

*Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and the dynamic pandemic situation some of the information might be incomplete or only correct for the time being. Thus, please consider the date and date of the last update with the below information. All available information was provided by a country representative from the PHIRI network during or in connection to the respective meeting.*

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Country	Counting of Rapid Antigen Tests (RAT)	Update on COVID-19 diagnostics (especially children strategy, ongoing projects, policy direction)	Specific strategy on children testing	Additional information
<b>Austria</b>	Only positive PCR tests are counted. Positive RAT has to be confirmed with PCR test in the public sector. Testing in the private sector is hardly detectable. <b>Update: Since 1/1/21 also positive RAT that were made in public sector have to be notified to the Austrian Surveillance system.</b>	No specific testing strategy on children	No	
<b>Belgium</b>	RATs are not yet included with the number of tests reported to ECDC on TESSy. The Risk Assessment Group (RAG) had a meeting on 14th of Dec that included recommendations on the possible use of a repetitive testing strategy using a PCR test on saliva samples and the possible use of rapid antigen tests for systematic one-time screening. However, no updates on the outcome of this meeting yet. The only available document (NL) on testing strategy (attached) and it was last updated in November. For the moment, RATs are only recommended for diagnosis in patients with a recent onset of symptoms (<=5 days) and cluster investigations.	Children under 6 years old are generally not tested unless specific risk factors are present or in the context of a cluster.	Yes	The testing strategy for children is available at <a href="https://covid-19.scienceano.be/sites/default/files/Covid19/COVID-19_procedure_children_NL_0.pdf">https://covid-19.scienceano.be/sites/default/files/Covid19/COVID-19_procedure_children_NL_0.pdf</a>  (available in Dutch)
<b>Croatia</b>	RATs are counted, captured as well, not sure about the reporting on TESSy	No strategic change and no strategy for children;	No	

<b>Czech Republic</b>	Strategy on antigen tests is not clear so far; everyone who is tested positive with symptoms is counted in cases; negative tests are not reported among the number of tests; not reported to TESSy; there is an internal report on testing and another separate report on antigen tests – maybe will be adapted; beginning with 18th December: free antigen tests for everybody, every 5 days – some kind of mass testing, no need of symptoms; but: capacity question;	No special strategy for children	No	
<b>Estonia</b>	Cases detected with RAT are excluded in the case notification numbers and for reporting to ECDC; there is a plan to start using RAT and overtest them with PCR; not included to the ECDC reporting	PCR tests for all symptomatic COVID-19 patients, hospital staff, long term care institutions, cross sectional studies, ...; children: no plan; they are tested equal as adults – means they are tested when they have symptoms	No	
<b>Finland</b>		PCR tests, even when symptoms are mild; no special children strategy	No	
<b>Ireland</b>	Health Service Executive (HSE) in Ireland is only performing RT-PCR Tests. No, Rapid Antigen Tests are not included in the case notification numbers and currently not recommended in any setting other than for research. The HSE has recently established an expert group to review the Antigen tests currently available and how they might be deployed in clinical and non-clinical settings. Validation studies with two rapid antigen tests are already underway in Ireland, in connection with potential for use in detecting COVID-19 in certain vulnerable populations.	In Ireland, the National Testing Strategy for COVID-19 involves testing people who meet the case definition (people with symptoms) or their identified close contacts. It is directed by the National Public Health Emergency Team (NPHE) and coordinated by the HSE. Risk assessments are carried out by Public Health Doctors and testing and tracing is dependent on these public health risk assessments. Samples are taken by healthcare professionals in healthcare settings, community test centers or in the patient's home. The current testing strategy in Ireland, based on expert advice, involves laboratory-based pathogen detection using nucleic acid technology (NAT) methods. Specifically, this involves the use of polymerase chain reaction (PCR) techniques.	No	
<b>Malta</b>	RATs are not yet included in the count of tests to ECDC – TESSy. Primarily testing is still PCR based; Private sector: lot of RATs – providing tests should also capture the negative counts. RATs at the airport: all arrivals must present negative PCR test or RAT – negative test is required to entry the country	Discussions between Ministry of Education on screening teachers and school staff after Christmas holidays – logistic question; no special strategy for practitioners sending children to testing	No	

	of Malta. Prevalence of travelers is higher than from Malta; different test centers, but the same sort of test.			
<b>Norway</b>	Positive tests are now included in the national registry, also reported to ECDC when official tested; but: tests are also used in private sectors – but no full control of the private sectors (e.g. sports); RAT – Abbott tests were compared with PRC tests (official report): good sensitivity when symptoms are mild and at the beginning; specificity is good; guidance when this tests should be used; using RAT to get out of quarantine, in nursing homes, hospital, high institutional settings, ...	No specific strategy for children	No	
<b>Poland</b>	Yes, for those performed by laboratories and healthcare entities for public funds. The statistics may not include tests performed privately (e.g. at workplaces or on patient individual demand) Yes, they are included with the number of tests reported to ECDC on TESSy. Yes, cases detected on Rapid Antigen Tests are included in the case notification numbers.	Testing strategy: <ul style="list-style-type: none"> <li>• testing people with symptoms in hospitals,</li> <li>• testing symptomatic people with a referral from a general practitioner (GP), referral is issued under teleconsultation, and tests are performed at DRIVE THRU stations,</li> <li>• testing possible outbreaks of infection at the request of the Main Sanitary Inspectorate.</li> <li>• testing of asymptomatic children before returning to school is not planned.</li> </ul>		
<b>Portugal</b>	10 times more tests today as in April 2020; about 30.000 PCR tests per day; national strategy: detect outbreaks at schools and home care with RAT; negative tests are not captured	No specific strategy for children	No	

<p><b>Slovakia</b></p>	<p>SK launched first massive antigen testing with end of October. Those numbers in three waves were not included to ECDC reports. However, a decision was taken later and now SK reports antigen testing as well. Negative results are obviously identifiable, when deducting positive results from the total of testing samplers spent.</p>	<p>SK has produced their own antigen tests, not covering the need, but decreasing the dependence on import.</p> <p>Policy direction is not fixed, as the indicators of contamination are not stabilized. SK still has a dilemma between soft and hard lockdown. There is an experiment in school testing based on collective gurgling: every child in one class gurgles water and pours out the glass into a common container. One antigen test examines the whole mixed content, and if the result is positive, the class (and the teacher) is closed. If three classes are closed, the whole school is closed. Companies over 500 employees must undergo antigen testing since 28th December.</p> <p>Ski resorts are opened for tourists with negative COVID test not older than three days. Restaurants are closed with exemption of food to go, Christmas markets are canceled. Fitness, relax, entertainment, shopping centers will be closed. Only food supply re-tails, drugstores, pharmacies, pet shops will be available.</p> <p>No visits in hospitals and senior homes.</p> <p>Optional border checks on possession of negative COVID Pass.</p> <p>Curfew is not decided yet.</p>	<p>Yes (experiment in school testing based on collective gurgling)</p>	
<p><b>Slovenia</b></p>	<p>RATs are counted, also the negative; so far haven't reported to ECDC – reporting to ECDC will start this week</p>			
<p><b>Spain</b></p>	<p>Yes, regions are capturing data of negative RAT as it is foreseen in the protocol, but we suspect there might be some underreport of negative cases, then increasing the rate of positive tests artificially; Positive tested cases by PCR and Antigen tests as well as total tests are reported to ECDC on TESSy. Negative tests are not "specifically" reported to ECDC but can be derived from the other two figures.</p>	<p>On September 22, the Commission on Public Health within the Interterritorial Council for the Health Care System (highest body of governance for the Spanish NHS) approved the use of antigen tests as a diagnostic tool, updating the guidelines for diagnosis, surveillance and control of COVID-19 accordingly. Their use is recommended for symptomatic patients with less than five days of evolution. In turn PCR is recommended for symptomatic patients with more than</p>	<p>No</p>	<p>Strategy for early detection, surveillance and control of COVID-19 (in Spanish):  <a href="https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf">https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/COVID19_Estrategia_vigilancia_y_control_e_indicadores.pdf</a></p>

	<p>Yes, cases detected on Rapid Antigen Tests are included in the case notification numbers.</p>	<p>five days of evolution and for asymptomatic close contacts.</p> <p>At nursing homes and assisted living facilities, antigen tests will be preferred to PCR testing to test residents or personnel presenting symptoms if PCR results are expected to be delayed more than 24 hours. In case of asymptomatic close contacts, PCR is recommended.</p> <p>In turn, at hospital settings, either PCR or antigen tests are recommended for patients and healthcare workers, both in symptomatic and asymptomatic close contacts. Nevertheless to guarantee an appropriate negative predictive value, a PCR must be done in case of negative antigen test results in highly suspicious cases or close contacts.</p> <p>For screening purposes in healthcare centers and nursing homes (workers, residents, prior surgery or prior admission), PCR is the recommended test. Likewise, PCR is also the preferred option to population screening, but antigen tests could be used if PCR capacity is overloaded. If used, a positive antigen test in low prevalence areas requires PCR confirmation. Pooling testing could be an option for the sake of efficiency.</p> <p>There are not specific criteria or a strategy for testing children.</p>		
<p><b>United Kingdom</b></p>		<p>New policy for Wales launched this weekend. Instead of classmates having to isolate for 10 days following contact with case now propose to have daily RAT tests and children and staff would stay in school if negative.</p>	<p>Yes</p>	