



National Public Health Emergency Team – COVID-19

Meeting Note

Date and Time	Tuesday 14 th July 2020, (Meeting 40) at 14:00.
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Ronan Glynn, Acting Chief Medical Officer, DOH
Members via videoconference	<p>Dr Darina O’Flanagan, Special Advisor to the NPHE</p> <p>Dr Kevin Kelleher, Assistant National Director, Public Health, HSE</p> <p>Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG)</p> <p>Dr Lorraine Doherty, National Clinical Director Health Protection, HSE</p> <p>Dr Colm Henry, Chief Clinical Officer (CCO), HSE</p> <p>Mr Liam Woods, National Director, Acute Operations, HSE</p> <p>Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair</p> <p>Mr David Leach, Communications, HSE</p> <p>Dr Mary Favier, President, Irish College of General Practitioners (ICGP)</p> <p>Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA</p> <p>Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH</p> <p>Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH</p> <p>Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH</p> <p>Mr Paul Bolger, Director, Resources Division, DOH</p> <p>Dr Colette Bonner, Deputy Chief Medical Officer, DOH</p> <p>Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH</p> <p>Ms Deirdre Watters, Communications Unit, DOH</p> <p>Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH</p> <p>Dr John Cuddihy, Interim Director, HSE HPSC</p> <p>Dr Breda Smyth, Public Health Specialist, HSE</p> <p>Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE</p> <p>Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH</p>
‘In Attendance’	<p>Mr David Keating, Communicable Diseases Policy Unit, DOH</p> <p>Mr Colm Ó Conaill, Policy and Strategy Division, DOH</p> <p>Ms Sarah Treleaven, CMO Division, DOH</p> <p>Ms Marita Kinsella, Director, NPSO, DOH</p> <p>Ms Aoife Gillivan, Communications, DOH</p> <p>Ms Sheona Gilsean, R&D and Health Analytics Division, DOH</p> <p>Mr Ronan O’ Kelly, R&D and Health Analytics Division, DOH</p> <p>Dr Matthew Robinson, Specialist Registrar in Public Health, DOH</p>
Secretariat	Dr Keith Lyons, Ms Sarah Murphy, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH
Apologies	<p>Dr Alan Smith, Deputy Chief Medical Officer, DOH</p> <p>Ms Yvonne O’ Neill, National Director, Community Operations, HSE</p> <p>Dr Jeanette McCallion, Medical Assessor, HPRA</p> <p>Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital</p> <p>Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE</p> <p>Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH</p> <p>Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital</p> <p>Mr Phelim Quinn, Chief Executive Officer, HIQA</p>



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Matters Arising*

No matters arising were raised at the meeting.

2. Epidemiological Assessment

a) *Evaluation of Epidemiological data: (incorporating National Data Update, Modelling Report and International Update)*

- (i) *Report from Department of Health under decision framework of “Roadmap for Re-opening of Society and Business”*

The DOH presented the latest national epidemiological data which had been compiled into a report prepared in accordance with the decision-making framework set out in the *Roadmap for Reopening Society and Business*. The report updated on the-

- latest data regarding the progression of the disease,
- capacity and resilience of the health service in terms of hospital and ICU occupancy, and
- capacity of the programme of sampling, testing and contact tracing.

The situation was as follows:

- (i) the number of confirmed cases stands at 25,638;
- (ii) the five-day rolling average of cases was 20 cases;
- (iii) the 14-day epidemiological incidence per 100,000 population was 3.47;
- (iv) there were 13 confirmed cases in hospital on the 13th of July, with 181 suspected cases awaiting results;
- (v) the number of confirmed COVID-19 patients requiring critical care was 10, with a further 8 patients suspected of having COVID-19 also in critical care;
- (vi) 8,284 cases (32% of all cases) were associated with healthcare workers;
- (vii) 1,746 deaths due to COVID-19 recorded to date, with 6 new deaths notified on 13th July.

With regard to clusters and outbreaks specifically, NPHEt noted–

- (i) the total number of clusters in residential care facilities to date has been 463*,
- (ii) the number of confirmed cases in residential care facilities stands at 7,656 of which 5,834 have been in nursing homes,
- (iii) that as of Saturday 11th July, there have been–
 - 4 COVID-19 outbreaks involving the Roma community, involving 42 cases. One of these outbreaks remains open. No new cases were notified in the past week in this cohort,
 - 8 COVID-19 outbreaks involving the Irish Traveller Community, involving 65 cases. 2 of these outbreaks remain open. No new cases were notified in the past week in this cohort,



- 4* COVID-19 outbreaks notified in residential facilities for the homeless involving 15* cases. All of these outbreaks have been closed. No new cases were notified in the past week in this cohort,
- 16 outbreaks in Direct Provision Centres, involving 182 cases. All of these outbreaks have been closed. No new cases were notified in the past week in this cohort,
- 38 clusters in workplaces, including 22 in meat processing plants. 11 of these outbreaks remain open, including 5 in meat processing plants. 18 new cases were notified in the past week in this cohort, however none of these were in meat processing plants,
- 114 new outbreaks were notified in the previous week. 99 were in private households.

(*As part of normal data validation exercises, some numbers reported here are lower than previously reported.)

The NPHEP also took note of the following:

- The reproduction (R) number is likely now to have exceeded 1, with the best estimate in range 1.2 to 1.8;
- the positivity rate for all tests processed nationally in the past week was 0.3%;
- the latest reported influenza like illness rate (ILI rate) is 4.0 per 100,000 (i.e. below threshold);
- the increased number of new cases within the last 14 days related to travel;
- the changing age profile of the recent cases reported, with 74% of cases that have occurred within the past 14 days occurring in those under 45 years.

Current international epidemiological assessment

The NPHEP noted that 12% of cases notified over the previous fortnight had been associated with travel. The NPHEP also took note of cases where travel related transmission had been linked to further clusters within private households or within extended family units.

Furthermore, the NPHEP continued to note with concern the acceleration and deterioration of the pandemic internationally, including that—

- 12.9 million cases and 570,000 deaths have been recorded globally to date; 4.9 million cases were recorded within the last month, with 1.4 million in the past 7 days;
- there has been an 11% increase in the number of cases reported globally in the past 7 days,
- the epidemiological profile of the disease remains uncertain in many countries due to limited testing and/or reporting.

The NPHEP also had regard to the most recent ECDC rapid risk assessment for the EU/EEA and the UK, dated 11th June 2020.

In light of the progression of the disease since late June, the NPHEP concluded that it had a growing concern, in particular, regarding the following:



- the increasing case numbers of this disease currently being reported in the community and a number of large clusters that have emerged in recent weeks;
- the increase in the (R) number;
- the deteriorating international epidemiological situation and international experience, which shows that effectiveness of disease suppression following the easing of public health measures by countries is precarious;
- the risk of imported cases due to the current ongoing increase in overseas travel.

3. Future Policy

a) Review of Public Health Measures in preparation for Phase 4

Given the latest national and international data, as set out above and in the report to Government as provided for in the *Roadmap for Reopening Society & Business*, and the most recent ECDC risk assessment, the NPHEt considered the public health measures currently in place. The DOH presented a draft deliberative paper outlining potential adjustments to the public health measures currently in place, which formed the basis of the NPHEt's consideration.

The NPHEt expressed significant concerns regarding the current trend of increasing incidence of COVID-19 in the community and had due regard to the recent ECDC statement that "*the pandemic is not over, and hypothetical forecasting indicates a rise in cases is likely in the coming weeks*".

The NPHEt noted the critical importance of low levels of community transmission of this disease in order to ensure the protection of the most vulnerable and to enable the recommencement of essential societal services, such as education and healthcare services for all.

The NPHEt considered that adopting a cautious disease control strategy at this stage and targeting a small number of additional measures at known areas of infection risk (such as social gatherings and travel) will contribute to minimising the impending risk of an upsurge of infection, as is currently evident in other countries.

The NPHEt was of the view that it should advise Government that a cautious approach should be pursued, that Phase 4 of the *revised Roadmap for Reopening Society & Business* should not commence on 20 July and instead that the current public health measures in place, with some adjustments, should be extended until 10 August 2020.

In providing its public health advice to Government, the NPHEt–

- emphasised the need now for redoubling efforts across Government and society to enhance compliance with hand hygiene, respiratory etiquette, physical distancing, the wearing of face coverings, the need to minimise direct contacts with people outside our households and all public health measures to the greatest extent possible to minimise the risk of a resurgence of infection in Ireland, so as to avoid the necessity to reintroduce stricter measures,



- in light of the deteriorating pandemic situation globally, reiterated its previous public health advice regarding travel, noting that the travel-related introduction of the disease is now a significant and growing concern in terms of increasing the risk of a potential second-wave of the disease in Ireland. Consequently, it is important that, at this time, people in Ireland are encouraged to continue to follow public health advice against non-essential travel outside of Ireland and that all measures are utilised to minimise and discourage non-essential travel from overseas to Ireland,
- expressed its concern regarding the increase in the number of cases in younger people and particularly those aged under 45 in recent weeks. While it is recognised that people will want to socialise and engage with family and friends again after the extended period of restrictive measures, it is important that, people of all ages do so safely through maintaining good hygiene practices and physical distancing, as well as, the need to minimise direct contacts with people outside our households, all to protect each other from infection spread,
- noted the significant impact of COVID-19 on nursing homes, the gravity of the outcomes of COVID-19 on this older vulnerable population, the high intensity and pace of transmission within nursing homes, the asymptomatic transmission of COVID-19, the atypical presentation of COVID-19 in older people, and the ongoing open clusters within nursing homes.
- noted that community disease suppression protects vulnerable nursing home residents and staff and the pending significant recommendations for protective actions for nursing home residents from the Nursing Home Expert Panel,
- reiterated the need for continued enhancement of the HSE's sampling, testing, contact tracing, surveillance and reporting processes, with a particular focus on reinforcing the public health management of complex cases and clusters, especially among vulnerable populations, higher risk populations, including healthcare workers,
- committed to a clear consistent sustained accessible risk communication strategy with the public and other key groups, to continually re-emphasise collective behaviours and solidarity in limiting the spread of infection for the foreseeable future and support the desired behavioural change through ongoing communication and education initiatives,
- to ensure the effectiveness of the HSE's sampling, testing, contact tracing and surveillance processes, emphasised the need for continued communication efforts and commitment across the health service and Government to continue conveying the importance to the public of engaging fully with testing and contact tracing as key societal public health measures in order to limit the spread of infection,
- underlined that it is impossible to predict what the future trajectory of the COVID-19 disease will be in Ireland or provide assurance that it is safe to reduce the public health measures,



- noted the emerging evidence regarding the longer-term health impacts and outcomes of this disease for some people who become infected,
- emphasised the continued importance of ongoing monitoring and review of epidemiological trends and health system impact of COVID-19 such that any changes in the overall situation will be detected rapidly, in order that future advice to Government, and health service measures and responses can be implemented based on the transmission patterns of the disease, the trajectory and velocity of change, and the evolving analysis of the impact of COVID-19 on the population and health system capacity,
- emphasised a continued focus on ongoing public health responses, infection prevention and control, surveillance including the prevention and management of outbreaks in different settings including workplaces, residential and other settings, as well as ongoing implementation, monitoring, review and re-calibration of public health measures including regionalised, localised or sector-specific responses, bearing in mind the associated public health risks.

Action: The NPHEP advises Government that the current public health measures in place, with some adjustments, should be extended until 10th August 2020 rather than progressing to Phase 4 of the revised Roadmap for Reopening Society & Business.

b) Mandatory use of face coverings in indoor retail environments

The NPHEP discussed the paper “NPHEP Proposal recommending the mandatory use of face coverings in retail environments”. The draft paper recommended the use of face coverings by the general public in all indoor retail environments to protect against the spread of COVID-19, while facilitating the opening up of society and easing of restrictions on population movements for the following reasons:

- (i) As countries ease restrictions there have been numerous examples of resurgence of reported cases of COVID-19;
- (ii) There is increasing evidence that positive but asymptomatic people may be significant potential sources of transmission;
- (iii) There is increasing empirical evidence that mask use plays a role in reducing transmission of COVID-19.

The use of face coverings by the general public has been considered by the NPHEP on an ongoing basis as evidence in relation to COVID-19 and its transmission evolves. Recognising the most recent advice of the WHO and the ECDC on face coverings, along with other international studies on their effectiveness, the NPHEP agreed that the use of face coverings in indoor retail environments should be recommended to Government for consideration in relation to making their use mandatory in Ireland. In so doing, the NPHEP recognised that the use of face coverings is one in a combination of preventive measures, including handwashing, respiratory etiquette and physical distancing. Clear



communications on the appropriate use of face coverings within a retail environment will be necessary.

Action: The NPHE agreed to recommend to Government that the wearing of face coverings should now become mandatory in indoor retail environments, where appropriate, in accordance with guidance issued by the Health Protection Surveillance Centre (HPSC) on the use of face coverings by the general public.

4. Meeting Close

a) Agreed actions

The key actions arising from the meeting were examined by the group, clarified and agreed.

b) AOB

There was no other business raised at the meeting.

c) Date of next meeting

The next meeting of the NPHE will take place on Thursday 16th July 2020 at 10:00am via video conferencing.