



**National Public Health Emergency Team – COVID-19**  
**Meeting Note – Standing Meeting**

<b>Date and Time</b>	Thursday 25 <sup>th</sup> June 2020, (Meeting 37) at 9:00am
<b>Location</b>	Department of Health, Miesian Plaza, Dublin 2
<b>Chair</b>	Dr Tony Holohan, Chief Medical Officer, DOH
<b>Members via videoconference</b>	<p>Dr Kevin Kelleher, Assistant National Director, Public Health, HSE  Mr Liam Woods, National Director, Acute Operations, HSE  Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG)  Dr Lorraine Doherty, National Clinical Director Health Protection, HSE  Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital  Mr David Leach, Communications, HSE  Dr Mary Favier, President, Irish College of General Practitioners (ICGP)  Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital  Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA  Dr Ronan Glynn, Deputy Chief Medical Officer, DOH  Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH  Dr Siobhan O’Sullivan, Chief Bioethics Officer, DOH  Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH  Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH  Mr Paul Bolger, Director, Resources Division, DOH  Ms Deirdre Watters, Communications Unit, DOH  Dr Breda Smyth, Public Health Specialist, HSE  Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH  Dr John Cuddihy, Interim Director, HSE HPSC  Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE  Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE  Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH</p>
<b>‘In Attendance’</b>	<p>Mr David Keating, Communicable Diseases Policy Unit, DOH  Mr Colm Ó Conaill, Policy and Strategy Division, DOH  Ms Sarah Treleavan, NPSO, DOH  Ms Marita Kinsella, Director, NPSO, DOH  Ms Linda O’Rourke, Scheduled &amp; Unscheduled Care, DOH  Ms Aoife Gillivan, Communications, DOH  Mr JP Nolan, Head of Quality &amp; Service User Safety, National Mental Health Division HSE (alternate for Mr David Walsh, National Director, Community Operations, HSE)  Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Dr Jeanette McCallion, Medical Assessor, HPRA)</p>
<b>Secretariat</b>	Dr Keith Lyons, Ms Sarah Murphy, Ms Susan Reilly, Mr John Harding, Ms Liz Kielty, Ms Joanne Byrne, DOH
<b>Apologies</b>	<p>Dr Colm Henry, Chief Clinical Officer (CCO), HSE  Dr Darina O’Flanagan, Special Advisor to the NPHE  Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair  Mr David Walsh, National Director, Community Operations, HSE  Mr Phelim Quinn, Chief Executive Officer, HIQA  Dr Alan Smith, Deputy Chief Medical Officer, DOH  Dr Jeanette McCallion, Medical Assessor, HPRA  Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH</p>



## 1. Welcome and Introductions

### a) *Conflict of Interest*

Verbal pause and none declared.

### b) *Minutes of previous meeting(s)*

The minutes for 18<sup>th</sup> June 2020 had been circulated to the NPHET for review and feedback. These minutes were agreed and formally adopted by the NPHET.

### c) *Matters Arising*

There were no matters arising.

## 2. Epidemiological Assessment

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

#### i) *Report from Department of Health under decision framework of Revised Roadmap for Reopening Ireland*

The Department of Health brought to the attention of the NPHET 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 & 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.

An overview was provided of the current status of the disease in Ireland and the situation at the time of consideration by the NPHET was as follows:

- (i) the number of confirmed cases stands at 25,396 (with an average of 9 cases notified per day over the past 5 days);
- (ii) 37 confirmed cases in hospital on 24 June 2020;
- (iii) the number of confirmed COVID-19 patients requiring critical care yesterday was 9, with a further 10 patients suspected of having COVID-19 also in critical care;
- (iv) 8,177 cases (32% of all cases) were associated with healthcare workers;
- (v) 1,726 deaths due to COVID-19 recorded to date, with 6 new deaths notified on 24 June 2020.

With regard to clusters and outbreaks specifically, NPHET noted–

- (vi) the total number of clusters in residential care facilities to date has been 470\*,
- (vii) the number of confirmed cases in residential care facilities stands at 7,121 of which 5,600 have been in nursing homes,
- (viii) that as of Saturday 20<sup>th</sup> June, 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,
  - 7 COVID-19 outbreaks involving the Irish Traveller Community, involving 63\* cases. 4 of these outbreaks remain open. No new cases were notified in the past week in this cohort,
  - 6\* COVID-19 outbreaks notified in residential facilities for the homeless involving 18\* cases. 2 of these outbreaks remain open. No new cases were notified in the past week in this cohort,



- 16 outbreaks in Direct Provision Centres, involving 180 cases. 4 of these outbreaks remain open. No new cases were notified in the past week in this cohort,
- 48 clusters in workplaces including 23 in meat processing plants. 24 of these outbreaks remain open, including 13 in meat processing plants. Just 2 new cases were associated with meat processing plants in the week to Saturday 20<sup>th</sup> June and no new cases were notified in association with other workplaces, and
- 5 new outbreaks were notified in the previous week. 2 of these were in nursing home settings and 3 were in private households.

The NPHEt also took note of the following:

- the effective reproductive number is now estimated to be between 0.5 and 0.8 (it should be noted however, that it is difficult to estimate the reproduction number given the current small number of cases);
- the positivity rate for all tests processed nationally in the past week is 0.5%;
- the latest reported influenza like illness rate (ILI rate) is 2.8 per 100,000 (i.e. below threshold).
- the increased number of new cases within the last 14 days related to travel.

The NPHEt was also advised that during the last 14 days, the overall incidence rate per 100,000 population, continued to decrease across all age groups. It was noted that 18% of new cases were notified in people aged 24 years or younger and the NPHEt undertook to keep this under review. Availability of data on the likely source of transmission has improved; source of transmission is now known in approximately 85% cases. Notwithstanding overall improvements in regard to the quality of data collected, certain data gaps continue to exist and efforts continue in this regard.

In relation to health service capacity, the NPHEt noted that the number of inpatients with confirmed COVID-19 has continued to decline in recent weeks. The number of new admissions (to ICU and hospital) with COVID-19 remains relatively stable. Public hospitals are reporting occupancy rates at 94%, which is a matter that will need to be kept under review. It was noted that those COVID-19 patients requiring critical care, typically spend 20 days in critical care units.

In regard to testing, it was noted that there is capacity across the full testing and tracing pathway for 15,000 tests per day. Turnaround times have continued to improve with the end-to-end median turnaround time from referral to completion of contact tracing reported to be 1.8 days. The median number of close contacts per case in the last 7 days is now 4. While fluctuating, this upward trend is to be expected as restrictions are eased. The importance of linking cases with their contact history on an individual basis was emphasised by the NPHEt.

In summary, the data show that there has been continued progress in suppressing the overall incidence of COVID-19 infection during May and continuing into June. Downward or stable trends in all key parameters have been sustained over the past 7 days. The NPHEt noted that particular attention will need to be paid to: the levels of COVID-19 in those aged 24 years or



younger; the high levels of occupancy in the public hospital system; and the increases in the number of close contacts per case.

#### ***b) International Update***

The DOH gave an overview of the current international situation with regard to the COVID-19 pandemic. DOH advised that while the incidence of the disease has decreased in Ireland, globally, the pandemic continues to accelerate. The USA recorded the largest day on day increase in over a month on 24<sup>th</sup> June 2020 and several EU Member States have experienced increases in disease rates following the easing of public health measures.

The NPHET noted the acceleration of the pandemic internationally, including that–

- 9.1 million cases and 474,000 deaths have been recorded globally to date,
- the largest day on day increase in cases globally was recorded within the past week,
- while 10,000 cases were recorded in the first month of the pandemic, 4 million cases were recorded within the last month,
- the epidemiological profile of the disease remains uncertain in many countries due to limited testing and/or reporting,
- in the past fortnight, 27 of 54 countries within the WHO European Region have reported a greater than 10% increase in cumulative 14-day incidence versus the previous fortnight, and
- in the past fortnight, within the EU27/UK, while Ireland has experienced a very substantial (c.65%) improvement in the number of cases reported, 11 countries have reported a greater than 10% increase in cumulative 14-day incidence versus the previous fortnight.

The NPHET noted with some concern reports that the number of cases is increasing in some EU countries. Given that Ireland would typically have high levels of overseas travel with many of the countries reported as having higher incidence rates of the disease than Ireland, the risk of travel-related cases remains a concern.

Discussions on Travel are under Agenda Item 5 b).

### **3. Expert Advisory Group (EAG)**

The Chair of the EAG had given his apologies in advance of the meeting. There were no matters of note under this agenda item at the meeting.

### **4. Review of Existing Policy**

#### ***a) Personal Behaviours & Social Distancing***

In light of time constraints, a written update under this item was noted at the meeting.

#### ***b) Sampling, Testing, Contact Tracing, and CRM Reporting***

In light of time constraints, a written update under this item was noted at the meeting.

### **5. Future Policy**

#### ***a) Review of Public Health Measures in preparation for Phase 3 of the Advice to Government, 18 June 2020***

At its meeting on 18<sup>th</sup> June 2020, the NPHET agreed its advice to Government in relation to aligning phases 3 to 5 in the “Public Health Framework Approach in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19” into two phases, in light of the status of the disease and the overall public health risk. Having regard to that advice,



the DOH presented a “*NPHET paper on advising Government in relation to the realigned Phase 3 reduction of public health measures in advance of 29 June 2020*”. Noting its earlier discussion on the status of the disease and the health service impact thereof, the NPHET proceeded to consider its advice to Government in relation to Phase 3 of the Government’s *Revised Roadmap for Reopening Ireland* and emphasised the following key points:

- In terms of the current national epidemiological situation, downward trends in all key parameters have been sustained due to high levels of adherence to the public health restrictive measures and the adjustment to new personal and collective hygiene behaviours;
- Notwithstanding the current positive epidemiological situation in this country, it is impossible to predict with certainty what the future trajectory of the COVID-19 disease will be in Ireland and the public should be made aware that stricter public health measures may have to be reintroduced if a strong upsurge of infection were to occur at some point in the future;
- At the international level, some countries have seen significant increases in cases of COVID-19 infection following the easing of public health measures, including outbreaks in particular settings and regions;
- Ongoing monitoring and review of epidemiological trends and the health system impact of COVID-19 will be crucial such that any changes in the overall situation will be detected rapidly and responded to quickly. Future advice to Government, and health service measures and response must be implemented based on the transmission patterns of the disease, the trajectory and velocity change, and the evolving analysis of the impact of COVID-19 on the population and health system capacity;
- A clear, consistent risk communication strategy with the public and other key groups must be sustained to continually re-emphasise collective behaviours and solidarity in limiting the spread of infection for the foreseeable future and desired behavioural change should be supported through ongoing communication and education initiatives;
- The importance of maintaining continued commitment across society from all arms of the State, organisations, employers, businesses and individuals to work together to collectively promote and adhere to the core public health principles.

Having regard to the NPHET’s epidemiological assessment under Agenda Item 2 and the above points raised above, the following action was agreed:

**Action: The NPHET recommended that Government give consideration to the reduction and adjustment of the public health measures, in accordance with Phase 3 of the *Advice to Government* dated 18 June 2020, having regard to current epidemiological situation, and latest national data.**

#### Phase 3 Restrictions on Mass Gatherings

The DOH presented a draft paper entitled “*Phase 3 Restrictions on Mass Gatherings: Information in relation to COVID-19 and Religious Events*” which set out the position on mass gatherings and considered the particular risks associated with them.



The paper considered international guidance in relation to mass gatherings, as well as the NPHET's current advice to Government in relation to same. The NPHET recognised that mass gatherings are not merely recreational events but span a range of areas which are important to individuals and communities in terms of their social, spiritual and cultural life.

The NPHET's advice regarding mass gatherings seeks to apply a consistent and fair limit across all mass gatherings irrespective of the purpose of the mass gathering. Specific consideration was given to places of worship. From a public health perspective, based on the current evidence available, the risks associated with indoor mass gatherings are broadly equivalent, irrespective of the purpose and nature of the gathering.

The NPHET noted the paper and agreed that it did not see appropriate grounds, from a public health perspective, to change its advice in relation to mass gatherings based on the purpose or nature of the gathering.

#### **b) Travel Considerations**

The DOH gave an update on travel. The NPHET reiterated its recommendation of the 16<sup>th</sup> March that all Irish residents be advised against all non-essential travel overseas at this time and that all persons entering the country from overseas should restrict movements for 14 days.

Given the improved epidemiological situation in Ireland, and the increased number of cases reported across several countries both globally and within the EU, travel-related introduction of the disease continues to be of concern as a potential risk factor for a second-wave of the disease in Ireland.

Having regard to the earlier discussion under Agenda Item 2 on the COVID-19 related risks associated with travel, and noting the acceleration of the pandemic internationally, NPHET noted that 7% of cases notified over the past fortnight in Ireland have been associated with travel.

The NPHET reiterated with urgency its prior recommendations on the need for legal restrictions to be put in place with regard to overseas travel.

**Action: NPHET noted that consideration is being given by Government and at EU level to the establishment of reciprocal travel arrangements with countries that have a broadly similar or better epidemiological profile (which can be verified as such). In order to ensure the credibility of these arrangements, it will be necessary to put in place legal restrictions regarding travel from countries which do not qualify for such arrangements, as is the approach taken by other EU Member States. In this regard, the NPHET reiterates with urgency its prior recommendations on the need for legal restrictions to be put in place in regard to overseas travel.**

## **6. National Action Plan/Updates**

### **a) Hospital Preparedness**

#### *(i) Critical Care Capacity in Acute Hospitals*

At the NPHET meeting on 18<sup>th</sup> June 2020, the DOH presented a paper regarding "*National Public Health Emergency Team Acute Hospital Preparedness Subgroup Overview of the Work of the*



*Subgroup and Next Steps*” and, as a follow on to this, the DOH undertook to subsequently submit a paper to NPHEP on the need to increase critical care capacity. The DOH, therefore, presented at this meeting a paper entitled “*Acute Hospitals Preparedness Subgroup Paper on Critical Care Capacity Requirements*”, which was prepared in collaboration with the HSE.

The paper referred to the deficit in critical care capacity in the Irish acute hospital system which results in very high bed occupancy rates and emphasised the importance of timely access to an appropriate level of critical care in improving outcomes for critically ill patients. The emergence of COVID-19 underscored the ICU capacity deficit as a significant issue and the capacity which was developed to respond to the surge of infections will need to be maintained to respond to COVID-19 care needs, as well to deliver non-COVID-19 care. The public health measures introduced were central to ensuring that the system was not overwhelmed.

The paper proposed a two-phase approach to increasing the number of critical care beds in the acute hospital system which reflects the need to add capacity quickly in the context of the demands for COVID-19 and non-COVID-19 care, while also aligning with a multi-year approach to underpin strategic reform and service development.

**Action: The NPHEP notes and supports the proposal to expand critical care capacity in acute hospitals for the delivery of COVID-19 care needs as well as non-COVID care and notes the intention to seek the necessary approvals through the normal processes.**

***b) Vulnerable People and Community Capacity***

A written update under this item was noted at the meeting.

***c) Medicines and Medical Devices Criticality***

There was no update under this item at the meeting.

***d) Health Sector Workforce***

A written update under this item was noted at the meeting.

***e) Guidance and Evidence Synthesis***

A written update under this item was noted at the meeting.

***f) Legislation***

There was no update under this item at the meeting.

***g) Research and Ethical Considerations***

There was no update under this item at the meeting.

***h) Behavioural Change***

There was no update under this item at the meeting.

**7. Communications Planning**

There were no additional matters for noting under this agenda item.

**8. Meeting Close**

***a) Agreed actions***

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

***b) AOB***

In the context of nearing the completion of the Phases of the *Revised Roadmap for Reopening Ireland*, the NPHEP agreed to commence work on the development of further public health advice to



provide for a more nuanced approach to the ongoing future management of the pandemic which will take account of–

- the evolving epidemiological situation both here and internationally,
- knowledge developed from Ireland’s experience of this disease to date,
- emerging evidence on factors impacting transmission and control of this disease, and
- future roles and responsibilities of relevant stakeholders, including NPHE, in the management of the COVID-19 response.

The DOH noted that the paper titled “*National Public Health Emergency Team (NPHE) for COVID-19 Governance Structures*” previously published on 28 April, had been updated and circulated for final comment ahead of publication.

**c) *Date of next meeting***

The next meeting will take place on Thursday 2<sup>nd</sup> July 2020 at 10:00am via video conferencing.