



RESPONSES TO QUESTIONS TAKEN ON NOTICE

Hearing Date: 29 March 2022

Directed to: Professor Deborah Williamson

1. Ms CROZIER Page no.21

Question asked: You made mention of the COVID information sent to the Department of Health through the lab notification system. When did that start?

Response:

Electronic laboratory reporting of SARS-CoV-2 test results from VIDRL to the Victorian Department of Health commenced on April 17th 2020.

2. Ms CROZIER Page no. 22

Question asked: Was anyone from the Victorian government on that round table with those discussions that you had at that time?

Response:

There were representatives from the Victorian Department of Health present at the round table on 3rd September. Additional information on this representation can be obtained from the Victorian Department of Health.

3. Ms KEALY Page no. 25

Question asked: Professor Williamson, can you give some insight into the data around the confirmation of the positive tests? What is the rate of correlation of a sample that is sent to your laboratory and identified as positive to COVID? What is, I guess, the correlation rate of that also testing positive within VIDRL?

Response:

Samples may be referred from diagnostic laboratories to VIDRL for additional SARS-CoV-2 testing when there is ambiguity about the test result. As such, VIDRL receives a diverse range of samples, and a rate of correlation between these test results is not directly meaningful.



Question asked: In January 2022 we saw a number of samples which were discarded by private pathology companies because they were not tested within the relevant time frame. As VIDRL had been the primary testing laboratory in Victoria for some period of time before the private pathology services came online, were you ever asked to pick up any additional diagnostic testing to provide that surge capacity and relief for the private pathology providers who could not keep up with demand over that December–January period?

Response:

VIDRL was not requested to provide additional capacity for private pathology laboratories over the period December 2021 – January 2022.

4. Ms CROZIER Page no. 26

Question asked: Okay. Thank you very much. If I could just go to those meetings that you said the pathology networks had—you and the private pathology—that were hosted by government. Could the committee have a copy of the minutes from 1 December as to what was being highlighted at those meetings, obviously with the number of tests that were increasing at that time, and the concerns that you may have raised with government?

Response:

The regular meetings between public pathology laboratories and the Victorian Department of Health are coordinated by the Victorian Department of Health, and all minutes are held by the Victorian Department of Health.

5. Ms CROZIER Page no. 27

Question asked: Okay. We will do that. If I could just go back to that. I know that, as Ms Kealy has said, the number of cases was increasing and throughout December it was clear from Professor Sutton’s evidence—that 50 000 tests. I mean, you said yourself that VIDRL could only do 1000 tests as a reference laboratory, so you could not do the mass testing for the community, for the state. With those numbers increasing through December, I am just keen to understand what throughput the public pathology had—how many tests they were putting through at that time. Would you have that indication or could you tell the committee, or is that a question on notice?



Response:

Information on the testing capacity of the public pathology system in Victoria is held by the Victorian Department of Health.

6. Ms CROZIER Page no. 27

Question asked: ... in other states at the time there was private pathology also doing the diagnostics. It was not just referencing laboratories that were doing the testing. There was private pathology undertaking diagnostic testing at that same time in other states. Am I correct in that?

Response:

Information on when diagnostic testing for COVID-19 commenced in inter-jurisdictional private pathology laboratories is held by each private pathology provider.

7. Ms WARD Page no. 28

Question asked: I do not know if you have got the time to do this, but talking us through the collection of data and the variants that you are collecting and what you extract—the genomic sequencing that you do in understanding the variants that we have got—you said that BA.2 is now the dominant strain in Victoria. When we say dominant, where is that up to? Is it 60 per cent, is it 70 per cent of current cases? And how easy is that to determine? Is that purely based on PCR data that you are collecting, or is there also some evidence through RATs that you are able to obtain?

Response:

Information on the proportion of SARS-CoV-2 variants is derived from a combination of PCR testing and genomic sequencing, both from clinical samples and wastewater surveillance. Rapid antigen tests are not used to derive information on SARS-CoV-2 variants. Information on the relative proportion of SARS-CoV-2 variants is provided through regular media updates from the Victorian Department of Health (an example is provided here:

<https://www.health.vic.gov.au/media-releases/coronavirus-update-for-victoria-18-march-2022>