Cour des comptes

TRACING THE CONTACTS OF PEOPLE INFECTED WITH COVID-19: THE HEALTH INSURANCE ORGANISATION HIGHLY INVOLVED, UNCERTAIN EFFECTIVENESS

Fiscal years 2020-2021 - update to September 2022

Flash Audit

December 2022

EXECUTIVE SUMMARY

Identification of contact persons at risk or contact tracing

Between 2020 and August 2022, 34.5 million cases of Covid-19 contamination[1] were identified in France (excluding self-test results). More than 150,000 people died, of which almost 126,400 died in hospital[2].

Contact tracing, deployed from May 2020 after the first lockdown period[3], is one of the tools for combating this epidemic. It consists of contacting, by telephone, SMS or email, the people who have tested positive so that they can identify the people with whom they have had contact at risk, then contacting them, while preserving the anonymity of the positive people, and using these exchanges to communicate prevention instructions (tests to detect contamination for the contact people or recovery for those who have tested positive; isolation while waiting for or following their results).

The involvement of the health insurance organisation in an unprecedented, large-scale and evolving public health mission

In an emergency, the health insurance organisation[4] created a new information system, set up departmental platforms of investigators, recruited thousands of fixed-term and then permanent contract workers to stabilise the workforce and continuously adapted its system.

Since May 2020, the health insurance organisation has reached more than 32 million people who tested positive and almost 22.7 million contact persons, first by telephone and then mainly by SMS or email.

In total, expenditure on contact tracing, particularly on personnel, could exceed €600 million over the three years 2020 to 2022.

Overall effectiveness uncertain

Without contact tracing, it is likely that contaminations would have been more numerous or rapid and the impact on hospitals greater, but these impacts cannot be quantified in the absence of scientific evaluation.

More than nine out of ten people who tested positive or were reported to the health insurance organisation as contact cases were reached, and more than 90% of the positive people reached were reached within 24 hours of the test result. In contrast, only 70-80% of contacts were reached within 24 hours of being identified.

Above all, the health insurance organisation has only managed to identify a potentially minority portion of the contact persons. On average, one out of every two people who tested positive reported no contacts in 2020 and 2021. By increasing its workload, the epidemic waves have led the health insurance organisation to lighten its procedures for tracing contact cases. Given the impact of the 5th to 7th waves on the number of people to be contacted, the

[1] Contaminations recorded in SiDep from March 2020 to August 2022. The Court's investigation took into account the results of the tests recorded in SiDep and, conversely, not the results of the self-tests which are not tracked there.
[2] Santé Publique France Data and Data.gouv.fr
[3] The Court made initial observations on this system in its report on the application of social security financing laws published in October 2021 (Chapter IV "Social security bodies in the health crisis, initial observations").
[4] Caisse nationale d'assurance maladie / Cnam

health insurance organisation used electronic means for most of the tracing procedures. However, sending SMS to positive people to invite them to report their contacts on a website results in fewer contact reports than telephone calls. In the first half of 2022, almost 90% of the positive persons reported no contact.

In addition, the few elements of analysis available show partial compliance by the positive persons and their contacts with the prevention instructions they received, which could only have reduced the effectiveness of contact tracing.

A scheme on the verge of extinction, lessons to be learned

Vaccination has become the main instrument for fighting the epidemic, while contact tracing now only records a small proportion of contacts (less than 0.5 on average per positive person in July 2022, compared with almost 2.5 in November 2021).

The law of 30 July 2022 putting an end to the exceptional schemes created to combat the Covid-19 epidemic means that this system will be discontinued on 31 January 2023, after the new epidemic wave has begun and potentially during a new wave in winter. The number of staff dedicated by the health insurance organisation to contact tracing has been drastically reduced (350 FTEs of fixed-term and permanent contracts in September 2022, compared with an average of 6,500 in 2021).

However, it seems essential that the tools, procedures and learning effects of contact tracing be developed for the future. In the event of new large-scale epidemics or an increase in the virulence of the Covid-19 epidemic (should the protection provided by the available vaccines become insufficient), the public authorities should be able to rapidly activate an operational and more effective system pending effective vaccination coverage.

The main findings of the survey

Contact tracing of at-risk contacts of persons who test positive is a prevention measure for Covid-19 that has become secondary as a result of the increase in vaccination.

The health insurance organisation was heavily involved in this unprecedented and large-scale public health mission and reached several tens of millions of positive people and contacts within a short time.

However, it was only able to identify some of the contacts. The replacement of telephone calls by SMS requests to report contacts on the internet has been accompanied by a fall in the number of contacts reported. The effectiveness of contact tracing was also affected by factors beyond the control of the health insurance organisation (non-compliance with the prevention instructions given).

As contact tracing will cease at the end of January 2023, a scientific evaluation of its impact on the Covid-19 contamination chains should be carried out in order to design a more effective system in the event of new epidemics**.**

RECOMMENDATION

Single recommendation: on the basis of a scientific evaluation of the impact of contact tracing on the Covid-19 contamination chains, design a crisis mechanism aimed at breaking these chains and which can be activated and then deactivated rapidly in the event of new large-scale epidemics (Ministry of Health and Prevention, SPF, Cnam).