

Special Committee
on
COVID-19 Response

OPENING STATEMENT

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Chief Clinical Officer

Thursday 25th June 2020

Introduction

Good morning Chairman and members. Thank you for the invitation to meet with the Special Committee on Covid-19. I am joined by my colleagues:

- Mr Damien McCallion, National Director
- Ms Niamh O'Beirne, National Lead for Testing and Tracing
- Dr Cillian De Gascun, Consultant Virologist & UCD NVRL Laboratory Director

Chairman and members as requested by the Committee we submitted last week a detailed document on Testing and Tracing for COVID-19. I will therefore in this Opening Statement make some summary comments.

Since the onset of the Covid-19 pandemic, the HSE has worked tirelessly to build a robust testing and tracing infrastructure with the aim to monitor and reduce the transmission rate of Covid-19 in order to protect Public health.

It is important to acknowledge the extent of what has been achieved as part of this response. To date, we have developed a testing system that has enabled us to complete over 400,000 tests. "*Our world in data*" ranks Ireland 6th in the number of tests per head of population within the EU and UK.

There have been many complexities to the testing infrastructure that have needed to be considered and overcome. Carrying out PCR testing for Covid-19 has proved challenging at times. The process involves more than simply taking swabs, there are multiple layers to the process that impact the end result.

Firstly, we had to set up 48 test centres to take swabs, the first of which opened on 16 March and within 10 days more than 40 were open.

We then had to consider how we would increase laboratory capacity to meet the expected demand. Thirdly, we had to ensure we could increase our ability to contact trace, to a larger scale than had ever been performed in the country to date. We also had to build new IT systems to enable us to track and trace individual results through the process.

To do all this we had to redeploy staff from other areas of the HSE and other public sector bodies, set up centres to support our Public Health Departments, and build a system from scratch to enable the service to function. This had to be done while responding to the ongoing pandemic, something that has been described in the initial response as the equivalent to *building the plane while flying it*.

It has been well publicised that we had issues in testing in the early stages with delays in access to testing and the return of test results – much of this connected with global issues in the supply of test kits and reagents, our local laboratory capacity and a broad initial case definition. The case definition changed as knowledge of the virus and its characteristics increased; this required close work with the Primary Care community to respond to changes in the case definition and referring for testing accordingly. We have strived to overcome these challenges to build a more robust system capable of meeting demand today with flexibility into the future for any potential future surges.

Despite early stage issues, we have strengthened our capability to protect the nation's response to COVID-19. Since May 18th, we have the capacity to deliver 100,000 tests per week across our end-to-end testing infrastructure – from referral to contact tracing.

We have reduced our turnaround times significantly with swabbing appointments mostly same day or next, laboratories completing testing in one day and contact tracing also completing in one day.

In order to meet the need to trace contacts at a large scale, a contact management programme has been in operation since March. It operates a three-call process to efficiently contact trace a confirmed case and also conducts active surveillance for 14 days from contact with a confirmed case. We are also one of the few countries to offer automatic testing for contacts of a confirmed case, this has been in place since May.

We are ensuring that we remain agile in our approach, driving continuous improvement and striving to be as proactive as is possible in our response. Week on week we make changes that increase efficiency. However, we still face some challenges including, anticipating the ongoing number of tests which will be carried out each week. Referrals from GPs have fallen recently, in line with reduced disease prevalence and positivity rates have fallen from 25% to 0.5% As a result the demand for our available capacity has been lower in recent weeks. However, we must keep in mind that as the country begins to open, we may see a demand for increased capacity once again and we need to be ready.

The current testing and tracing service was put in place in order to meet the immediate requirements of the Covid-19 crisis. The design of a new model that will operate for the next 18+ months has commenced. This critical project will run over the summer months with a target implementation date in late August. It will focus on building a fit for purpose, sustainable testing service that will deliver short turnaround times, maintain long term capacity, effective contact tracing and be flexible for any potential surges that may come.

Finally, I would like to sincerely thank everyone who has played a part in developing the current testing and tracing operational model which has enabled us to protect public health to date. We are most grateful for the support of the GP community who have worked with us since the outset in a very collegiate, practical and productive way.

Testing and tracing along with other public measures such as social distancing and good hand hygiene will play a part in all our lives until a vaccine for covid-19 has been developed and delivered.

This concludes my statement and we will be happy to address any questions you may have.

Thank you