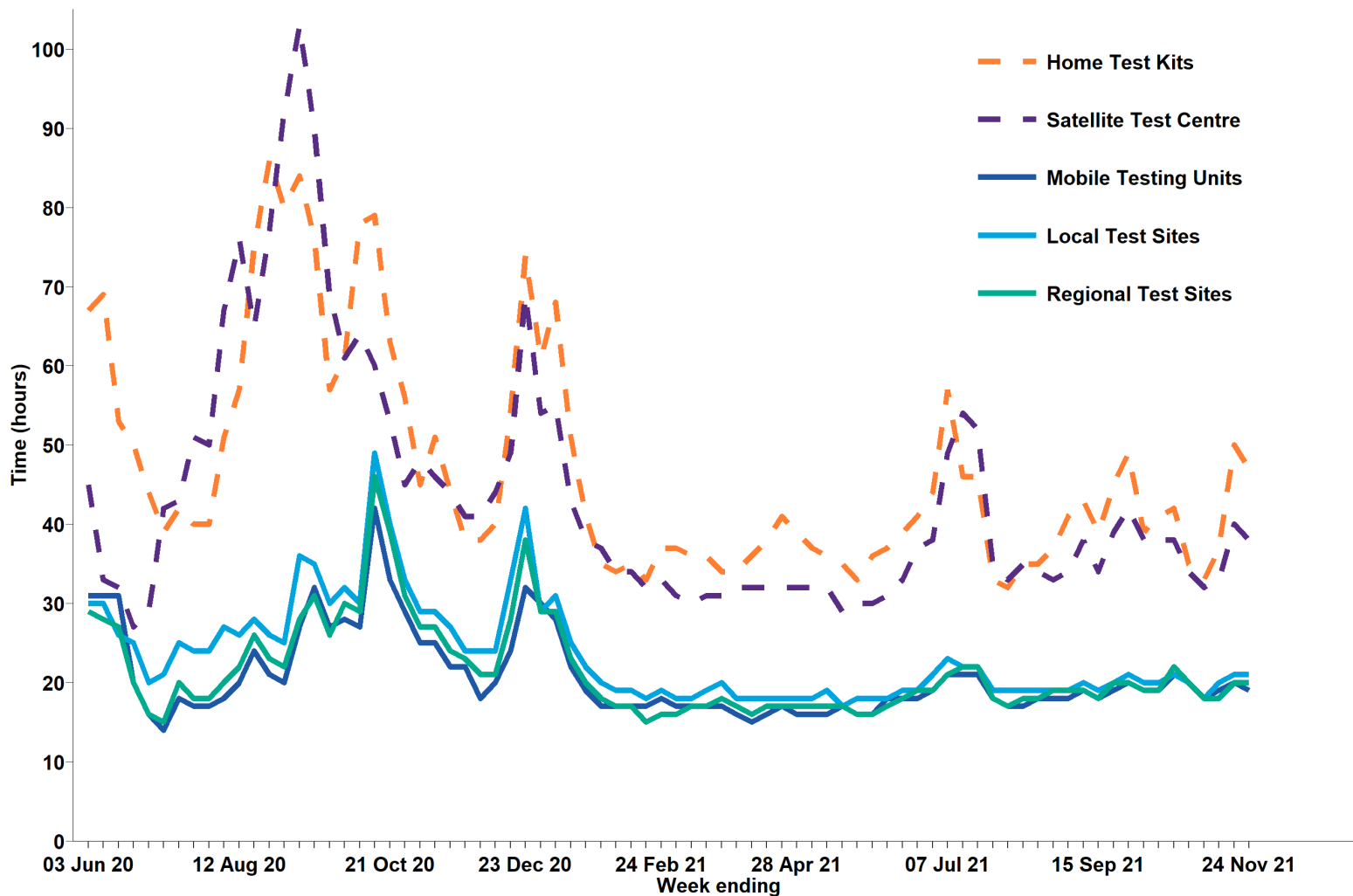
Table 1. Median time taken (hours) to receive test result, by route, England

Median time taken (hours) to receive test result	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 24 November 2021
Regional test sites	20	20	21

Median time taken (hours) to receive test result	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 24 November 2021
Local test sites	21	21	22
Mobile testing units	20	19	20
Satellite test centres	40	38	39
Home testing kits	50	47	44

[Figure 4](#) below represents the median time to receive test results from taking a test. The graph includes a comparison between different testing routes, which include Home Test Kits, Satellite Test Centre, Mobile Testing Units, Local Test Sites and Regional Test Sites. For more information, please see [Table 1](#) above, containing median times for recent test results.

Figure 4. Median time (hours) from taking a test to receiving test results by route, England



This data can be found in the 'table_8' tab of the 'NHS Test and Trace statistics 28 May 2020 to 24 November 2021: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

In the latest week, the percentage of test results received within 24 hours for in-person tests has increased. The percentage within 48 hours for home testing kits and satellite test centres has also increased.

In the most recent week, 74.6% of in-person test results were received within 24 hours, an increase from 68.0% in the previous week (96.0% of in-person tests were received the next day after the test was taken).

In the most recent week, 58.8% of test results were received within 48 hours for home test kits and satellite test centres, compared to 54.2% in the previous week. For satellite test centres, 88.8% were received within 72 hours, an increase from 81.6% in the previous week.

For all routes combined, 42.6% of tests from all test sites were received within 24 hours of a test being taken compared to 38.8% in the previous week.

Table 2. Percentage of results received within 24 hours (in-person tests) or within 48 hours (home and satellite tests), by route, England

Percentage of results received within 24 hours (in-person tests) or within 48 hours (home and satellite tests)	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 24 November 2021
Regional test sites within 24 hours	68.2	77.2	61.8
Local test sites within 24 hours	65.5	68.9	61.0
Mobile testing units within 24 hours	71.6	80.3	66.9
Satellite test centres within 48 hours	58.4	64.3	64.2
Home testing kits within 48 hours	46.4	49.3	55.3

Distance to in-person testing sites for booked PCR tests, pillar 2, England

The distance to testing sites for booked PCR tests is calculated as the direct distance between the approximate centre of a person's postal district and their chosen test location in straight line. This is reported as the median and associated percentiles for those who successfully booked a test at regional test sites, local test sites and mobile testing units in the latest week. More information is available in the [NHS Test and Trace statistics methodology](#).

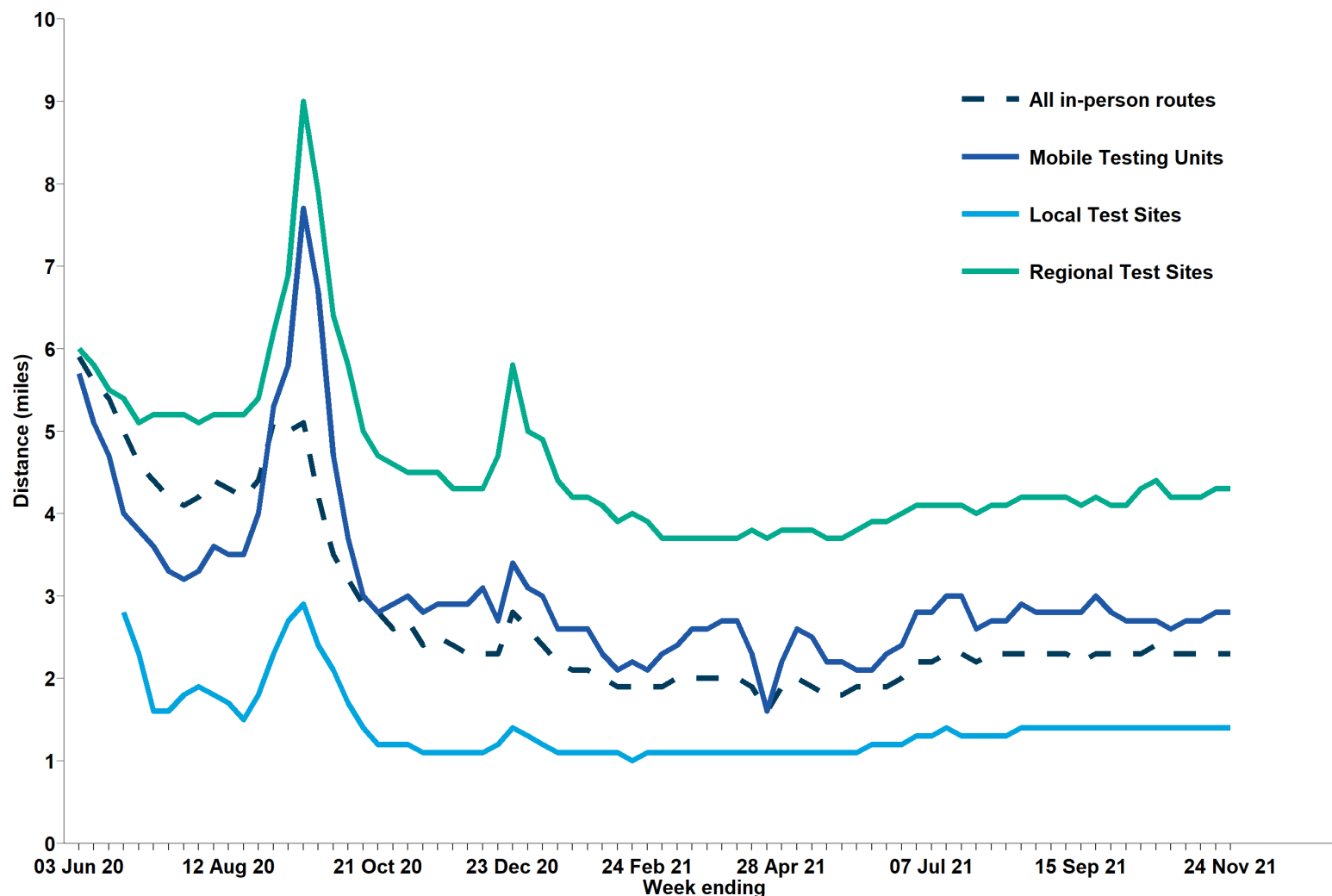
The median distance to in-person PCR testing sites for booked tests has remained the same as the previous week.

Between 18 November and 24 November 2021, the median distance to an in-person PCR test site has remained unchanged at 2.3 miles. This has been broadly consistent since the week ending 14 July 2021.

In the latest week 90% of people who booked a test at a test centre lived 9.8 miles or less away.

[Figure 5](#) below represents the median distance to testing sites for tests booked at in-person PCR test sites. The graph includes a comparison between in-person different testing routes, which include Mobile Testing Units, Local Test Sites and Regional Test Sites. Median distance for all in-person routes peaked between August 2020 to September 2020 and have since reduced overall.

Figure 5. Median distance (miles) to testing sites for tests booked at an in-person PCR test site by route, England



This data can be found in the 'table_9' tab of the 'NHS Test and Trace statistics 28 May 2020 to 24 November 2021: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

1.2 Contact tracing in England

Once a person has a positive test result for COVID-19⁸, this person is transferred to NHS Test and Trace and a case is opened for them. The number of positive cases transferred to the contact tracing system may not always align with the number of people testing positive for COVID-19. There are several reasons for this which are outlined in the [information for users](#) document.

Positive cases and their contacts which are linked to potential outbreaks in specific settings are handled by UKHSA local health protection teams (HPTs). These cases and contacts, previously known as complex, have been referred to as 'cases and contacts managed by local HPTs' since 29 October 2020. Furthermore, cases and contacts managed nationally either online or by call centres, previously known as non-complex, are referred to as 'cases and contacts not managed by local HPTs'.

From 18 March 2021, only outbreaks in care homes are handled by HPTs. Further information is available in the [NHS Test and Trace statistics methodology](#).

Positive cases transferred to NHS Test and Trace

The number of positive cases transferred to NHS Test and Trace has increased to 255,953 in the latest week.

In the most recent week, 255,953 cases were transferred to the contact tracing system, a 14.0% increase on the previous week.

In the most recent week, over 8 in every 10 cases transferred to the contact tracing system were reached and asked to provide information about their contacts.

Out of the cases transferred to the contact tracing system in the latest week, 226,146 (88.4%) were reached, 29,266 (11.4%) were not reached and 541 (0.2%) had no communication details provided. Since Test and Trace launched, 87.5% of all cases have been reached.

In the latest week, 576 cases reached and asked to provide details of close contacts were managed by local health protection teams (HPTs), whereas 225,570 cases were community-wide cases and, therefore, not managed by local HPTs.

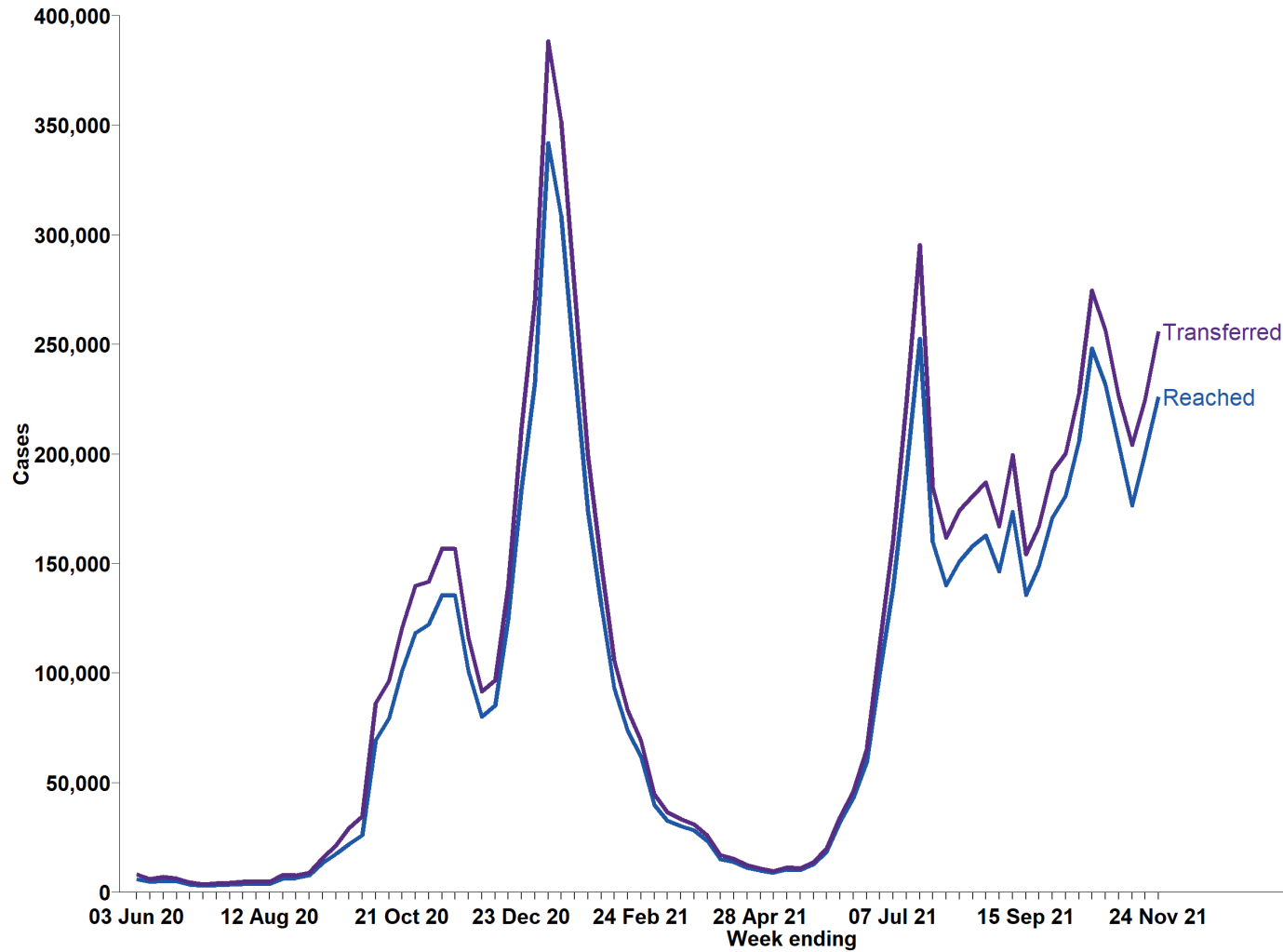
⁸ All confirmed positive test results under pillar 1 and pillar 2 should be transferred. In addition, all positive virus test results as part of prevalence studies (pillar 4) are also transferred to Test and Trace. People tested under pillar 3 (serology testing to show if people have antibodies from having had COVID-19) do not have their cases transferred to NHS Test and Trace.

For cases managed by local HPTs, their contacts are often managed at a situation rather than individual level, with advice being issued to the contact institution. Therefore, cases who were managed by local HPTs may not have been individually reached and asked to provide details of their recent close contacts. However, the cases and contacts will have been successfully dealt with as a whole.

For more information on the different ways of managing cases and the outcomes of contact tracing see the [terminology section](#).

[Figure 6](#) below represents the number of cases transferred to contact tracing and the number that were reached and asked to provide details of recent contacts in England. Both cases transferred and those reached peaked in week ending 6 January 2021 (388,150 cases transferred and 341,704 reached), and then declined week by week until May 2021. They peaked again in week ending 21 July 2021 (295,313 cases transferred and 252,475 cases reached). More recently, cases transferred peaked in week ending 20 October 2021 (274,496 cases transferred and 248,021 cases reached).

Figure 6. Number of cases transferred to the contact tracing system and number of cases transferred who were reached and asked to provide details of recent close contacts (includes cases managed and not managed by local HPTs), England



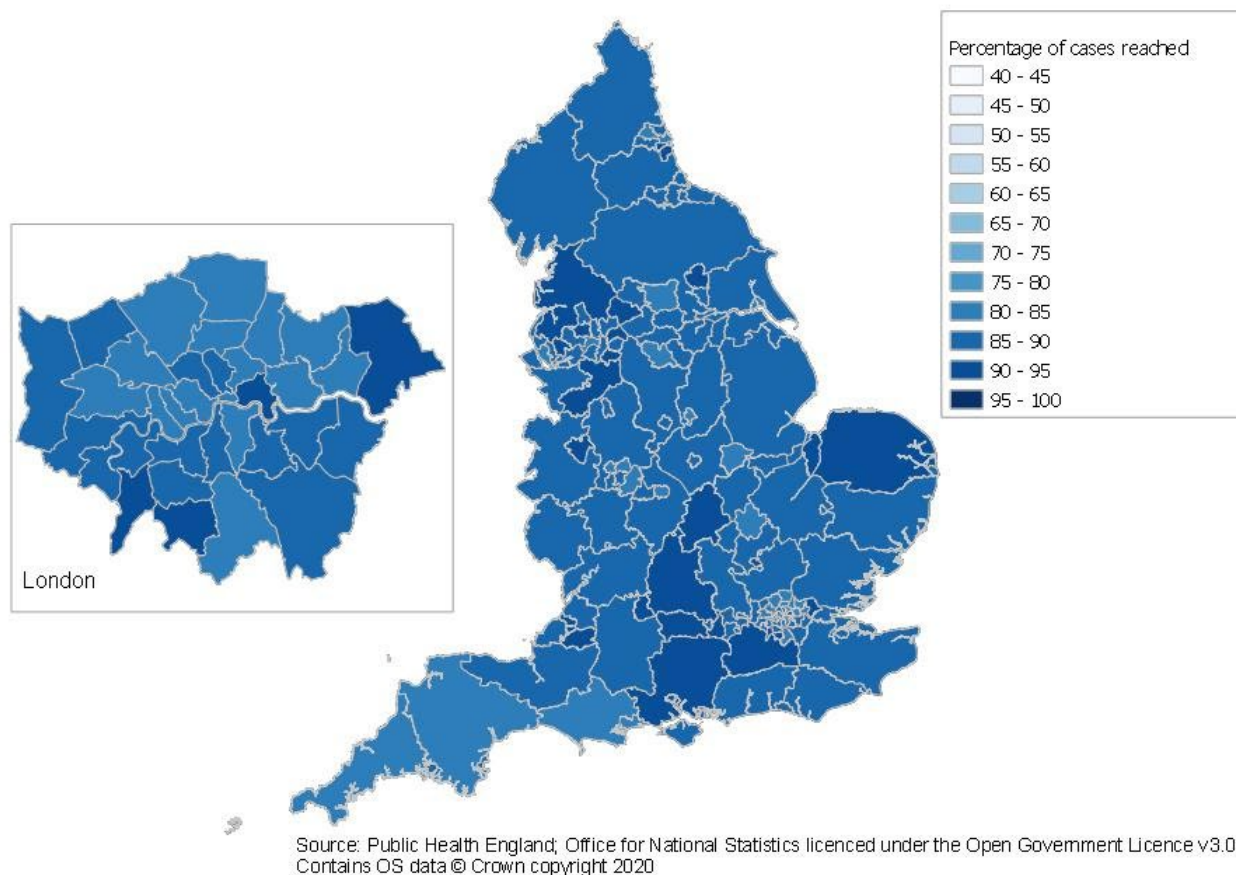
This data can be found in the 'table_10' tab of the 'NHS Test and Trace statistics 28 May 2020 to 24 November 2021: data tables' On the [Weekly Statistics for NHS Test and Trace page](#).

Table 3. Cases transferred to the contact tracing system (includes cases managed and not managed by local HPTs) by whether they were reached and asked to provide contact details, England⁹

Cases transferred to contract tracing system	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 24 November 2021
People who were reached and asked to provide details of recent close contacts	200,159 (89.1%)	226,146 (88.4%)	7,434,710 (87.5%)
People who were not reached	23,397 (10.4%)	29,266 (11.4%)	989,611 (11.7%)
People whose communication details were not provided	982 (0.4%)	541 (0.2%)	67,677 (0.8%)
Total	224,538	255,953	8,491,998

⁹ If NHS Test and Trace is not able to reach an individual testing positive or if no communication details are available, then it is not always possible to know if the case should be managed by a local HPT or not. Therefore, these breakdowns are not available.

Figure 7. Proportion of cases reached and asked to provide details of recent close contacts by upper-tier local authority (UTLA) since Test and Trace began



This data is available as an [interactive map](#) and to download as a csv on the [Weekly Statistics for NHS Test and Trace](#) page. The regional data uses a different data cut to the main publication therefore cumulative totals will not exactly match. The data is available for the cumulative figures since Test and Trace launched up to the most recent week of reporting. Due to revisions that occur each week on week's cumulative figures cannot be subtracted from a previous week to obtain weekly data by UTLA.

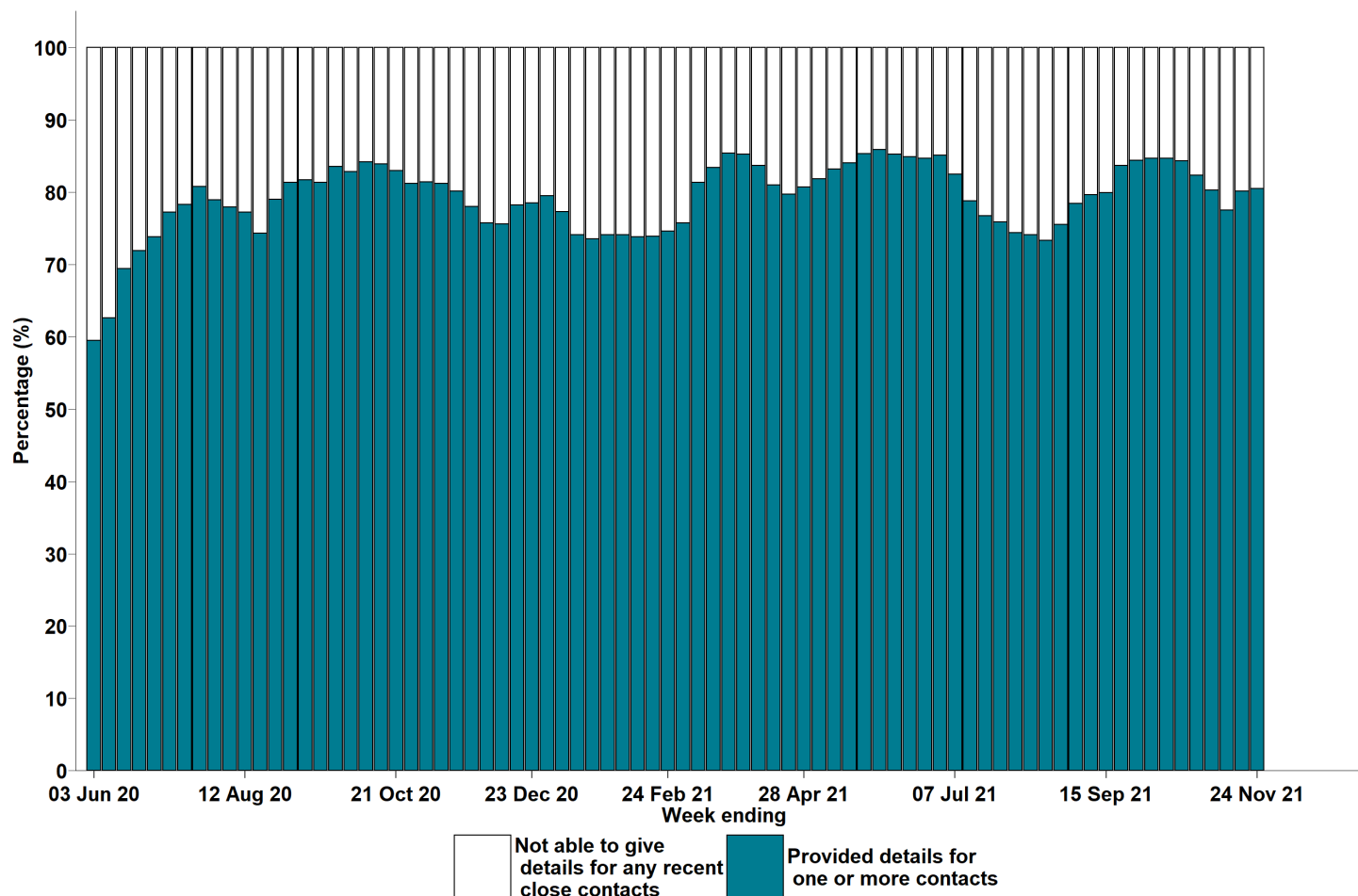
In the latest week, over 8 in every 10 people who were reached and asked to provide information about their contacts, provided 1 or more close contacts.

Out of the 226,146 people reached between 18 November and 24 November 2021, 182,035 (80.5%) provided details of one or more close contacts. This is an increase in the number of people who provided details of one or more close contacts from the previous week, where 80.1% of people reached provided details of one or more contacts.

The number who were not able to give any recent close contacts refers to people who were successfully reached by NHS Test and Trace, but either had no recent close contacts or could not provide details of close recent contacts to pass on for further contact tracing (for example, recent close contact with strangers on the bus).

[Figure 8](#) represents the proportions of people transferred to contact tracing and asked to provide details of recent closed contacts, by whether they provided details or not. The proportion that provided details has fluctuated since Test and Trace launched and has averaged 79.1%.

Figure 8. Proportion of people transferred to the contact tracing system (includes cases managed and not managed by local HPTs) who were reached and asked to provide details of recent close contacts by whether they provided details for contacts or not, England



This data can be found in the 'table_11' tab of the 'NHS Test and Trace statistics 28 May 2020 to 24 November 2021: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

Close contacts identified by NHS Test and Trace

In the most recent week, 685,136 close contacts were identified, an increase of 12.8% since the previous week.

In the latest week, 685,136 people¹⁰ were identified as recent close contacts, of which 683,333 (99.7%) were not managed by local HPTs and 1,803 (0.3%) were managed by local HPTs.

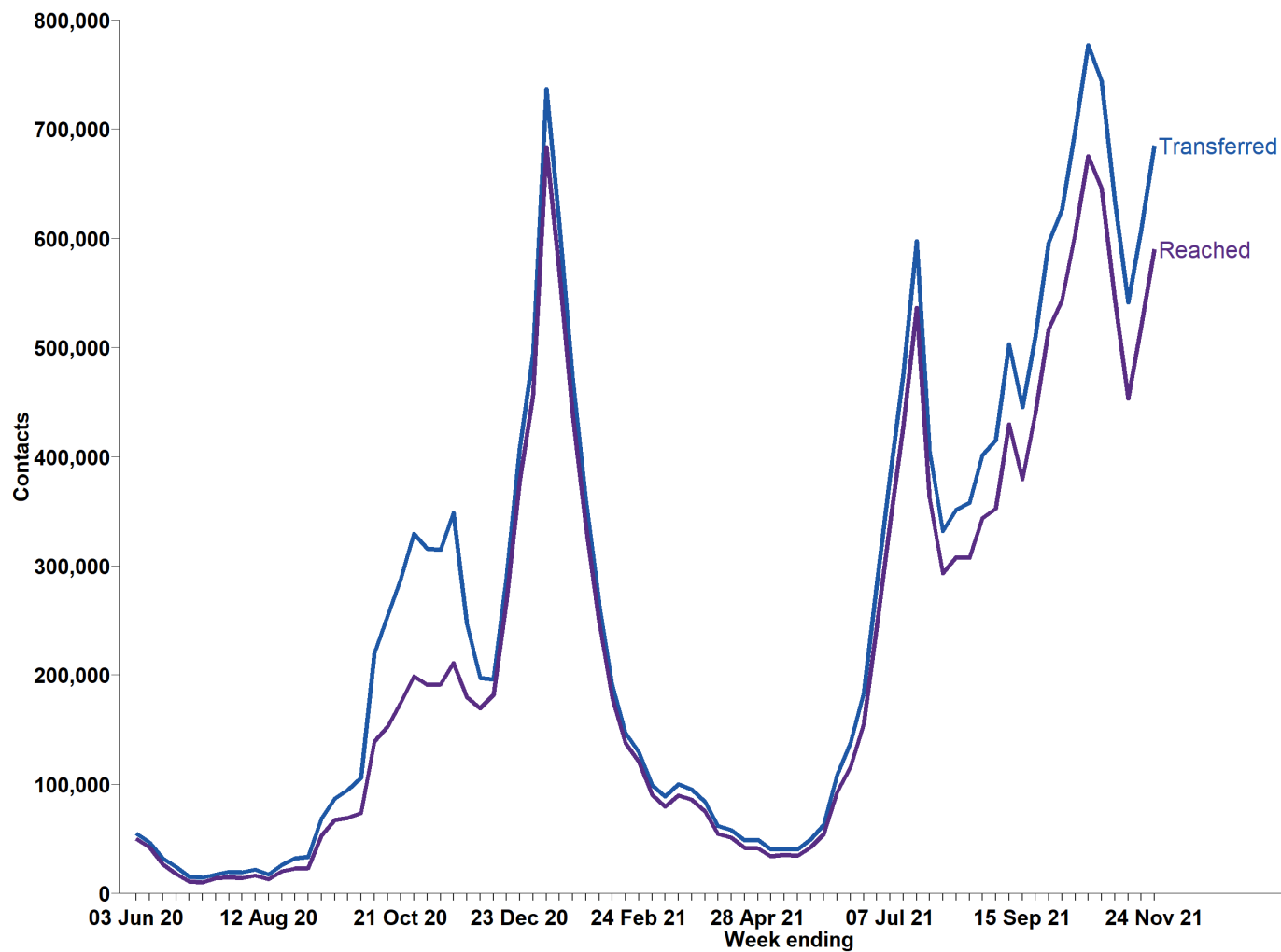
Considering only the contacts where communication details were provided, 91.4% were reached and told to self-isolate in the most recent week. This is an increase from the 90.9% observed in the previous week.

From 18 November 2020, there has been a change in how household contacts under 18 are reached. These changes mean that under-18s in a household are no longer contact traced individually, providing the parent or guardian in the household confirms they have completed their legal duty to inform their child to self-isolate. From 27 November 2020, this change was also extended to cover adults in the same household, so they have the option to be traced via a single phone call.

[Figure 9](#) represents the number of recent close contacts identified (transferred) in England and includes the number that were reached. The numbers of close contacts identified and reached peaked in week ending 6 January 2021 (737,044 identified and 683,366 reached) and then declined week on week until the trough at week ending 19 May 2021 (40,029 identified and 34,453 reached). After this point numbers increased up until the week ending 20 October 2021 (776,801 transferred and 674,998 reached). Close contacts identified and reached decreased from week ending 20 October 2021, however has increased week-on-week for the past 3 reporting weeks.

¹⁰ The number of people identified includes duplicates as an individual may be named as a close contact for more than one case. See the [NHS Test and Trace statistics methodology](#) for more information.

Figure 9. Number of recent close contacts identified, England



This data can be found in the 'table_13' tab in 'NHS Test and Trace statistics 28 May 2020 to 24 November 2021: data tables' On the [Weekly Statistics for NHS Test and Trace page](#).

86.1% of contacts not managed by local HPTs were reached and told to self-isolate in the latest week.

In the latest week, 683,333 recent close contacts not managed by local HPTs were identified, of which 588,159 (86.1%) were reached and told to self-isolate. In the latest week, 55,799 (8.2%) contacts not managed by local HPTs were not reached and 39,375 (5.8%) people had no communication details. For more information on the different outcomes of contact tracing, see the [Terminology section](#).

100.0% of contacts managed by local HPTs were reached and told to self-isolate.

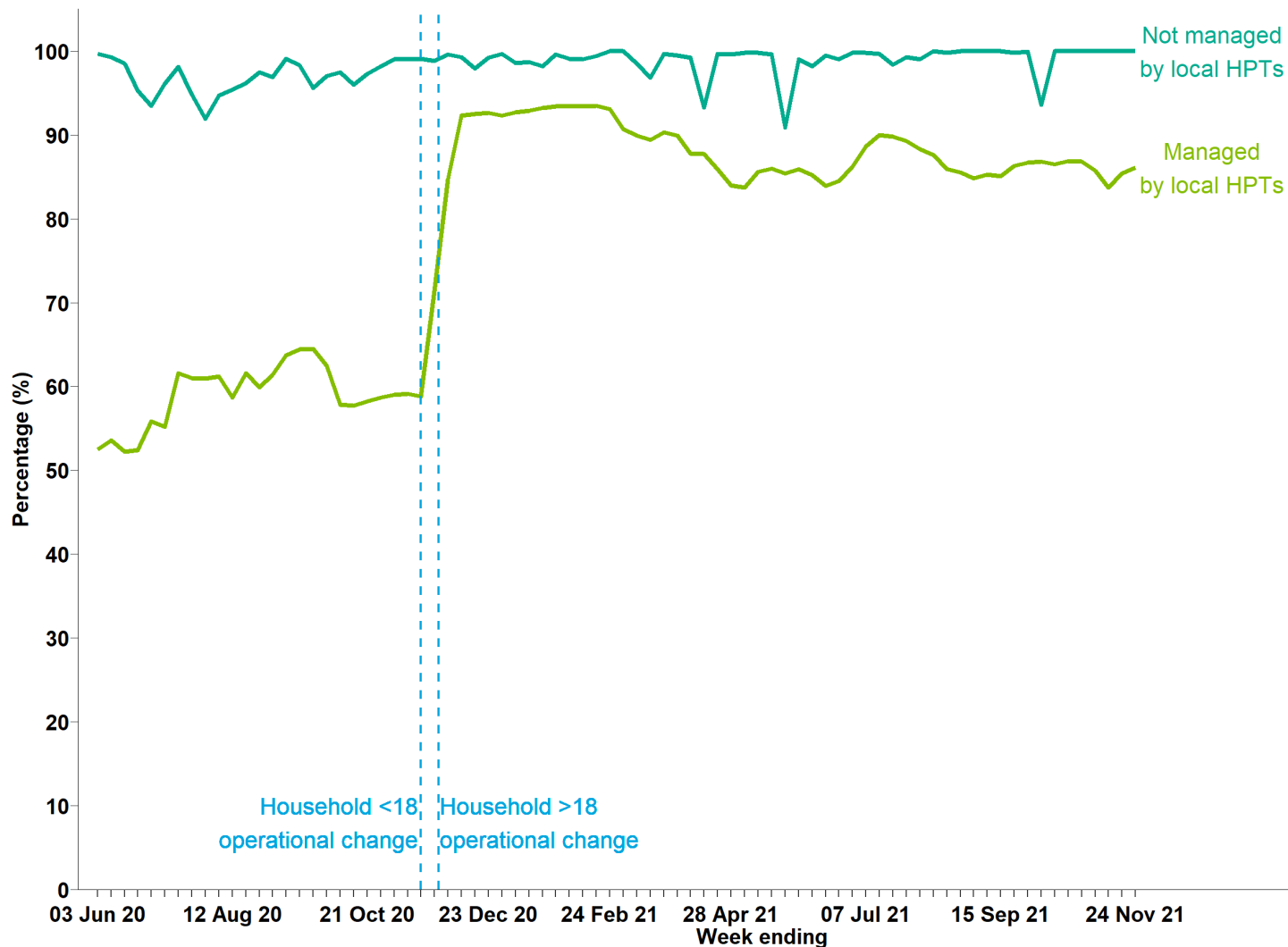
In the latest week, 1,803 close contacts were identified who were managed by local HPTs, of which all were reached and told to self-isolate. Since Test and Trace launched, 98.0% of all contacts managed by local HPTs have been reached.

For contacts managed by local HPTs, contacts are managed as a whole setting and are often managed at a situation rather than individual level, with advice being issued to the contact institution. Therefore, these contacts may not have been individually reached and told to self-isolate but should have received this advice from their institution. For this reason, contacts managed by local HPTs have a higher success rate compared with community wide contacts not managed by local HPTs.

Contacts managed by local HPTs are reached when the situation has been dealt with and advice has been issued to the institution, whereas contacts not managed by local HPTs must be individually contact traced (unless they are a household contact) to be classified as reached.

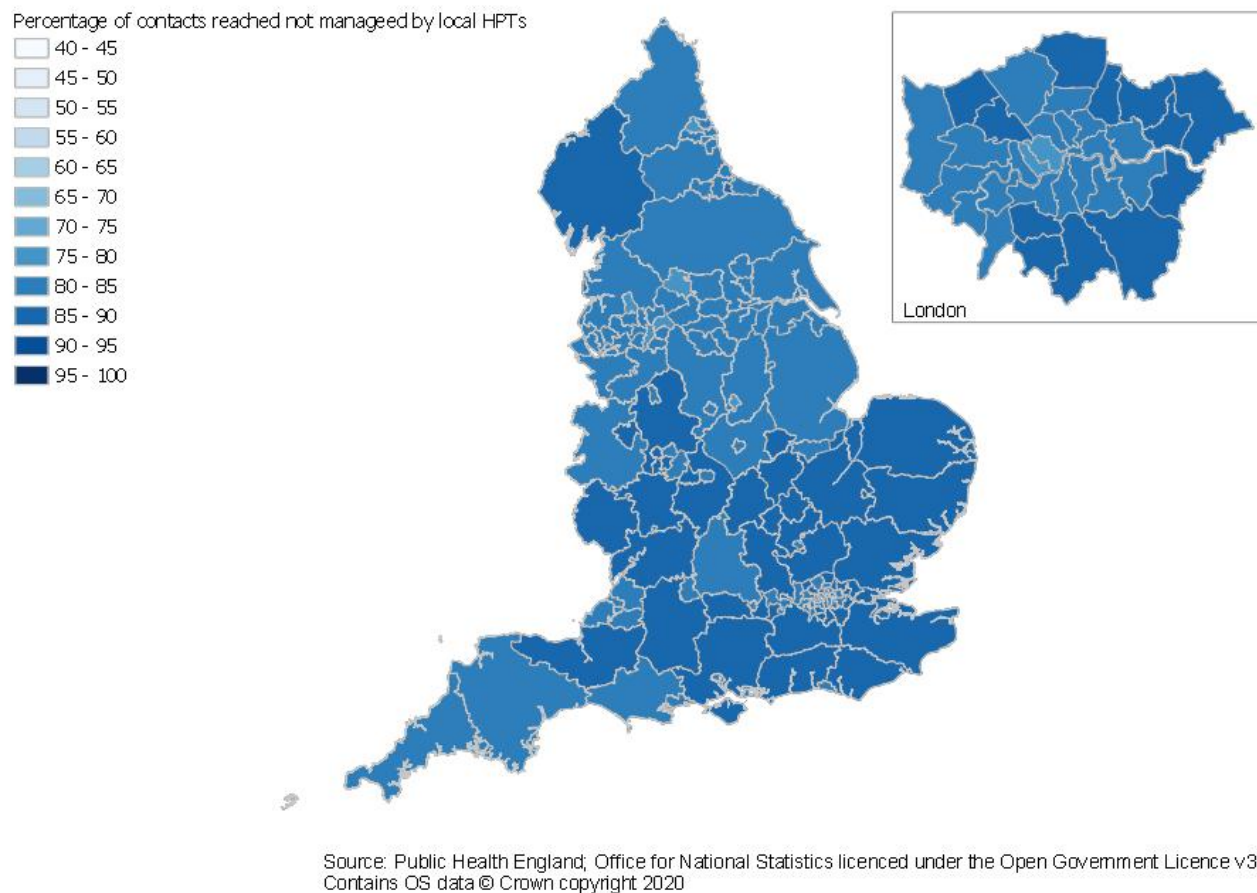
[Figure 10](#) represents the proportion of contacts reached and told to self-isolate, split by those managed by local HPTs and those not managed by local HPTs. There is an increase in proportion reached for those not managed by local HPTs aligning with an operational change on 18 November 2020 relating to how contacts under 18 are contacted.

Figure 10. Proportion of contacts reached and told to self-isolate, England



This data can be found in the 'table_13' tab of the 'NHS Test and Trace statistics 28 May 2020 to 24 November 2021: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

Figure 11. Proportion of close contacts identified not managed by local HPTs who were reached and told to self-isolate by upper-tier local authority (UTLA)



This data is available as an [interactive map](#) or to download as a csv on the [Weekly Statistics for NHS Test and Trace](#) page. The regional data uses a different data cut to the main publication therefore cumulative totals will not exactly match. The data is available for the cumulative figures since Test and Trace launched up to the most recent week of reporting. Due to revisions that occur each week on week's cumulative figures cannot be subtracted from a previous week to obtain weekly data by UTLA.

In the most recent week, over 6 in every 10 contacts not managed by local HPTs were from the same household as the case they were identified from.

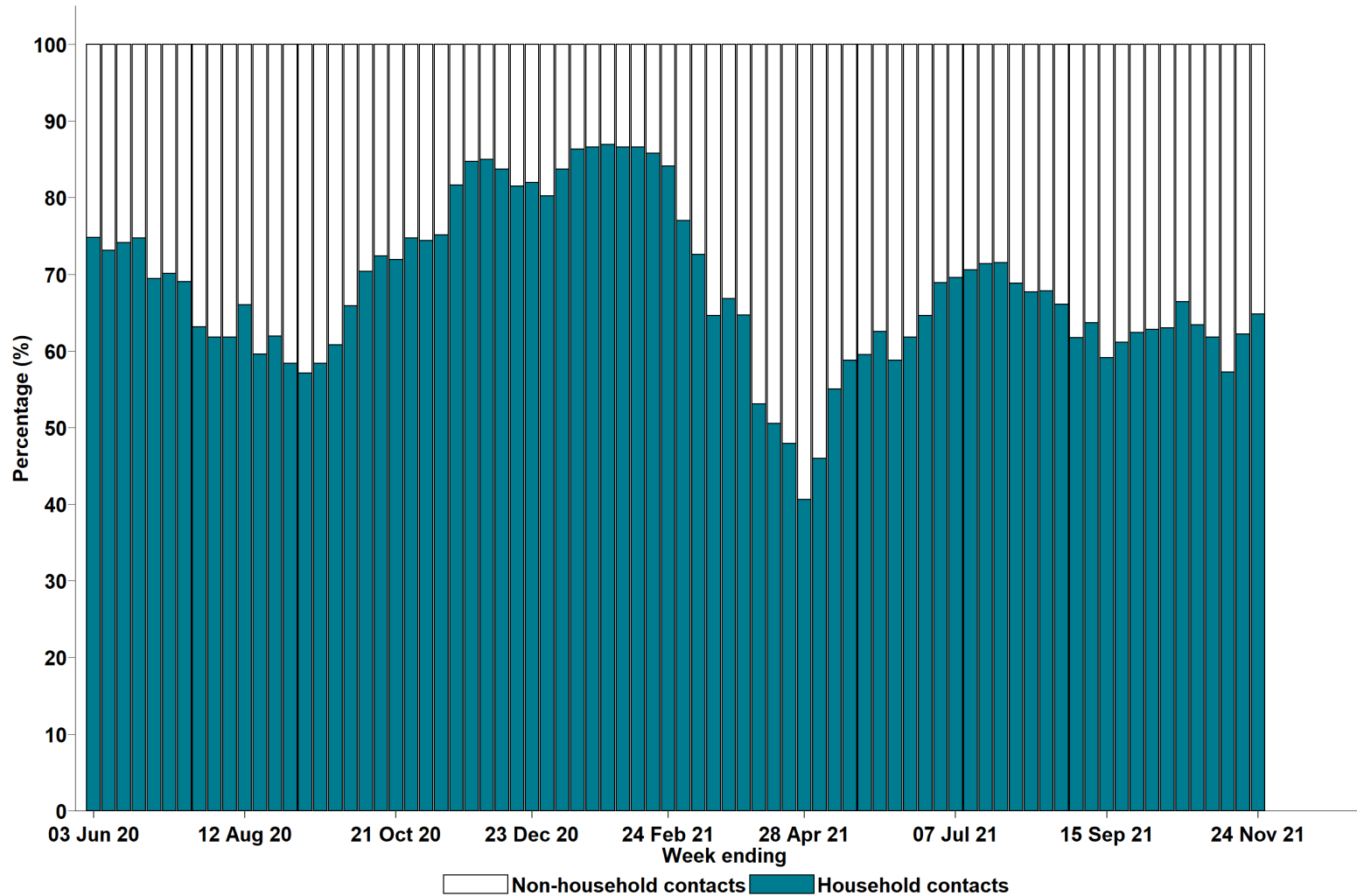
Contacts identified not managed by local HPTs that are household contacts have increased from 62.2% to 64.8% in the latest week.

In the latest week, 96.5% of contacts identified and not managed by local HPTs who were household contacts were successfully reached and told to self-isolate. This has increased from 96.4% in the previous week.

Meanwhile, 66.9% of contacts who were from a different household to the case from which they were identified were successfully reached and told to self-isolate; a decrease from 67.1% in the previous week.

[Figure 12](#) represents the proportion of recent close contacts in England not managed by local HPTs that were household contacts versus those that were not household contacts.

Figure 12. Proportion of recent close contacts not managed by local HPTs by whether they were from the same household as the case that they were identified from, England



This data can be found in the 'table_14' tab of the 'NHS Test and Trace statistics 28 May 2020 to 24 November: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

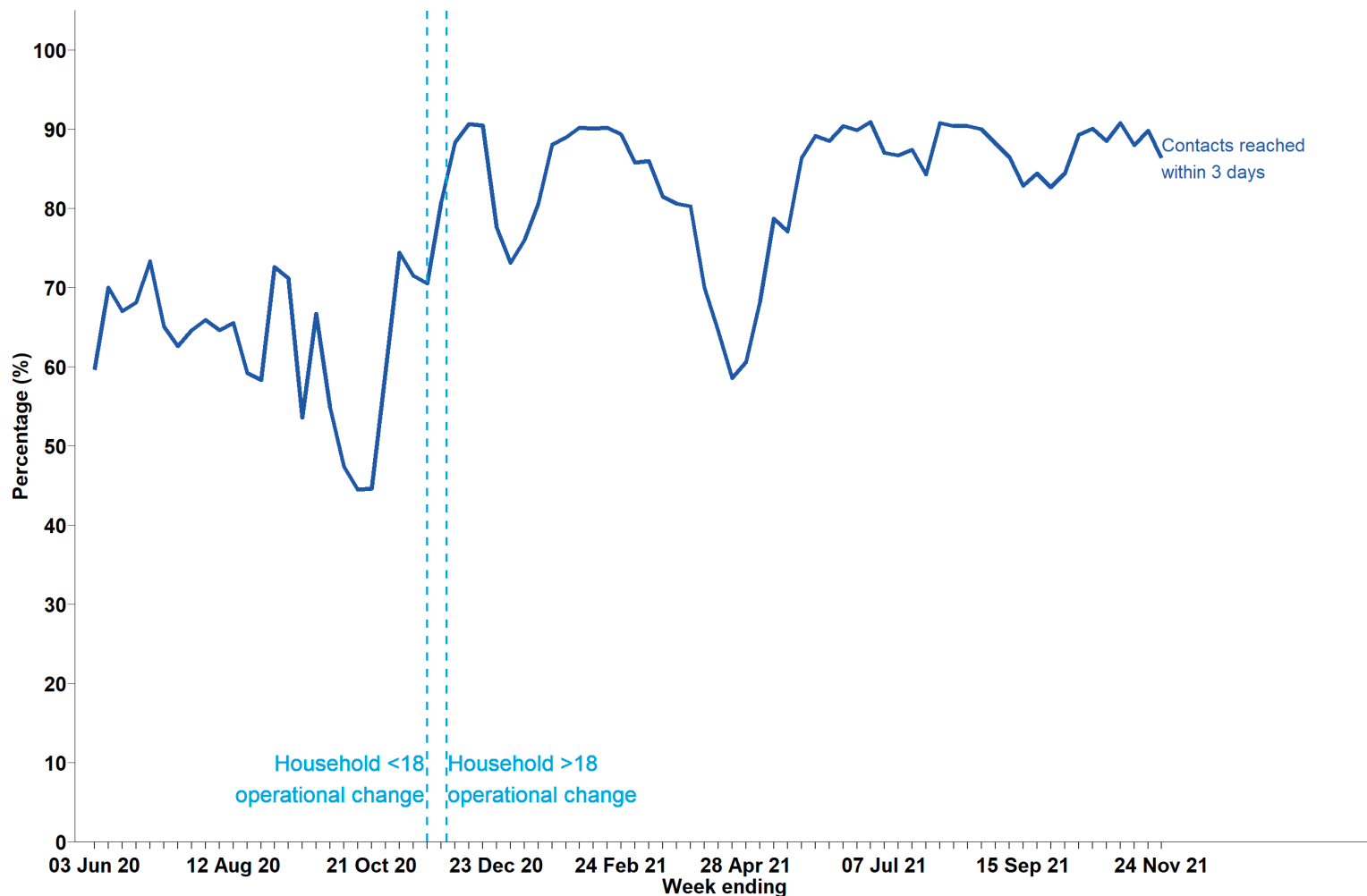
NHS Test and Trace end to end timing metrics

For contacts not managed by local HPTs who were told to self-isolate, over 8 out of 10 were reached within 3 days of the case that reported them taking their test.

In the latest week, 505,589 (86.4%) contacts that were reached and told to self-isolate were reached within 3 days of the case that reported them taking a test which subsequently returned a positive result. This is a decrease from 89.8% in the previous week.

[Figure 13](#) represents the proportion of recent close contacts in England who were told to self-isolate within 3 days of the case taking a test, excluding those managed by HPTs. There is an increase in proportion told to self-isolate within 3 days between October 2020 and December 2020, which aligns with an operational change relating to how under 18s are contacted.

Figure 13. Proportion of recent close contacts who were told to self-isolate within 3 days of the case taking a test (excludes cases managed by local HPTs), England



This data can be found in the 'table_17' tab in the 'NHS Test and Trace statistics 28 May 2020 to 24 November 2021: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

The number of contacts who were reached within 3 days of the cases that identified them taking a test is an end-to-end measure, and therefore is comprised of several subsidiary measures. Table 4 provides the timing metrics from when a case is transferred into the contact tracing system.

Table 4. Contact tracing timing metrics, England

Contract tracing timing metrics	Previous reporting week	Current reporting week	Since Test and Trace launched: 28 May 2020 to 24 November 2021
Percentage of cases not managed by local HPTs reached and asked to provide details about close contacts within 24 hours of their case being transferred to contact tracing	84.1%	83.1%	77.7%
Percentage of contacts not managed by local HPTs who were told to self-isolate who were reached within 24 hours of being identified	97.1%	97.4%	95.3%
Percentage of contacts not managed by local HPTs who were told to self-isolate who were reached within 24 hours of the case that reported them being transferred to the contact tracing system	70.9%	70.9%	69.0%

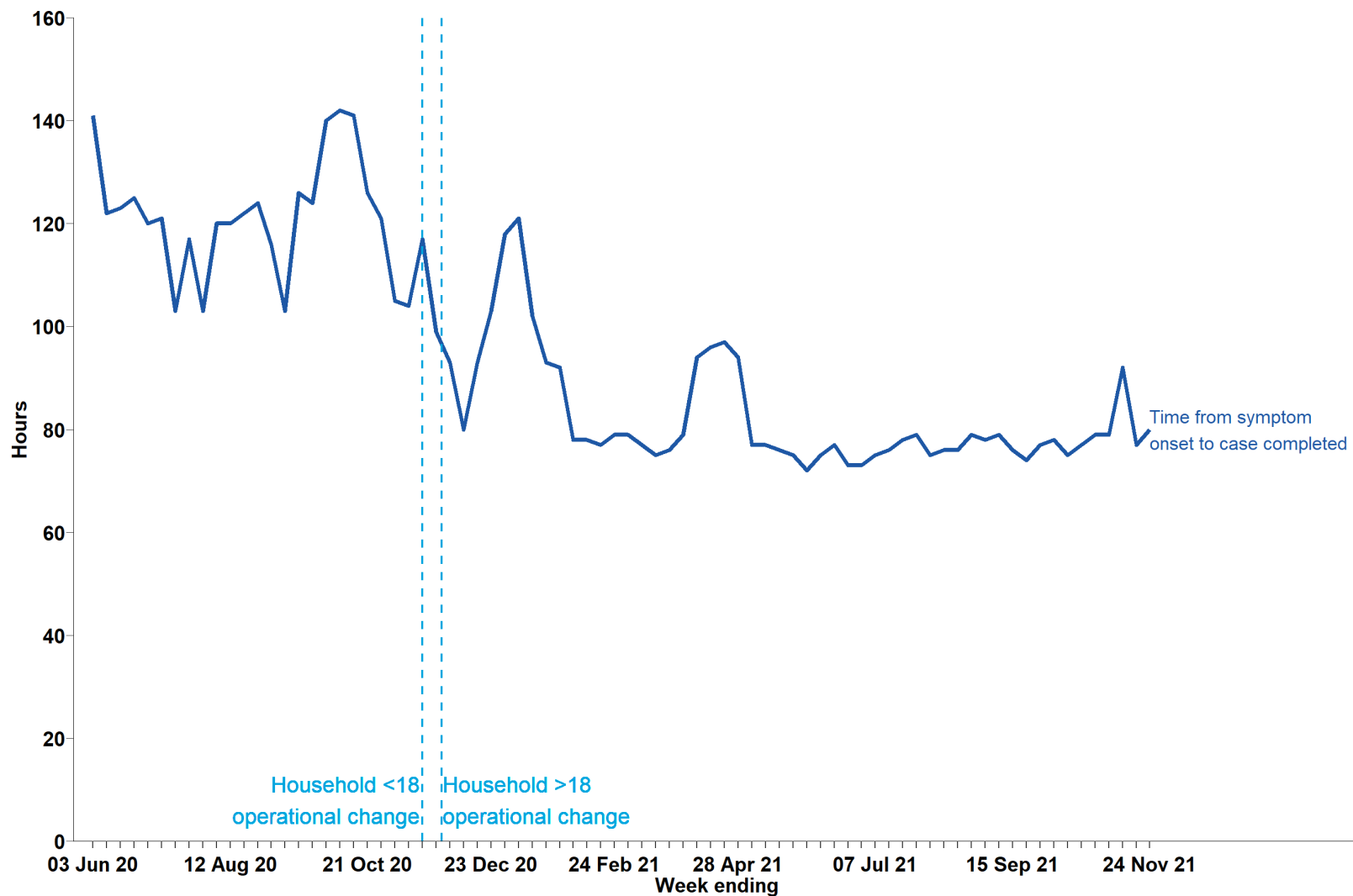
Note that because the timing statistics given in Table 4 are from when a case was transferred to the contact tracing system, delays in transferring cases to contact tracing will not be captured. However, they will be captured in the full end to end measure from when the test was taken.

The median time taken for contacts to be reached from the case that identified them first reporting symptoms has increased to 80 hours in the most recent week from 77 hours in the previous week.

Please note this data only includes contacts reported by cases who reported to experience at least one symptom. This data is collected by asking symptomatic people who tested positive and were subsequently reached by NHS Test and Trace to recall which day they first observed COVID-19 symptoms. More information is available in the [NHS Test and Trace statistics methodology](#).

[Figure 14](#) represents the median time from symptom onset to contact reached in England, excluding those managed by local HPTs. The median time peaked at 142 hours in week ending 7 October 2020 and was then on a declining trend until week ending February 2021. Since 3 February 2021, the median time has stayed broadly consistent other than a spike in the week ending 10 November 2021.

Figure 14. Median time from case first reporting symptoms to contact reached (excludes cases managed by local HPTs), England



This data can be found in the 'table_18 tab in the 'NHS Test and Trace statistics 28 May 2020 to 24 November 2021: data tables' on the [Weekly Statistics for NHS Test and Trace page](#).

1.3 Managed quarantine service (MQS)¹¹

Background on the service

This publication does not include information on the Omicron Variant of Concern. This data will first appear in Table 21 of this report due to be published on 23 December 2021.

Between 15 February 2021 and 3 October 2021, individuals allowed to enter England from an amber or red listed country or territory were required to quarantine for 10 days and take a PCR test on or before day 2 and on or after day 8 of quarantining as part of the Managed Quarantine Service (MQS).

People arriving in England who had visited or passed through a country and territory where travel to the UK is banned (red list countries and territories) were required to quarantine in a managed quarantine hotels. Only British or Irish Nationals or people with residence rights in the UK were allowed to do this. People arriving from amber list countries and territories were required to quarantine at home.

Under the traffic light framework set out on 9 April 2021 (effective between 17 May 2021 and 3 October 2021), those returning to England from green list countries and territories were not required to quarantine and only had to present a negative pre-departure test taken within 72 hours before departure, as well as a PCR test on or before day 2 of their arrival in England.

A country or territory was designated green, amber or red following a ministerial decision-making process. Designations of countries and territories are published by the Department for Transport and are reviewed on a regular basis. Therefore, they are subject to change and the data released will reflect the lists as they were on the date of release. For more detail see [guidance on entering the UK](#).

A full explanation of the data sources and methods used to produce these statistics can be found in the [NHS Test and Trace statistics methodology](#).

From 4 October 2021, [England's new travel system](#) came into effect with changes to MQS, countries and territories are now categorised as either red list or the rest of the world. Eligible fully vaccinated passengers returning from countries and territories not on the red list, can now do so without having to quarantine.

Statistics based on the new arrival policy are being reviewed as part of on-going development to this publication. Until the review has been completed no new MQS statistics will be provided.

¹¹ Figures and tables in this section have not been updated past the week ending 29 September 2021 as new statistics and tables are being developed to reflect change in MQS policy that became effective on 4 October 2021.

People starting quarantine

Between 11 February 2021, when MQS launched, and 29 September 2021, 5,228,471 people started quarantining at home or in a managed quarantine hotel. Between 23 September and 29 September 2021, 412,210 people started quarantining, compared to 414,799 in the previous week (16 September 2021 to 22 September 2021).

Between 23 September and 29 September 2021, the number of people starting their quarantine period at home decreased from 410,333 to 409,077. The number of people starting their quarantine in a hotel decreased from 4,466 to 3,133 in that week.

Since 10 March 2021, international arrivals from amber list countries and territories have had the option to book their quarantine package through a private provider. As of the publication on 8 July 2021, these figures are now included in the data. The proportion of quarantine packages that are purchased through a private provider has been steadily rising since its introduction and since week ending 26 May, private bookings now account for the vast majority of home quarantine packages booked. For more information, see the [NHS Test and Trace statistics methodology](#).

From 4 October 2021, [England's new travel system](#) came into effect with countries and territories categorised as either red or the rest of the world. Eligible fully vaccinated passengers returning from countries and territories not on the red list, can now do so without having to quarantine.

Statistics based on the new policy are being reviewed as part of on-going development to this publication.

Table 5. Number of people starting their quarantine at home or in a managed quarantine hotel, England

People starting their quarantine	16 September 2021 to 22 September 2021: number of people starting quarantine	23 September 2021 to 29 September: number of people starting quarantine	Since MQS launched. 15 February to 29 September 2021: number of people starting quarantine
People starting quarantine at home	410,333	409,077	5,025,111
People starting quarantine in a managed quarantine hotel	4,466	3,133	203,360
Total	414,799	412,210	5,228,471

People taking tests

Between 23 September and 29 September 2021, 450,388 registered and processed tests have been taken by people quarantining at home and 7,094 registered and processed tests have been taken by people quarantining in a managed quarantine hotel. International arrivals who are quarantining at home have the option to book their PCR tests through a private provider. From the publication on 8 July onward, these tests are now included in the totals, and account for almost all of PCR tests taken by people quarantining at home.

The number of tests registered and processed each week will not be the same as the number of people quarantining in that same week for several reasons:

- the cohort of people starting their quarantine will not be the same cohort of people who take their day 2 test in a given week – for example, people starting their quarantine towards the end of the week will have their day 2 tests fall into the following week
- there may be differences in the population quarantining and those who are required to take a test, for example children under 5 do not need to take a test
- passengers with a positive test on day 2 are not required to take a day 8 test
- correct completion and return of test data are required by the person taking the test to ensure that tests are correctly registered

Table 6. Number of registered and processed PCR tests taken by people quarantining at home, England

Registered and processed PCR tests taken by people quarantining at home	16 September 2021 to 22 September 2021: number of tests processed and registered	23 September 2021 to 29 September 2021: number of tests processed and registered	Total 25 March to 29 September 2021: number of tests processed and registered
Day 2 – Quarantining at home (amber list arrivals)	391,676	379,787	4,534,773
Day 8 – Quarantining at home (amber list arrivals)	46,949	49,877	1,576,709
Day 5 – Quarantining at home (amber list arrivals) Test to Release	21,017	20,724	519,266

Registered and processed PCR tests taken by people quarantining at home	16 September 2021 to 22 September 2021: number of tests processed and registered	23 September 2021 to 29 September 2021: number of tests processed and registered	Total 25 March to 29 September 2021: number of tests processed and registered
Total registered tests processed (amber list arrivals)	459,642	450,388	6,630,748

Table 7. Number of registered and processed PCR taken by people quarantining at a managed quarantine hotel, England

Registered and processed PCR taken by people quarantining at a managed quarantine hotel	16 September 2021 to 22 September 2021: number of tests processed and registered	23 September 2021 to 29 September 2021: number of tests processed and registered	Total 25 March to 29 September 2021: number of tests processed and registered
Day 2 – Quarantining at managed quarantine hotel (red list arrivals)	6,174	3,850	219,736
Day 8 – Quarantining at managed quarantine hotel (red list arrivals)	5,021	3,244	144,428
Total registered tests processed (red list arrivals)	11,195	7,094	364,164

The total number of PCR tests processed for passengers at home includes tests not registered to an individual. The full breakdown of tests registered and not registered across day 2 and day 8 for people quarantining at home can be found in 'Table 20' of the [accompanying data tables](#).

The total number of PCR tests processed for passengers in a hotel only includes the number of tests that have been correctly registered. Evidence of negative tests or an extended stay following a positive test must be presented by passengers in hotels before they are able to leave.

When countries are moved on to the red list, an increase in passenger numbers in hotels may be seen. This will be reflected in an increase in day 2 tests. These passengers may not have had a day 8 test in the same reporting period.

People quarantining in England at home can end their quarantine early through the test to release scheme. This lets people choose to pay for a private COVID-19 test where it meets the minimum testing standards after they have been in England for 5 full days. If the results of the test are negative, quarantine can be ended. If positive, quarantine should be extended for 10 days after taking the test. The private tests booked through this scheme are in addition to the day 2 and day 8 tests booked as part of the managed quarantine service. This data is now available in Table 20 of the [accompanying data tables](#).

Between 23 September and 29 September 2021, arrivals from Amber-listed countries, 2,213 (0.6%) Day 2 tests on Amber arrivals were positive, compared to 270 (0.5%) Day 8 tests and 83 (0.4%) Test to Release tests.

For arrivals from Red-listed countries, 18 (0.5%) Day 2 tests processed were positive compared to 46 (0.7%) in the previous week, while 6 (0.2%) Day 8 tests were positive compared to 20 (0.4%) in the previous week.

Day 2 tests by people quarantining at home saw the highest proportion of positive tests in the reporting week, with 0.6% of tests processed returning a positive result.

Risk assessment status, people tested, positivity and variants by country and territory

Countries and territories are risk assessed based on data from a number of sources to determine whether they should be added to the list of countries and territories requiring quarantine at a managed quarantine hotel upon return (red list countries and territories), or at-home quarantining (amber list countries and territories). For more information on these decisions, please see the [COVID-19 risk assessment methodology document](#).

Passengers are asked to report their recent travel history when returning to the UK so that the number of positive test results taken while under managed quarantine, as well as the number of VOCs and VUIs sequenced from these positive tests, can be considered when assessing the risk of travel and whether countries and territories should be assigned to the red list.

Data for risk assessment status, testing, positivity and variants by country or territory can be found in the 'table 21' tab of the [accompanying data tables](#). While the other managed quarantine service data tables will be updated weekly, Table 21 will be updated every 3 weeks following this publication and will consider a 3-week reference period. This will align the data with the UKHSA assessments of the latest data, which are also conducted every 3 weeks. All weeks will be covered by the data.

1.4 Test and Trace Support Payments

Background on Test and Trace Support Payments

The Test and Trace Support Payment scheme (TTSP) provides financial support to people on low incomes who have to self-isolate if they are unable to work from home and will lose income as a result. It was introduced on 28 September 2020 and is administered by unitary and lower tier local authorities in England. The purpose of TTSP is to support people to self-isolate if they are required to do so, and to encourage more people to come forward to get tested. This helps to reduce the transmission of COVID-19.

Applicants may be eligible for a payment of £500 if they are in receipt of a means tested benefit and meet the other eligibility criteria. Information on the eligibility criteria is available online at [Claiming financial support under the Test and Trace Support Payment scheme](#).

Local authorities have also been provided with funding to make discretionary payments to individuals who are not on a means tested benefit but will still face hardship if they have to self-isolate. Local authorities are responsible for setting the discretionary criteria in their areas, enabling them to target support at residents most in need.

TTSP is only available in England. However, both the Scottish and Welsh Governments run similar schemes. In Northern Ireland, people can apply for a non-repayable Discretionary Support self-isolation grant if they are on a low income and are experiencing financial difficulties due to self-isolation.

Successful claims

Local authorities submit reporting information to NHS Test and Trace on the number of successful claims they have paid out. These statistics use the recorded payment date of the claim. Please note that some adjustments are made to the payment date for errors and missing payment dates.

Between 18 November and 24 November 2021, local authorities reported payments of £3.4 million to 6,889 applicants.

As of 24 November 2021, local authorities have reported 369,664 successful claims since the start of the scheme, totalling £184.8 million in TTSP payments.

Since the start of the scheme, 57.5% have been claimed through the main scheme and 42.5% have been claimed through the discretionary scheme. In the latest week, local authorities reported payments of £3.4 million to 6,889 applicants, of which 44.6% were claimed through the discretionary scheme.

Successful claims fluctuate over time as the numbers of people testing positive increase or decrease. There is also variance in the number of successful claims at local authority level. This is in part due to differences in populations, for example the proportion of the local population claiming a means-tested benefit, which impact the number of eligible applicants.

2. Terminology

2.1 Testing

The following explains types of tests and testing routes.

Pillar 1 testing

Swab testing for the virus in UKHSA labs, NHS hospitals for those with a clinical need, and health and care workers

Pillar 2 testing

Swab testing for the virus for the wider population, through commercial partnerships¹², either processed in a lab or more rapidly via lateral flow devices tests. Tests processed in a lab are carried out through several different routes:

1. In-person tests

These involve a person being tested in-person at a COVID-19 test site and include:

- regional test sites, which includes drive-through testing centres
- local test sites¹³, which are similar to regional test sites but specifically for walk ups
- mobile testing units, which travel around the UK to increase access to COVID-19 testing; they respond to need, travelling to test people at specific sites including care homes, police stations and prisons

2. Satellite test centres

These include test kits provided directly to 'satellite' centres at places such as care homes that have a particularly urgent or significant need

3. Home test kits

These are delivered to someone's door so they can test themselves and their family without leaving the house.

Pillar 3 testing

Serology testing to show if people have antibodies from having had COVID-19.

¹² See more detail in [Scaling up our testing programmes](#).

Pillar 4 testing

Blood and virus testing for national surveillance support by UKHSA, ONS and research, academic and scientific partners to learn more about the prevalence and spread of the virus and for other testing research purposes.

Virus testing

Swab testing using polymerase chain reaction (PCR) assay within pillars 1, 2 and pillar 4 to show if someone currently has COVID-19.

Antibody testing

Testing of a blood sample within pillar 3 and pillar 4 to show if people have antibodies from having had COVID-19.

People tested each week

This refers to people who have been tested at least once in each reporting week. Therefore if someone had multiple tests in a given week they would be counted once.

People testing positive each week

This refers to the number of people who tested positive at least once in each reporting week. Therefore if someone tested positive multiple times in a given week they would only be counted once.

Cumulative people tested

This refers to the number of people who have been tested at least once since Test and Trace launched.

Cumulative people testing positive

This refers to the number of people who have tested positive at least once since Test and Trace launched.

For pillar 2, there are 2 measures of the time taken to receive a COVID-19 test result:

1. The time taken to receive a COVID-19 test result from time of booking is measured from the time that a person books an appointment on the website to the time when the person receives a notification of their test result via an email or an SMS. This data is only available for regional test sites, local test sites and mobile testing units, as test booking and registration processes for home testing and satellite test centers are currently undertaken on different systems.
2. The time taken to receive a COVID-19 test result from time of test is measured from the time a person completes a test registration (or the time a person indicates their

test was taken for home testing kits) until the time that they receive a notification of the result of their test via an email or an SMS.

2.2 Tracing

The following explains terminology for contact tracing.

NHS Test and Trace has 2 ways of handling cases depending on the way in which they are managed:

1. Cases and contacts managed by local HPTs (previously known as complex)

UKHSA Local Health Protection Teams manage cases linked to outbreaks. Examples include someone who works or has recently visited:

- a health or care setting, such as a hospital or care home
- a prison or other secure setting
- a school for people with special needs
- critical national infrastructure or areas vital for national security

2. Cases and contacts not managed by local HPTs (previously known as non-complex)

Wider online and other call centre capacity for individual community-wide cases and contacts.

When a case is transferred to NHS Test and Trace, contact tracers will attempt to contact the individual, which results in one of the following 3 outcomes:

1. Reached and provided information about recent close contacts

Contact tracers or local health protection teams successfully reached the individual and asked them to provide details for recent close contacts.

2. Communication details not provided

People who had no communication details provided are those who were transferred to NHS Test and Trace but did not have any associated contact details (for example phone number or email address).

3. Not reached

The number of people who were not reached includes those people who the service has been unable to reach because there has been no response to text, email and call reminders. This includes those where the communication details are invalid. It also includes people who were reached but declined to give details of close contacts. There may also be a small number of people who have not been reached but where contact tracers are still in the process of trying to make contact.

When a close contact is identified, contact tracers or local HPTs will attempt to contact the individual or institution depending on the exposure setting, which results in 1 of the 3 following outcomes:

1. Reached and told to self-isolate

For contacts not managed by local HPTs contact tracers successfully reached the contact and told them to self-isolate, or for household contacts where the case has opted to inform them to self-isolate. For those managed by local HPTs, advice is provided to the institution which is passed on to contacts in the specific setting.

2. Communication details not provided

People who were identified as recent close contacts but didn't have any associated contact details (for example, phone number or email address).

3. Not reached

The number of contacts who were not reached includes those contacts who the service has been unable to reach because there has been no response to text, email and call reminders. There may also be a small number of contacts who have not been reached but where contact tracers are still in the process of trying to make contact.

3. Measuring the data

3.1 How the data was collected

Testing data for pillars 1 and 2 for England is provided by UKHSA and commercial partners. Contact tracing data is collected from management information from the NHS Test and Trace service. Details about the data sources used can be found in the [NHS Test and Trace statistics methodology document](#).

3.2 Future development

We have integrated this data with those from other parts of NHS Test and Trace, particularly testing, to provide an end-to-end view of the service that follows the user journey. So far, UK level testing data, testing data for pillars 1 and 2 in England, testing turnaround times and NHS COVID-19 app statistics have been added. Further breakdowns for contact tracing continue to be incorporated, including breakdowns for cases and contacts managed or not managed by local HPTs, geographical breakdowns and household information.

To support user needs and data transparency, additional releases have been published alongside the weekly Test and Trace publication including:

- care home statistics up to 8 July 2020
- people tested for COVID-19 between 30 January and 27 May 2020
- demographic data for COVID-19 testing in England between 28 May and 26 August 2020
- weekly rapid testing statistics

NHS Test and Trace continues to provide information for local authorities and their partners so that they have the information they need to help contain any outbreaks. In time, NHS Test and Trace intends to publish detailed data from across the program to support secondary analysis, for example in academic institutions.

We continue to explore the feasibility of adding new breakdowns to the publication to support user needs. Over the coming months, we intend to make the following available:

- additional demographic information for people tested
- details of close contacts who go on to test positive

The UK Statistical Authority has published a [rapid review](#) of the Test and Trace statistics. This includes recommendations on how the publication should develop in order to adhere fully to the Code of Practice. These recommendations continue to influence the development of the publication in the coming weeks and months.

3.3 Strengths and limitations

Given the importance of this service and the commitment of NHS Test and Trace to be open and transparent with the public it serves, this data is being released at the earliest possible opportunity. However, new IT systems and statistical outputs often take a period of time to bed in. The caveats and data quality issues in this publication should be taken into consideration when interpreting results, and this analysis should be taken in the wider context of [COVID-19 statistics and analysis](#).

More information on data limitations and how the figures in this publication can and can't be used is outlined in the [NHS Test and Trace methodology](#).

3.4 Quality

These statistics have been put together by NHS Test and Trace with advice from the Office for National Statistics. As part of the quality assurance process, UKHSA ensures that all published figures are replicable and any issues impacting on the quality of the data are clearly stated within the publication. Furthermore, the figures are often triangulated with other published sources to verify trends in the data.

Revisions to figures previous published

Figures for people tested and people testing positive for COVID-19 in previous releases have been revised. These revisions are because:

- there are sometimes delays in laboratories submitting data to UKHSA
- quality checks are conducted on the data to refine figures over time

Figures for pillar 2 testing turnaround times in previous releases have been revised. These revisions are because:

- the figures presented are based on a data cut several days after the end of the reporting period. Some tests may continue to be being processed after this period and therefore data may need to be revised over time

Figures for contact tracing in previous releases have been revised. These revisions are because:

- the figures presented are based on a data cut several days after the end of the reporting period, to give time for cases reported towards the end of the 7-day period to have an outcome. Some cases may continue to be in progress after this period, and therefore data may need to be revised over time
- typically, 1 week after initial publication the number of cases reached and consequently the number of contacts identified is expected to increase – similarly, the number of cases and

contacts reached within 72 hours is likely to increase

More information about the revision of statistics published by UKHSA can be found in the [statement on revision policy](#). More information on quality and how this publication adheres to the Code of Practice for statistics is available in the [Statement of Compliance](#).

3.5 Feedback

For questions about the release please refer to the [Information for Users document](#) initially.

For feedback and any further questions, please contact testandtrace.statistics@dhsc.gov.uk

About the UK Health Security Agency

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