An Roinn Sláinte
Department of Health
Office of the Chief Medical Officer

22 April 2020

Ms. Niamh O'Beirne
Executive Management Team
Health Service Executive
Dr Steevens Hospital
Steeven's Lane
Dublin D08 W2A8

Dear Niamh,

Thank you for your letter of the 20 April in relation to testing and contact tracing, which was given some consideration at the NPHET meeting yesterday.

The letter sets out clearly your assessment at this point in time of capacity levels, current turnaround times, risks and mitigations for the various parts of the testing pathway. I understand that you and your team are continuing to review the full end-to-end process and that this will be completed this week. I also understand that you expect to be in a position to provide a more definitive assessment to NPHET by Friday, 24th April 2020.

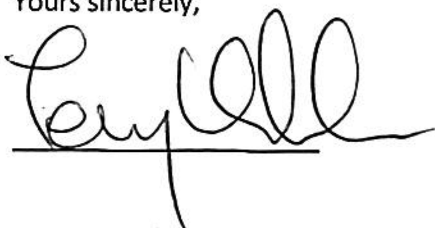
We have now had the opportunity to consider your letter in detail and there are a number of areas that I think are worth highlighting in advance of you finalising your considerations by the end of the week. These are as follows:

- We understand from your assessment that the following estimated capacity is possible by the end of the month when considered across community and hospitals (while fully appreciating the various risks associated with this): 13,400 sampling, 10,000 laboratory, and contact tracing capacity to deal with 3,000 confirmed cases. This shows great progress and reflects the work that has been happening across the HSE. As outlined in my letter of 17th, NPHET has advised that planning should be on the basis of 15,000 tests a day/100,000 test per week on a seven day basis. I would appreciate if you could set out opportunities to grow current capacity to that level.
- We note the current turnaround times set out in your letter and that process review and improvement is ongoing to bring down current turnaround times. This will be essential if we are to reach our ambition of a real-time service.
- We also note in your letter that a lead time of 3-5 days is required to scale up capacity in community testing hubs. We expect to be in a position to make changes to the case definition at our meeting this coming Friday, so I can advise that it is prudent to now go ahead and put in place measures to scale up community testing capacity as described in your letter.

- We have previously raised the importance of active follow-up of contacts for 14 days and appropriate referral pathways for testing of close contacts. This must be integrated into the current process and should be reflected in the forthcoming paper.
- It will also be important that the potential role of the mobile app that is under development is reflected in the forthcoming paper.
- I would also appreciate further clarity on the operational processes that has been put in place for the LTRC testing. This information is needed immediately. This should include:
    - Confirmation that the LTRC facility samples are 'tagged' as an outbreak right through the pathway from sampling to result and integrated into CRM, Swift Queue and HealthLink.
    - Confirmation that the 'tagging' classification categories include nursing homes, disability setting, mental health, 'other' options and that they also distinguish between HCW and resident samples.
    - It is essential that all of these cases are easily identifiable in the daily reports to the HPSC and to NPHET to enable accurate reporting, epidemiological analysis and the incorporation of data into the ongoing modelling work.
    - Clarity on which labs are processing samples from the LTRC facilities and the estimated volumes associated with each laboratory.
    - Clarity would be welcome on the plans for how results will be communicated, including communication with and the role of GPs. Clarity also required on how contact tracing will be conducted on any cases arising within these settings? Is it the intention to manage this process 'in-house' so to speak via public health doctors/IPC/local on-site teams or is there a role envisaged for the contract tracing centres. My concern on the latter would be that it might make the calls unnecessarily difficult for the caller and confusing for the recipient.
- In relation to contact tracing, further clarification would be welcome on: current timeliness of the contact tracing process, confirmation that all cases are now being captured on the CRM, the proportion of calls that are being completed at both call 1 and call 3, and confirmation that all negative results (current and past) have been communicated.
- I would also appreciate if you could clarify the position in relation to contact tracing of suspect/probable cases.
- In terms of laboratory capacity, there is reference to Eurofins Biomnis working with Trinity College Dublin to provide an additional 1,000 tests per day. This is the first reference to Trinity and I would welcome clarity on this point.

I would once again like to thank you for your engagement to date, and I look forward to continuing to work with you and colleagues in the HSE in the comings weeks and months.

Yours sincerely,



Dr. Tony Holohan
Chief Medical Officer