

Joint Committee on Health

OPENING STATEMENT

12th October 2022

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Office of the Chief Clinical Officer**



Introduction

Good morning Chairman and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss Long Covid and Monkeypox. I am joined by my colleague(s):

- Professor Catherine Fleming Professor Consultant in Infectious Diseases, and Co Lead Infectious Diseases Clinical Programme.
- Dr Derval Igoe, Specialist in Public Health Medicine, HSE-Health Protection Surveillance Centre
- Mr Ciaran Browne, National Crisis Management Team Lead, Monkeypox.
- Professor Fiona Lyons, Medical Director, Clinical Lead, Sexual Health & Crisis Pregnancy Programme

Long COVID

The HSE launched its Interim Model of Care for Long COVID in September 2021. The Model provides a framework for the provision of supports and services for those experiencing prolonged symptoms of COVID- 19. The model is being implemented in a phased approach, each hospital group having access to both a Post-Acute and Long COVID service. This will deliver *eight* Post-Acute COVID Clinics and *six* Long COVID clinics across the country.

Post-Acute COVID Clinics:

The following sites have Post–Acute COVID clinics; Mater University Hospital, Connolly Hospital Blanchardstown, St James’s University Hospital, Tallaght University Hospital, Cork University Hospital, University Hospital Limerick, Galway University Hospital, Letterkenny University Hospital.

Long COVID Clinics:

Long COVID clinics are established in Beaumont University Hospital, St James's University Hospital, St Vincent's University Hospital, Cork University Hospital, University Hospital Limerick, Galway University Hospital.

Both Tallaght University Hospital and St James's University Hospital are operating combined Post-Acute and Long COVID clinics.

Some of these clinics have been established in response to local population needs using existing resources and capacity. The HSE is working closely with each of the hospital sites to expand the existing clinics where needed to provide a full range of care. The HSE is also examining how existing services in the community can support those with post/long COVID symptoms.

The number of people that are affected with acute COVID and Long COVID remains unknown, but published reports indicate that approximately 10-20% of COVID 19 patients experience lingering symptoms for weeks to months following acute SARs-CoV-2 infection.

An epidemiological survey is being planned to provide insight and understanding to the prevalence of Long Covid in the Irish Population and risk factors for developing Long Covid. It will also help to forecast future demand for services and will inform the direction of the Model of Care. The HSE has commissioned HIQA to review the evidence regarding Long Covid, including Models of Care (MoC) in other jurisdictions. This, along with additional research that will be conducted by the HSE, will inform the development of services and a review of the current Interim Model of Care.

Monkeypox

Monkeypox virus is found naturally in certain African countries. Prior to May 2022, monkeypox infection was rarely seen outside these endemic countries. Infection with the virus responsible for the current outbreak manifests as a mild illness and most people recover within weeks; it can occasionally cause severe complications including death. Severe illness is more likely to occur in people with a weakened immune system, pregnant women and children.

Following reports of cases of monkeypox infection in gay, bisexual and other men who have sex with men in Europe, a multisectoral, Public Health led National Incident Management Team (IMT) was established to prepare for cases being identified in Ireland. This was the first time chains of transmission were reported in Europe without known epidemiological links to endemic countries in Africa.

The HSE rapidly put in place laboratory diagnostic capacity, clinical /patient assessment capacity, transport pathways, clinical and public health guidance documents and channels for sourcing vaccine and antiviral medication.

Patient information resources and a communication campaign to ensure that individuals with suspected or confirmed MPXV infection had timely access to appropriate information, assessment were also put in place to ensure that the public and the workforce responding to MPXV were protected. Contact tracing guidance was also developed including the offer of post exposure vaccination to close contacts deemed at significant risk of infection. Mobile vaccination teams were deployed to administer vaccine to close contacts in the community.

In Ireland, the first case of MPXV infection was confirmed on 27th May 2022. Since then, 194 cases have been notified, with 11 hospitalised. Cases are predominately male and the mean age is 35 years. In July the current global outbreak of MPXV infection was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation.

The HSEs focus is the roll out of primary prevention vaccination to individuals likely to benefit most in line with NIAC recommendations. Estimates that between 6,000-13,000 people would benefit from primary prevention vaccination. The HSE has commenced vaccinations of high priority groups. In the context of limited vaccine availability, the Chief Clinical Officer established a Clinical Advisory Group to advise on the prioritisation categories for vaccination. Working with the Department of Health, to date over 2,000 vials of monkeypox vaccination have been secured. In August, the EMA advised that countries could administer the vaccine intra-dermally. This increases our ability to provide vaccination to identified priority groups.

The HSE has provided primary prevention vaccination to over 300 people and 160 post exposure vaccinations. Next Monday the 17th of October, the HSE will commence offering vaccinations through 11 designated centres across the country. Individuals will be asked to self identify their risk for infection and where they deem appropriate self-book a vaccine appointment. The aim is to complete vaccinations for high priority groups between now and December. Two doses of monkeypox vaccinations are administered at least 28 days apart. The Department of Health and HSE continue to procure additional vaccine stocks and are hopeful that further stocks will become available.

Communication to Gay and Bisexual Men who have sex with Men (bMSM) remains a critical part of our response working in close partnership with community organisations. Community partners developed an extensive communication campaign, including washroom posters across Ireland; social media advertising; online and print adverts in the LGBTQ+ press, video content to include monkeypox testing, care and a number of public and community leader meetings with members of the National Crisis Management Team. The HSE have also funded HIV Ireland to provide a counselling and psychosocial support service for those affected.

This concludes my Opening Statement.

Thank you.