Factors associated with a delay in making an appointment to get tested for SARS-CoV-2

5.1.2e, 5.1.2e, 5.1.2e*, 5.1.2e, 5.1.2e, 5.1.2e, 5.1.2e, 5.1.2e, 5.1.2e, 5.1.2e, 5.1.2e On behalf of the CONTROL team

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ABSTRACT

Introduction
Minimizing delays in testing for SARS-CoV-2 can have a large impact on reducing onward transmissions. This study aims to assess which case factors are associated with a delay in requesting a SARS-CoV-2 test, and whether these factors differ over time.

Methods
We included individuals with a positive PCR test for SARS-CoV-2 from June 9 to December 1, 2020 in the test facilities of the Public Health Service of Amsterdam (N=31,145). Delay was defined as ≥72 hours between self-reported symptom onset and registration for a test. Included case factors were: age, gender, country of birth, neighbourhood social development index (SDI); and ageusia, anosmia, coughing, dyspnoea, fever, myalgia, rhinitis, sore throat, or none of these. We used logistic regression models to test for an association between the case factors and testing delay. The models were repeated for June-August, September, October, and November separately.

Results
The median time to testing was 58 hours [IQR, 34–91], and 35.9% of cases had a delay. There was a trend of higher odds of delay with increasing age, 20–29 (OR= 0.86, 95%CI= 0.65–1.14), 30–39 = reference, 40–49 (OR= 1.19, 95%CI= 1.08–1.31), 50–59 (OR= 1.24, 95%CI= 1.12–1.37), 60–69 (OR= 1.38, 95%CI= 1.22–1.56), 70–80 (OR= 1.84, 95%CI= 1.52–2.22), and 80+ (OR= 1.99, 95%CI= 1.42–2.80). Furthermore females, people born outside the Netherlands, people with a lower neighbourhood SDI, and people with ageusia, anosmia, or dyspnoea had higher odds of delay. Associations of the case factors with delay were roughly similar between the four time periods.

Conclusion
We found increasing odds of testing delay with increasing age, as well as for women, people born outside the Netherlands, and people with a low neighbourhood SDI. Reducing testing delay in these groups could help reduce onward transmission of SARS-CoV-2.

Keywords: respiratory health, public health