## **Testing**

(according to Information in ISAA-report 37)

20 MS test all symptomatic persons

8 MS test symptomatic persons within priority groups (6 of these 8 being amongst the 20 that test all symptomatic persons)

16 MS test asymptomatic persons within certain groups or settings (e.g. contact tracing, outbreak clusters, healthcare settings, specific professional groups, nursing homes)

1 MS tests all asymptomatic persons (mass test)

7 MS test asymptomatic persons for "epidemiological survey" (5 of these being amongst the 16 that test asymptomatic persons within certain groups or settings)

9 MS test close contacts (all of them being amongst the 20 that test all symptomatic persons and 8 of them being amongst the 16 that test asymptomatic persons within certain groups or settings)

More detailed information can be found in the ISAA-report.

## Possible Topics for an exchange of experience:

- Positive examples of testing certain groups or in certain settings (best practice)
- Possible challenges: willingness of population, capacities (esp. in times of rising numbers) with regard to laboratories, staff, material, turnaround time until result
- Have test strategies changed throughout the pandemic? Why?
- Any intentions to change strategy now/soon?