UK Health Security Agency

Royal College of General Practitioners Research & Surveillance Centre

UNIVERSITY OF OXFORD

17 November 2023

Dear RSC Member Practice,

Respiratory and infectious disease surveillance including vaccine effectiveness 2023/2024

Thank you for being part of the Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) network. This is our 57th season of disease surveillance in collaboration with the UK Health Security Agency (UKHSA). The RSC is now the largest it has ever been, with 2,000 general practices, kindly sharing data.

We are especially grateful to our RSC network practices that contribute virology samples. These samples allow us to monitor the spread of respiratory infections and to measure vaccine effectiveness. During the COVID-19 pandemic, our sampling provided pivotal information on the spread of and immune responses to the COVID-19 vaccines.

This year there is going to be a much wider range of vaccines and treatments for respiratory disease. Alongside influenza vaccines, we will continue to vaccinate against COVID-19, and we will also see therapies being introduced for respiratory syncytial virus (RSV).

Sample size calculations suggests we need 1,000 virology samples per week across the RSC network to properly assess the impact of respiratory diseases, vaccines and other therapies. We are already collecting 673 samples per week, 1,000 is doable! Incorporating virology sampling into clinical workflow provides the practice results about the aetiology of respiratory disease, and there is a payment (£12.50) per sample; high sampling practices can also attract data quality payments. We encourage existing RSC sampling practices to do more sampling, or more 'swabbing' as we call it.

Great data quality is important for disease surveillance, our mantra is 'Coding is caring.' Coding a respiratory disease as the presenting problem is important. Please code influenza-like illness (ILI), where you think a patient has flu. In our virology sampling practices half of people coded as ILI have influenza. Likewise, around 40% of children under the age of 5 years coded with acute bronchitis or bronchiolitis have RSV. Please also code as many symptoms or examination findings as possible.

We will also be continuing serology sampling (extra blood tests), we are looking for 1,500 samples per month, as far as possible samples from younger adults and children.

We greatly appreciate your continuing collaboration, thanks to all our member practices.
Yours faithfully,

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Commissioning letter *additional information:*

This additional information is for RSC network member practices. Please see the contents below to find relevant information. Our content is set out as individual standalone pages that can be used as information sheets for different practice team members.

Our top priority for the 2023-24 season is to receive 1,000 respiratory virus samples from member practices each week. If your practice would like to get involved in virology sampling, or sample more, please let us know. Virology sampling informs public heath, improves antimicrobial stewardship, promotes use of antivirals, and is a paid activity.

Figure 1: 1,000 virology samples ('swabs') per week campaign logo

If any practices would like to get involved in virology sampling, or need support to sample more, please contact the RCGP Practice Liaison Team: practiceenquiries@phc.ox.ac.uk

Our Surveillance protocol for the season is now available as a pre-print: https://preprints.jmir.org/preprint/52047

Contents

1. Introduction – scope of RSC activity, legal basis of data sharing

How RSC data are used

The Oxford-Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) has been the primary source for disease surveillance in England for nearly 60 years. Almost 2,000 general practices volunteer to share pseudonymised (de-identified) patient data with us. This year we will complete our 30th year of virological sampling, which started in the 1993-94 season.

We work closely with the UK Health Security Agency (UKHSA), to monitor infectious disease with a focus on respiratory viruses. We provide vaccine effectiveness estimates and characterise vulnerable populations. Practice data enables us to produce a Weekly Communicable and Respiratory Disease Report, comprising 37 monitoring conditions. The report is available at RCGP Public Health Data. Data reported by UKHSA is available at National flu and COVID-19 surveillance reports. We also provide data to UKHSA's Syndromic Surveillance system, conduct gastroenteritis surveillance, and responsive surveillance to meet public health needs. In the past year, this has included adenovirus related hepatitis in children, Group A strep (GAS) infection, monkey pox and diphtheria.

Legal basis for surveillance and practice Data Sharing Agreements (DSA)

The legal basis for our surveillance is The Health Service (Control of Patient Information) Regulations 2002 – Regulation 3. This same legal framework (COPI) was widely used in the pandemic. The role of the RSC is endorsed annually by the UKHSA Caldicott Guardian under Regulation 7.

The University of Oxford hosts the Oxford-RCGP Clinical Informatics Digital Hub (ORCHID). The ORCHID database is compliant with relevant legislation, University of Oxford Policy and meets NHS England's Data Security and Protection (DSP) Toolkit requirements. Organisation code: EE133863-MSD-NDPCHS. Date published that standards are met 16th June 2023.

Full details regarding the legal basis for our work are outlined in our ORCHID Data Sharing Agreement (DSA) which practices sign upon joining the RSC. For further details, including how to report any concerns regarding data or a data breach, please see the ORCHID Privacy Notices. For fair processing and patient awareness we ask that practices add our logo to their website with brief information that practice data are used for surveillance. See Appendix A.

Data are only used for surveillance, quality improvement, research and education (SQuIRE) purposes. Patients who have opted out of data sharing will not have their data processed for quality improvement, research and education.

To join the RSC, please complete our Join the Oxford RCGP RSC Network form.

2. Key coded data we collect from member practices – Great data quality informs surveillance

In line with World Health Organisation (WHO) recommendations, ARI is now our main indicator to signal respiratory conditions alongside influenza-like illness (ILI).

We ask all RSC network practices to code cases of ARI. Our key conditions of interest are influenza-like illness (ILI), exacerbations of chronic lung disease (ECLD), lower respiratory tract infection (LRTI), and upper respiratory tract infection (URTI).

We recommend using the RSC's definition of influenza-like illness:

- An acute respiratory infection (ARI)
- With measured or clinically plausible temperature ≥ 38°C (other than in older people who can have infections without a fever)
- Cough
- Systemic upset such as headache or myalgia
- Sudden onset and in the absence of a more plausible diagnosis.

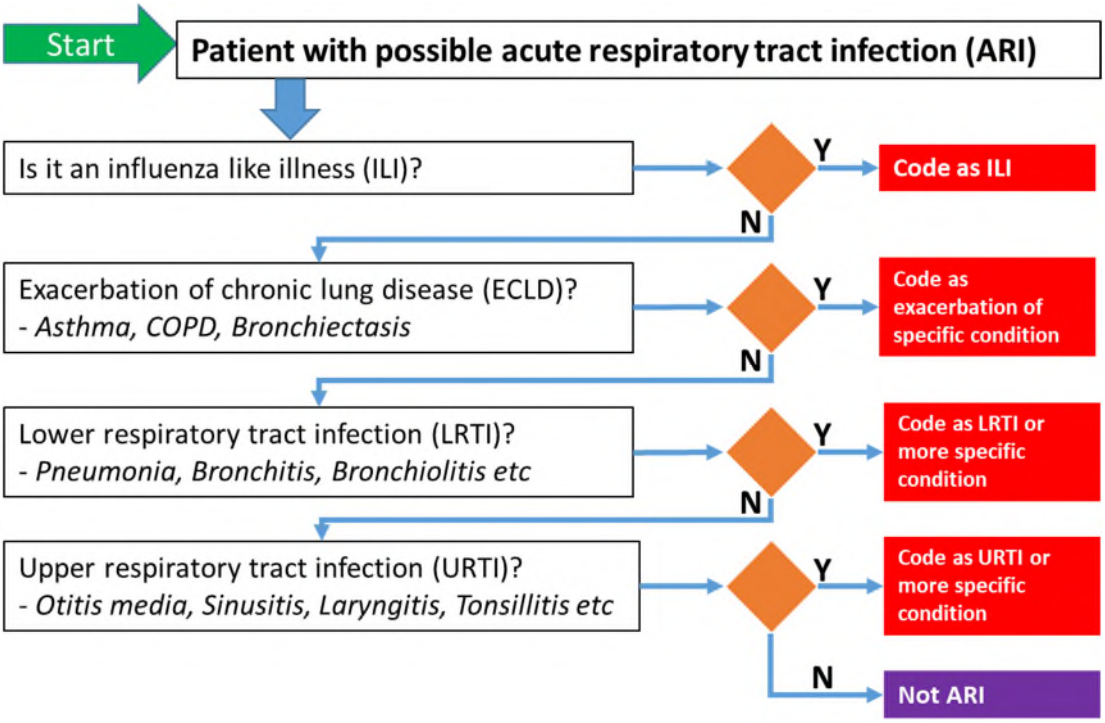


Figure 2: RSC recommendations for coding ARI from people presenting to primary care

See Appendix B for diagnoses, which contribute towards our ARI indicator.

2a. Code as a problem the likely diagnosis for all acute respiratory infections (ARI)

Please can all practices code:

a) The most likely diagnosis, for all acute respiratory illnesses (ARI). Please be as specific as possible coding:
   - Influenza like illness (ILI)
   - Exacerbations of chronic lung disease (e.g. asthma and COPD)
   - Lower respiratory infections (LRTI, e.g. acute bronchitis, pneumonia, etc.)
   - Upper respiratory infections (URTI, e.g. tonsillitis, otitis media etc.)

b) Key symptoms (e.g. cough, wheezing etc.)
c) Important examination findings and
d) Vaccination history, not already coded (e.g. recent school or pharmacy vaccination)

Please code on the balance of probability/clinical judgement under 'problem title' what you think the likely diagnosis is.

Please follow the process in Figure 2 when coding an acute respiratory infection:

1. Code the most likely diagnosis in the 'problem' of your clinical system. Please flag cases of ILI, exacerbation of chronic lung disease, LRTI, and URTI.
2. Record the episode type e.g., first, new, on-going, or review in the 'symptom title' of your clinical system.

2b. Coding symptoms and examination findings

In addition to coding the problem, we ask practices to code as a minimum the information described below. It is OK to code additional or more specific information e.g. productive cough, wheeze etc.

Key symptom/ history data to code:

1	Fever
2	Cough
3	Shortness of breath
4	Wheeze

Key signs/ examination data to code:

1	Measured temperature (ear is our preferred measurement)
2	Peripheral oxygen saturation, where available in adults
3	Pulse rate
4	Respiratory rate

We appreciate the pressures on consulting time. We have data entry forms that practices can use to facilitate high quality data entry.

See Appendix C for example ARI consultations with key data we are looking for (EMIS and SystmOne clinical systems).

3. Virology sampling eligibility

Virology swabbing provides critical information on which respiratory viruses are circulating and is used by the UK Health Security Agency (UKHSA) to measure vaccine effectiveness. This information is also critical for NHS planning and provides the World Health Organisation (WHO) key data that feeds into global vaccine strain selection for the next round of vaccination.

Eligibility

Please swab any patient with symptoms of any acute respiratory infection (ARI) with its onset within the last 10 days. Be specific as you can in coding ARI.

Consent

Patients give verbal consent for sampling. A patient information leaflet (PIL) is available for patients.

Virology sample ("swab") target numbers:

- Across the RSC network practice, we want to collect 1,000 swabs per week. Practices can collect additional virology swabs, so long as overall we do not exceed 1,000 samples per week across the year.
- We ask practices to aim for a minimum of 20 swabs per week
- The numbers scale with increasing list size

Size of practice population	Guideline number of swabs per practice per week
Under 10,000	20 swabs
10,000 – 20,000	40 swabs
20,000+	60 swabs

Please also swab across different age bands, for the following reasons:

- Under 18s and over 65s are administered different vaccine types.
- Under 18s are given the live attenuated influenza vaccine (LAIV) and we are investigating the effectiveness of intranasal vaccination.
- Under 5s and over 65s: RSV causes a significant morbidity and mortality, particularly in young infants. There are at least five candidate immunisations at phase 2 or 3 clinical trial. There is a need to establish RSV disease burden in the UK, particularly in younger children and the elderly (e.g., with COPD) to inform optimal future use of these new vaccines and to provide a baseline for subsequent impact studies stage.

Regional Distribution

This year we are looking for more samples from all RSC network practices but especially East of England, Midlands, London, and North-West Coast.

3a. Virology sampling, "swabbing" – in-consultation sampling

Using in-practice kits

If you are clinician doing a face-to-face consultation, you can take a virology sample using one of our in-practice kits.

Completing the lab form – including recent flu vaccination

Please complete all fields on the lab form. Key patient details include NHS number, date of sample, date of symptom onset, and if the patient has received a flu vaccine in the last 2 weeks. The latter is especially important for Live Attenuated Influenza Vaccine (LAIV) in <18s. You must also remember to label the swab tube with the patient details.

Swab Coding

In addition to coding the problem, symptoms and signs described in Section 2, please code that a sample was taken. This is important for monitoring progress:

- **Code: "Swab from nasopharynx taken for virology"**

Tips

1. **Use swabbing to help reassure and provide feedback to patients:** Swabbing may help support the practice with decisions around antibiotic prescribing.
2. **Use patient stickers**: Use a label printer to print patient ID stickers. Affix to the lab form and sample tubes to save time when collecting samples.
3. **Set up keyboard shortcuts to code easily:** Use the F12 key (or equivalent), or set up a 'Quick Code' to code with a few clicks that a virology sample has been taken. This will save time on having to search for the correct term.
4. **Keep kits in consulting rooms**: Distribute kits in rooms where sampling is likely to occur so they are in easy reach. Nominate someone who is responsible for posting samples at the end of the day.
5. **Make it work with your practice workflow:** We encourage practices to be flexible in their approach to sampling. For example, some practices ask patients to self-swab whilst waiting for their appointment or will ask their reception team to refer them to the TakeATestUK service.
6. **Nominate someone in your practice to post samples at the end of the day**: Make sure these go to the UKHSA virology lab in Colindale, London using the pre-paid envelopes.

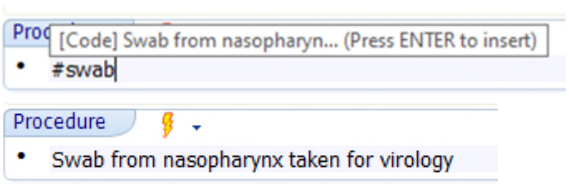


Figure 3: Setting up a 'Quick Code' using #swab

See Appendix D for virology swabbing pathway using in-practice kits.

3b. Virology sampling "swabbing" – remote consulting / triage – the swab kit will be sent to the patients home

Using the TakeATestUK service

If you are part of a triage team doing online or over-the-phone consultations, use the TakeATestUK service to text the patient details on how to order a kit to self-swab at home. Patients will automatically receive results via text message for SARS-CoV-2 and influenza.

Swab Coding

In addition to coding the problem, symptoms and signs described in Section 2, please code that a sample was offered. This is important for monitoring progress and issuing invoices for payment.

- **Code: "Self-taken swab for SARS-CoV-2 offered"**

Tips

1. **Use swabbing to help reassure and provide feedback to patients:** Swabbing may help support the practice with decisions around antibiotic prescribing.
2. **Set up Accurx or other patient messaging service:** Use pre-prepared messages to text information to eligible patients and include a link to the patient information leaflet (PIL).
3. **Set up keyboard shortcuts to code easily:** Use the F12 key (or equivalent), or set up a 'Quick Code' to code with a few clicks that a virology sample has been offered. This will save time on having to search for the correct term.

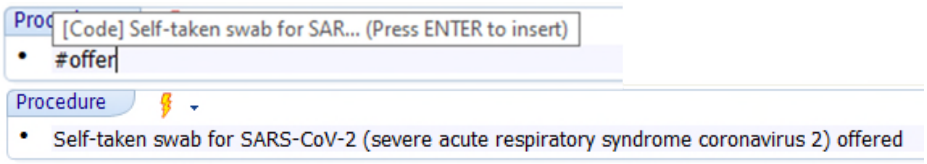


Figure 4: Setting up a 'Quick Code' using #offer

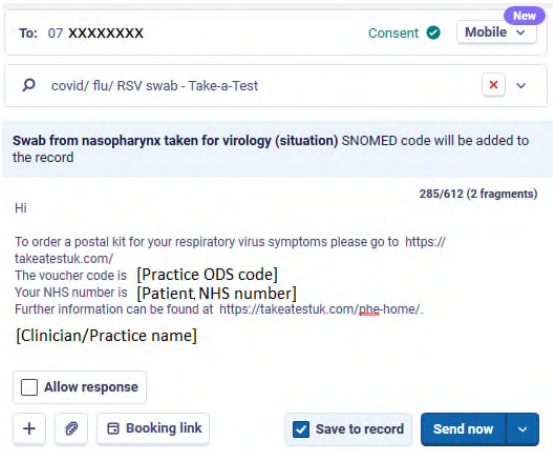


Figure 5: Recommended patient message to set up in your Accurx system

See Appendix E for virology swabbing pathway using TakeATestUK service and webpage where patients will request self-sampling kits

3c. Virology swabbing – information for practice managers

Registering your practice for virology swabbing

To start virology swabbing, the RSC Practice Liaison team will issue your practice with a bespoke UKHSA lab code/form and register you with the TakeATestUK service. Please be sure to confirm these details.

Ordering in-practice kits

Order in-practice kits to you practice using our online Material Requests form. Kits can be ordered in boxes of 25, 50 or 100 kits. You must enter your bespoke lab code. Please check the bottom of the box before emailing about potentially missing items.

Using eLab or post for receiving results

Talk to the Practice Liaison team about registering with eLab. eLab is the electronic messaging service provided by UKHSA for delivering results. If you are not registered with eLab, your practice will receive results in the post.

Notifying patients of results

Please notify patients of results. Patients using TakeATestUK will receive automatic results via text for flu and SARS-CoV-2 only. Please notify them they have another virus e.g. RSV.

Coding Results

Please arrange to have results coded into the patient's medical record**. See Appendix F for recommended codes.**

Payments

Practice reimbursement is £12.50 per swab, including patients who have ordered a kit online using the TakeATestUK service. The PLO team requests and processes invoices quarterly (every 3 months). Invoices must have the practice letterhead and include banking details.

An additional 'bonus' payment may be provided to practices where there is high data quality/high virology sampling rates. These payments will be focussed on virology sampling practices engaging in feedback session, and high quality recording of vaccine exposure (especially vaccine not given in the surgery), problem titles, history and examination findings.

Recording flu vaccinations given off-site

Please also check whether flu vaccinations given at pharmacies, schools etc. are coded in the patient's medical record. If not, please do so including brand and batch number.

Utilising the virology dashboard

Please use our Virology Dashboard to encourage swabbing at your practice. The dashboard visualises viruses circulating across the RSC network. Using a 'Practice Key' issued to your practice, you can see which viruses are circulating in your community as well as what kits your practice has ordered.

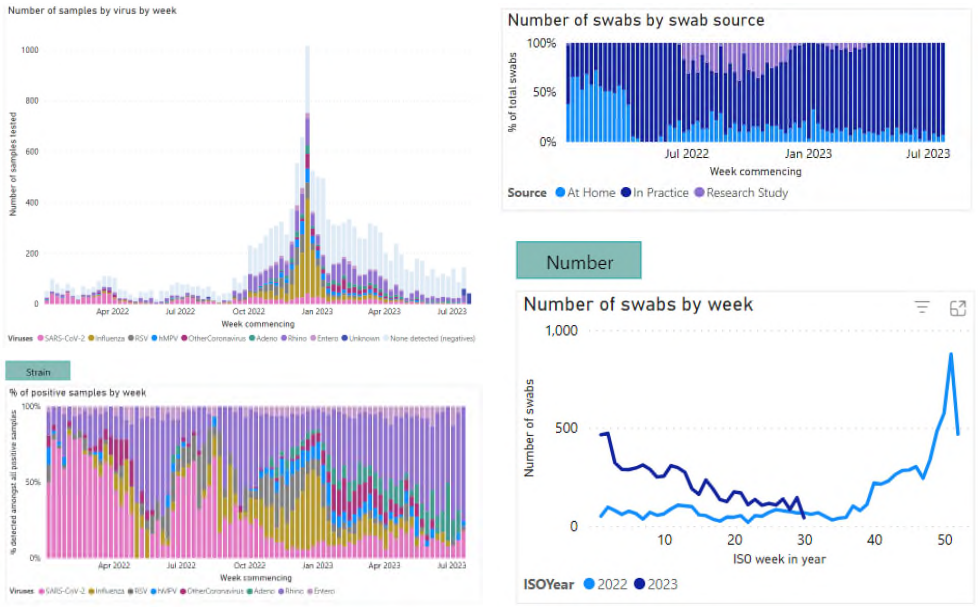


Figure 6: The RSC virology dashboard

Tips

1. **Identify which staff members will interact with symptomatic patients:** This could be the duty doctor or a nurse. If in-person, use in-practice kits. If online or over the phone, use the TakeATestUK service. Just two swabs per rotation (4 per day) is enough to reach a weekly target of 20 swabs.
2. **Organise kit supplies and place kits in consulting rooms:** When the kits arrive, avoid putting them in a store cupboard where they could be forgotten. Distribute kits in rooms where sampling is likely to occur so they are in easy reach. Nominate someone who is responsible for posting samples at the end of the day. Please also keep an eye on expiry dates and use up kits to help cut down on waste.
3. **Put up patient flyers in your practice and on your practice website:** This will remind staff members but also inform patients ahead of time. Consider adding surveillance to the agenda at a Patient Participation Group meeting.
4. **Bring your entire practice on board:** Brief your practice on the national importance of disease surveillance. Consider setting up a short monthly meeting to check in on progress, and nominate a 'Surveillance Champion' at the practice to organise and promote this work. Some suggestions for why your practice should sample:
    - Contribute to national disease surveillance
    - Provide contemporary information about what viruses are circulating in your patch
    - Help with antimicrobial stewardship
    - Provide an additional income for practices. The average earning of our top 10 sampling practices over the last year was £7,490 (ranging from £4,412 - £12,925).
5. **Run searches on swabs taken and offered:** Run searches on the two recommended codes to monitor the number of samples collected by your practice. Consider having a chart at your practice to display progress towards goals.

4. Serology sampling - more sampling in younger age-groups

Serology samples provide information about background levels of population immunity. Blood samples are tested with a number of assays to look at levels of exposure to COVID-19 infection and responses to vaccination. Samples may also be used for testing antibody levels for other communicable diseases circulating in the community for the effectiveness of associated vaccines. No results are given to patients or their GP.

Eligibility
Anyone attending a routine blood test, all ages, but prioritise people under 30 years.
(Please do not send known HIV or Hepatitis C positive samples).

Consent
Verbal consent, a patient information leaflet (PIL) is available for patients.

Targets
Across the RSC network practice, we need 1500 per month. The emphasis is younger people. <18s, 18-29, 30-64, 64+. We ask practices to aim for 5-20 samples per week.

Age Band	**Number of samples per practice per week**
Under 18s	5 samples
18-29	5 samples
30-64	3 samples
65 and above	2 samples
Total	**15 samples**

4a. Serology sampling - information for phlebotomists

In-practice kits

Use one of our in-practice kits to collect an additional vial of blood during the patient's appointment. We supply BD Vacutainer bottles. Please use your own bottle if using Monovette, however make sure the bloods tubes do not contain an anticoagulant. Suitable tubes are white (if using BS 4851 colour coding), red (if using ISO 6710 colour coding) or gold.

Coding

Please code: "Sample serology" or "Save sample for serum serology" this activates payment.

Tips

1. **Review upcoming blood test appointments and send message to patients:** Review appointments coming up in the next 24-48 hours. Use pre-prepared messages (using Accurx or other patient messaging service), focus on <30 years.
2. **Use patient stickers**: Use a label printer to print patient ID stickers.
3. **Set up keyboard shortcuts to code easily:** Use the F12 key EMIS practices (or equivalent) to code with a few clicks that a serology sample has been taken.
4. **Keep kits in phlebotomy rooms**: Distribute kits in rooms where blood samples are taken.

5. **Nominate someone to post samples at the end of the day:** Make sure these go to the UKHSA Vaccine Evaluation Unit lab in Manchester using the pre-paid envelopes.

See Appendix G for serology sampling pathway

4b. Serology sampling - Information for practice managers

To start serology sampling, please contact the Practice Liaison Officer (PLO) team practiceenquiries@phc.ox.ac.uk

Ordering in-practice kits

Order in-practice kits to your practice using our online Material Requests form. Kits can be ordered in boxes of 25, 50 or 100 kits. Please check the bottom of the box before emailing about potentially missing items.

Payments

Practice reimbursement reflects the importance of sampling in younger age-groups.

- £30 per sample from under 8s
- £11 per sample from 8-17s
- £5.50 per sample from 18+s

The PLO team requests and processes invoices quarterly (every 3 months). Invoices must have the practice letterhead and include banking details. We can also fund paediatric phlebotomy training to encourage sampling from younger age groups.

Tips

1. **Make it work with your practice workflow:** Be flexible in your approach to sampling. For example, consider making phlebotomy appointments a couple of minutes longer to allow time for taking the additional sample, especially in children.
2. **Organise kit supplies and place kits in consulting rooms:** When the kits arrive, avoid putting them in a store cupboard where they could be forgotten. Distribute kits in phlebotomy rooms so they are in easy reach. Nominate someone who is responsible for posting samples at the end of the day. Please also keep an eye on expiry dates and use up kits to help cut down on waste.
3. **Put up patient flyers in your practice and on your practice website:** This will remind staff members but also inform patients ahead of time. Consider adding surveillance to the agenda at a Patient Participation Group meeting.
4. **Bring your entire practice on board:** Brief your practice on the national importance of disease surveillance. Consider setting up a short monthly meeting to check in on progress, and nominate a 'Surveillance Champion' at the practice to organise and promote this work.
5. **Run searches on serology samples taken:** Run searches on recommended codes to monitor the number of samples collected by your practice. Consider having a chart at your practice to display progress towards goals.

5. Communication

5a. Newsletters

We have three regular newsletters:

- Sampling is Informing (every Tuesday): provides weekly insights on virology and serology sampling.
- Director's Message (every Friday): provides important updates to all RSC network practices.
- Monthly Newsletter: provides important information on training for practices, in-person visits and calls, and study opportunities.

5b. Connecting with practice Patient Participating Groups (PPGs)

We provide new monthly newsletter for PPGs. We want to engage with the public and patients. This is designed for members of your PPG and other members of the public who are interested in surveillance. This aims to help improve the transparency of how data is used and its importance in enabling surveillance, as well as promoting patient engagement and acceptability of sampling. If you would like to involve your PPG in our work, or would like us to present at your PPG please get in touch: practiceenquiries@phc.ox.ac.uk

6. Support and other research opportunities

Further information and support

- For support or training please contact practiceenquiries@phc.ox.ac.uk.
- For further information, please visit: https://orchid.phc.ox.ac.uk/surveillance

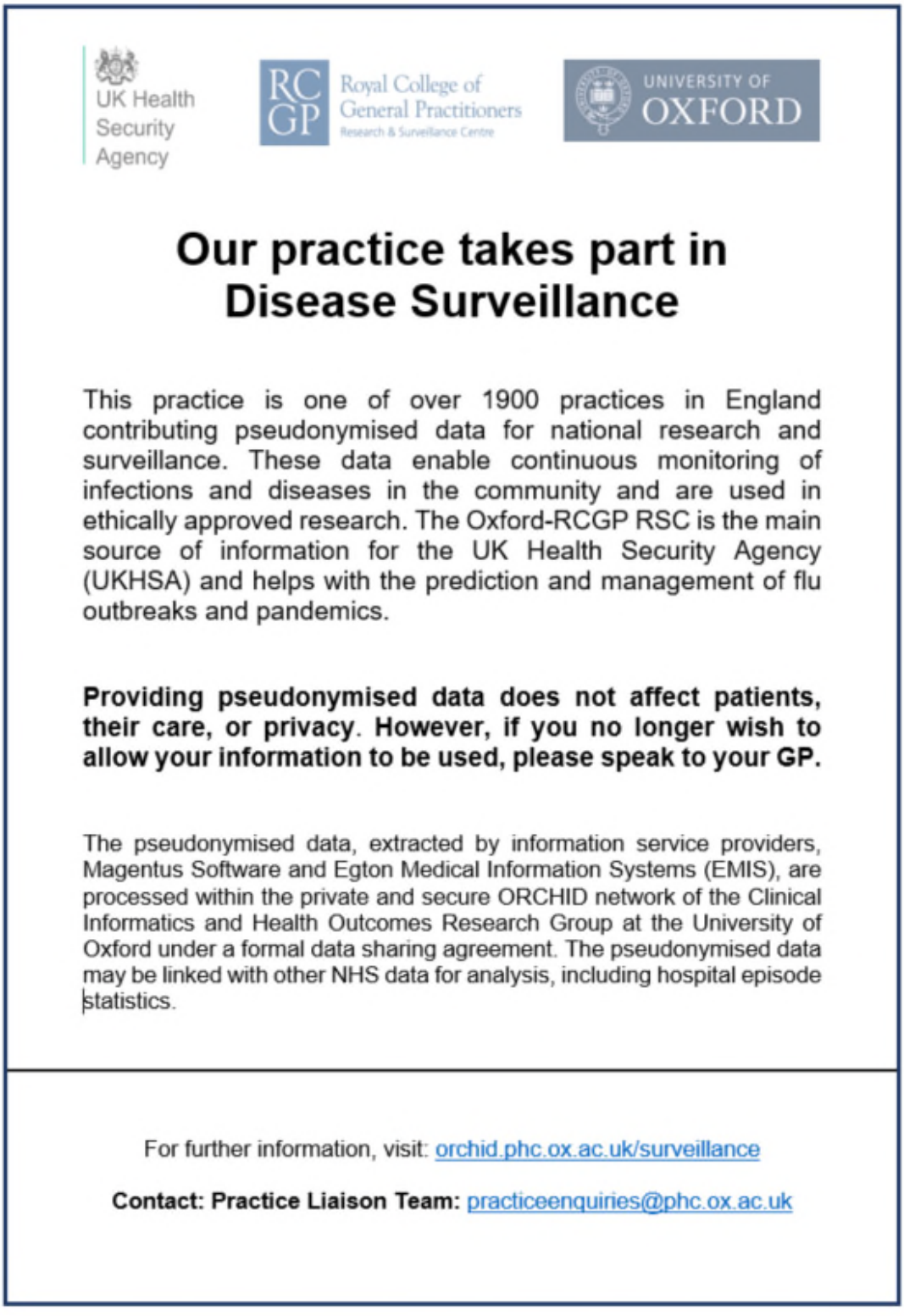
Other opportunities

If your practice is interested in participating, please contact: practiceenquiries@phc.ox.ac.uk

1. The RSC supports various research studies, and this year will be running Point of Care Testing (POCT) studies.
2. We are also running gastroenteritis surveillance collecting stool samples – Third National Study of Intestinal Infectious Disease (IID3), together with the Food Standards Agency, UKHSA, and the Universities of Newcastle and Oxford.
3. This year we will be running a pilot to also collect virology samples from asymptomatic children aged 0-4 years of age, attending the practice for routine immunisation.
4. We would like to use EMIS recruit to automatically flag patients (who are having blood collected for clinical reasons), and whose samples may be particularly valuable for serological surveillance such as repeat samples in immunocompromised patients, to monitor response to COVID and flu vaccines. If you use EMIS Recruit or plan to start this winter and are interested in contributing, please contact meredith.leston@linacre.ox.ac.uk

7. Appendices

Appendix A: Information that practice data are used for surveillance



UK Health Security Agency

Royal College of General Practitioners Research & Surveillance Centre

UNIVERSITY OF OXFORD

Our practice takes part in Disease Surveillance

This practice is one of over 1900 practices in England contributing pseudonymised data for national research and surveillance. These data enable continuous monitoring of infections and diseases in the community and are used in ethically approved research. The Oxford-RCGP RSC is the main source of information for the UK Health Security Agency (UKHSA) and helps with the prediction and management of flu outbreaks and pandemics.

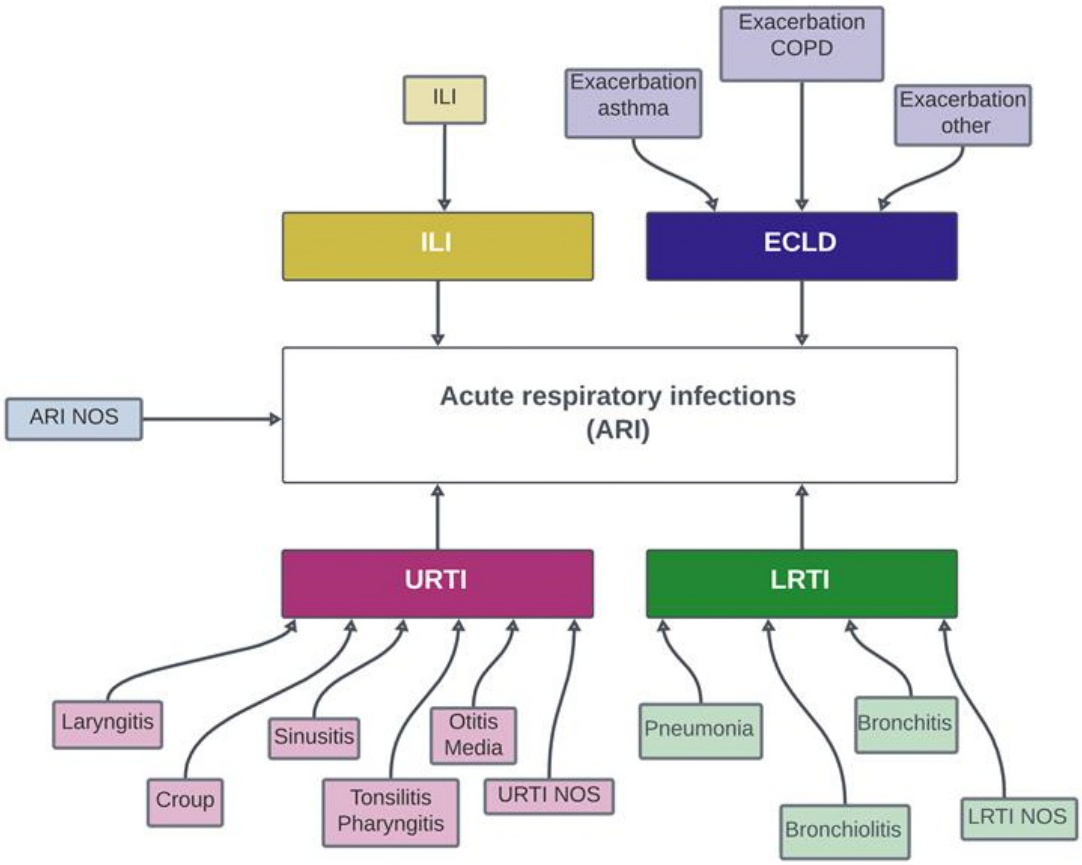
Providing pseudonymised data does not affect patients, their care, or privacy. However, if you no longer wish to allow your information to be used, please speak to your GP.

The pseudonymised data, extracted by information service providers, Magentus Software and Egton Medical Information Systems (EMIS), are processed within the private and secure ORCHID network of the Clinical Informatics and Health Outcomes Research Group at the University of Oxford under a formal data sharing agreement. The pseudonymised data may be linked with other NHS data for analysis, including hospital episode statistics.

For further information, visit: orchid.phc.ox.ac.uk/surveillance

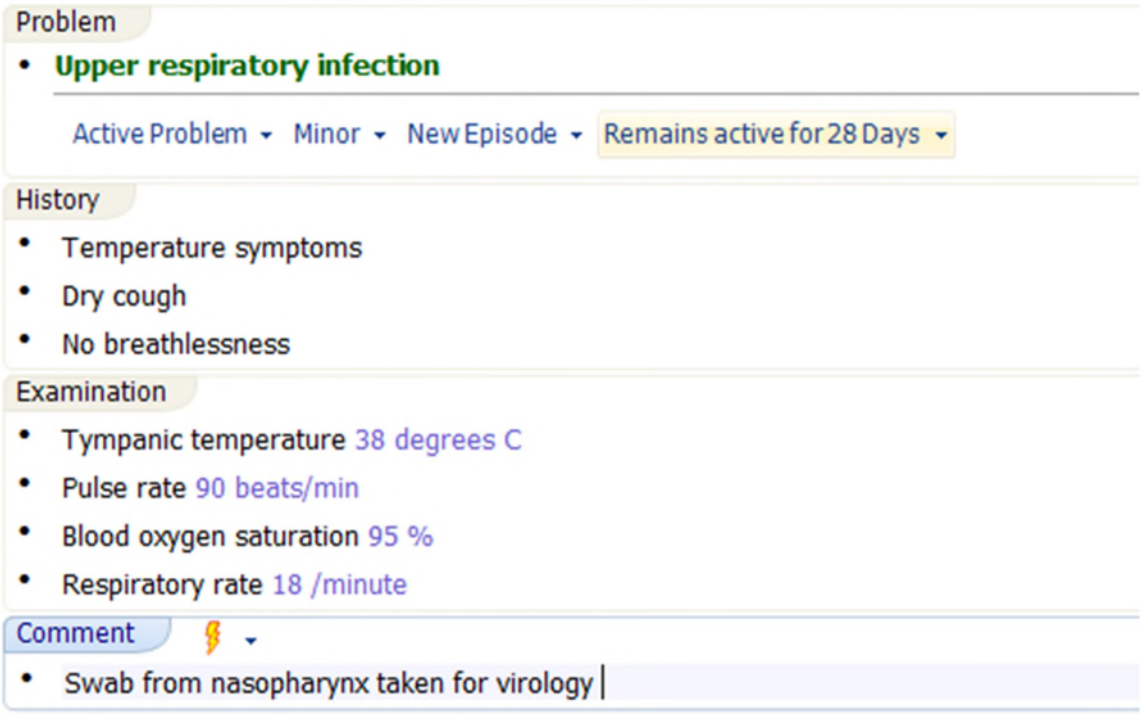
Contact: Practice Liaison Team: practiceenquiries@phc.ox.ac.uk

Appendix B: Diagnoses that contribute towards the Acute Respiratory Infection (ARI) indicator

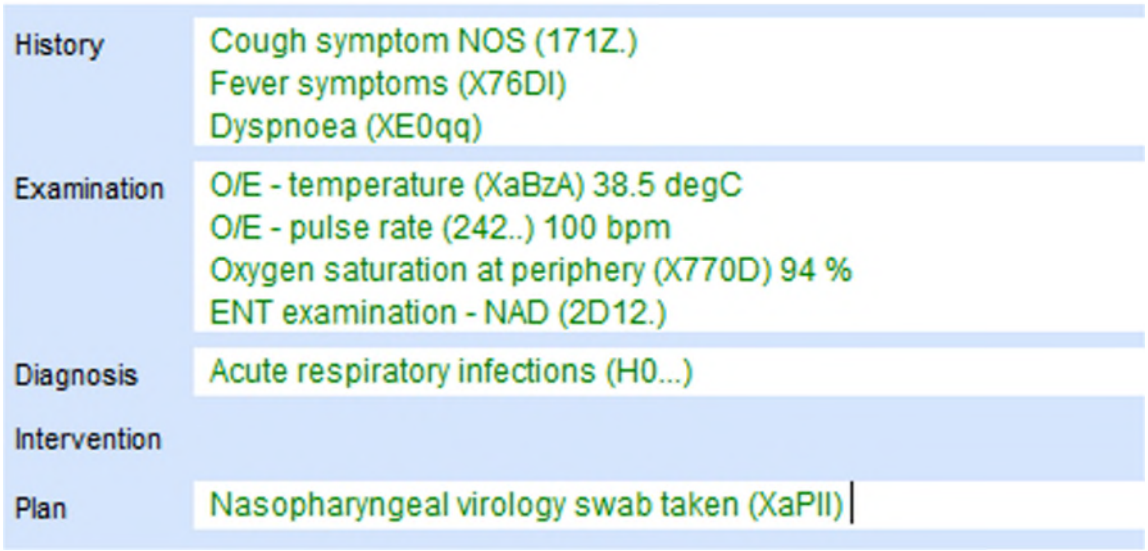


Appendix C: Example ARI consultations with key data we are looking for EMIS and SystmOne clinical systems

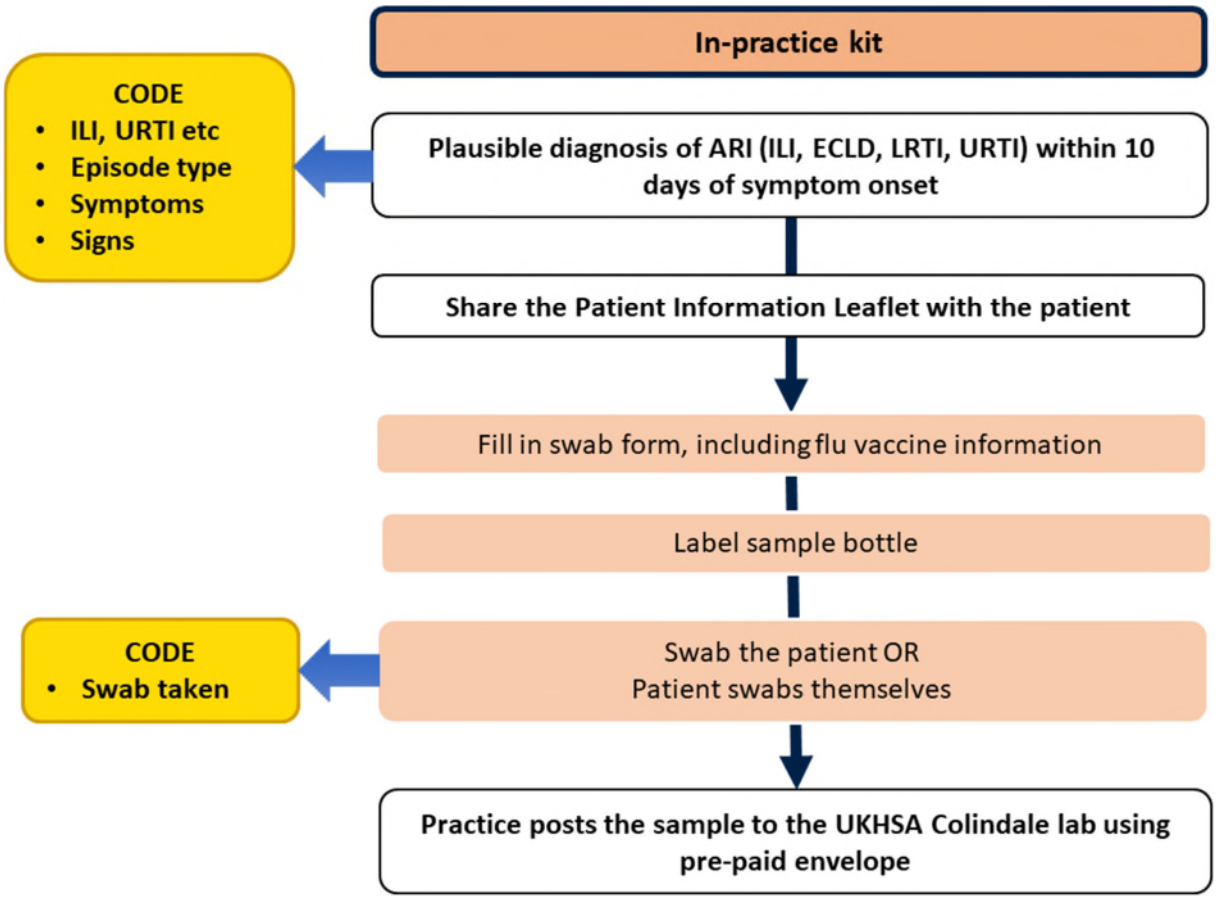
EMIS:



SystmOne:

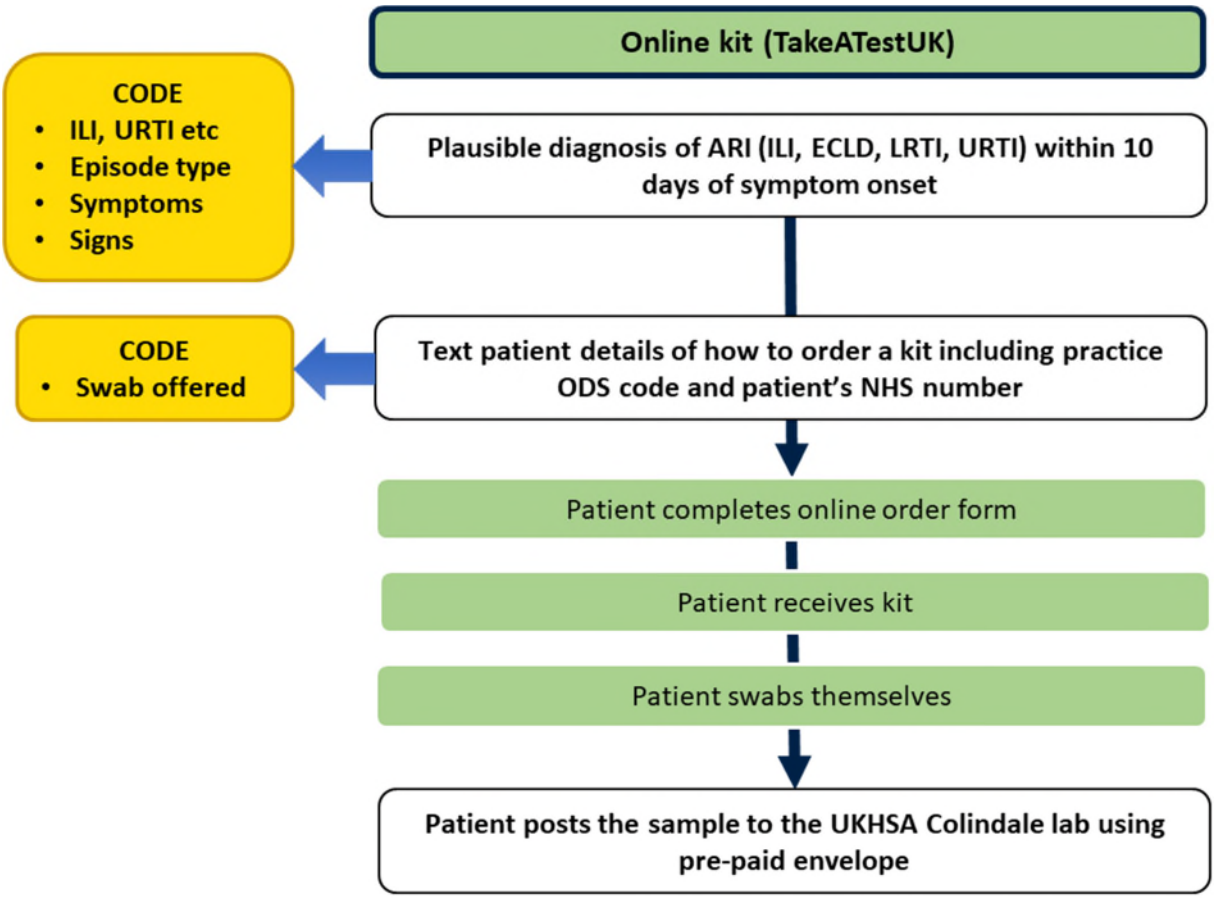


Appendix D: Virology swabbing pathway using in-practice kits

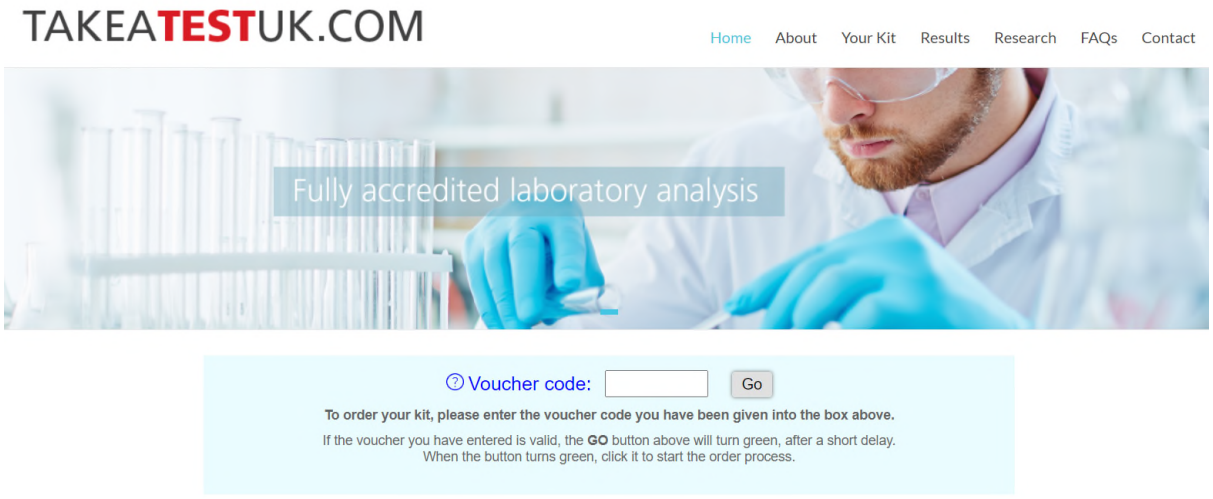


In-practice kit and consulting clinician taking a virology sample

Appendix E: Virology swabbing pathway using TakeATestUK service



The TakeATestUK webpage where the patient enters in the practice code as the 'voucher code':

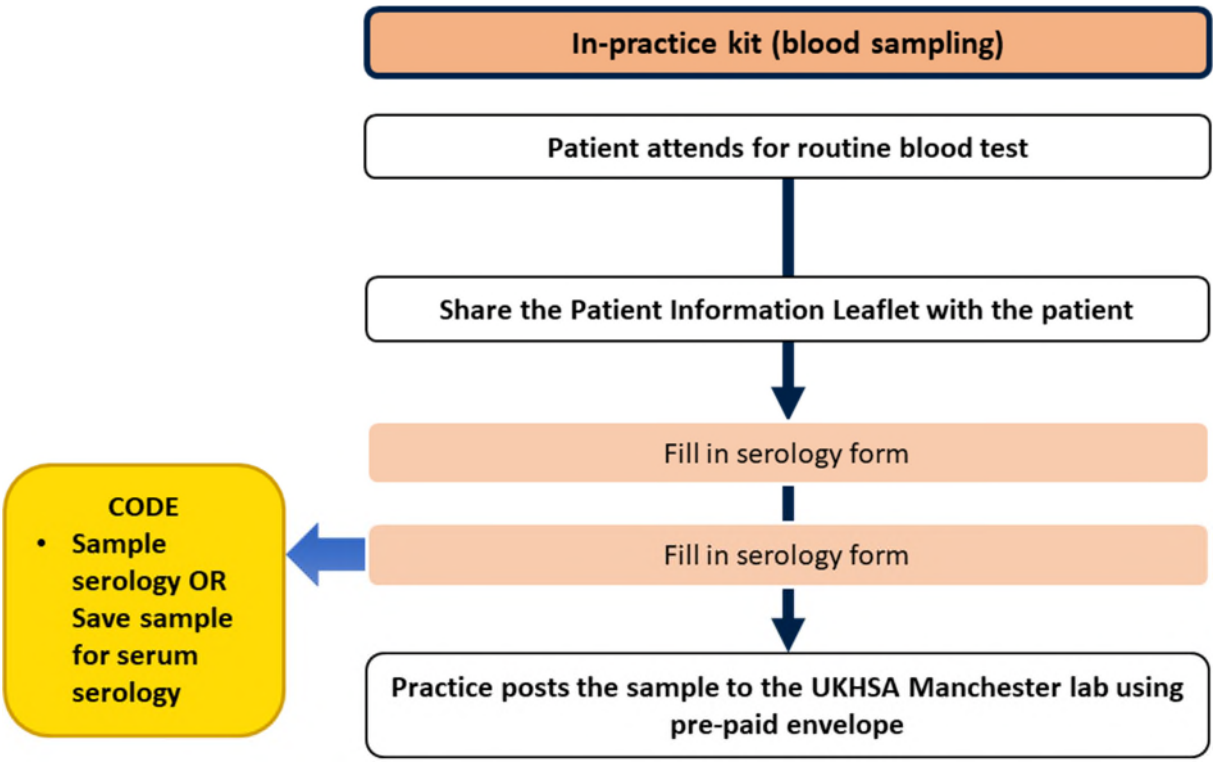


Appendix F: Virology results to be coded into the patient's medical record

Please pass this page to your clinical coding team

Result	Term	SNOMED CT Code	Read Code
Seasonal coronaviruses (NL63, 229E, OC43, HKU1)	*Coronavirus Infection*	186747009	A795
Severe acute respiratory syndrome-coronavirus 2 (SARS-CoV-2)	*Severe acute respiratory syndrome coronavirus 2 ribonucleic acid detected*	1324601000000106	Y2a3b
Influenza A H1N1	*Influenza A virus subtype H1 present*	441043003	XaPIN
Influenza A H3N2	*Influenza A virus subtype H3 present*	441049004	XaPIP
Influenza A no subtype specified	*Influenza A virus ribonucleic acid detection assay* + add "positive"	1008261000000108	XabpY
Influenza B	*Influenza B virus present*	441345003	XaPIS
Respiratory Syncytial Virus (RSV) A	No subtype available (see below)		
Respiratory Syncytial Virus (RSV) B			
RSV no subtype specified	*Respiratory syncytial virus untyped strain present*	441278007	XaPOc
Human metapneumovirus (hMPV)	*Human metapneumovirus present*	441133003	XaPOd
Adenovirus	*Human Adenovirus Present*	440930009	XaPOI
No virus found	*No respiratory virus detected*	365791000000102	XaPOq
Human rhinovirus	No results given to practice		
Enterovirus	No results given to practice		

Appendix G: Serology sampling pathway



In-practice serology kit and the correct way to insert the blood tube into the transport container (stopper on the outside):