



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

Date and Time	Thursday 9 th July 2020, (Meeting 39) at 10:00am
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>Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital</p> <p>Mr David Leach, Communications, HSE</p> <p>Dr Mary Favier, President, Irish College of General Practitioners (ICGP)</p> <p>Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital</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 Eibhlín Connolly, Deputy Chief Medical Officer, 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 Phelim Quinn, Chief Executive Officer, HIQA</p> <p>Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE</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 Laura Casey, Health Systems and Structures, 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>Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Dr Jeanette McCallion, Medical Assessor, HPRA)</p> <p>Ms Claire Gordon, Tobacco & Alcohol Control Unit, DOH</p> <p>Ms Siobhain Brophy, Tobacco & Alcohol Control Unit, DOH</p> <p>Ms Noelle Waldron, Immunisation Policy Unit, DOH</p>
Secretariat	Dr Keith Lyons, Ms Sarah Murphy, Ms Susan Reilly, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, Ms Linda O’Rourke, DOH
Apologies	<p>Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH</p> <p>Dr Alan Smith, Deputy Chief Medical Officer, DOH</p> <p>Mr David Walsh, National Director, Community Operations, HSE</p> <p>Dr Jeanette McCallion, Medical Assessor, HPRA</p>



1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Minutes of previous meeting(s)

The minutes for 2nd July 2020 had been circulated to the NPHE for review and feedback. These minutes were agreed and formally adopted by the NPHE.

c) Matters Arising

No matters arising were raised

2. Epidemiological Assessment

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

The DOH provided an overview of the current status of the virus, noting the latest epidemiological data on confirmed cases, hospitalisation, critical care, mortality, and sampling, testing and contact tracing.

The data presented were as follows:

- 11 cases and 0 deaths on 8th July 2020.
- There were 12 confirmed cases of COVID-19 in hospitals with a further 192 suspected cases hospitalised. There were no new admissions of COVID-19 cases to hospitals on 8th July and 3 people were discharged. Of the 12, 9 people required critical care.
- During the previous 14 days, the overall incidence rate was 2.96 cases per 100,000 population; when outbreaks are excluded the rate is 1.9 per 100,000 population.
- Approximately two thirds of cases notified were in people aged under 45 years of age.
- During the fortnight to midnight Tuesday 7th July 2020, 167 cases were notified of which 145 had occurred within the last 14 days.
- There have been no new clusters in historic outbreaks in vulnerable groups. Some 214 out of a total 1,822 outbreaks remain open, the majority of which are occurring in private households.
- A total of 393 outbreaks had been notified in that week due to a linking of existing cases. The majority of these were historic and are not open outbreaks.
- The majority of cases (>60%) in recent weeks are close contacts of confirmed cases, community or possible community transmission.
- The proportion of travel-related cases continues to increase week-on-week with approximately 16% of cases notified over the past two weeks being travel-related.
- The HSE reported that the average number of close contacts per case for the last 7 days is 4.9, while the median number of close contacts is 3, a slight increase on the previous week's data.
- Of the total number of cases tested in the last 7 days, a 0.2% positivity rate has been recorded.
- The median time for referral to appointment is 0.8 days and the median time for swab to lab result overall is 1.2 days. The end to end referral to completion of contact tracing is 1.7 days.
- The ILI rate is 4.0 per 100,000 population which, although slightly elevated, is not a current cause for concern.
- The estimates of the effective reproduction (R) number indicate that it is at 1 or just slightly above it. This may be to some degree due to the targeted serial testing of healthcare workers but may



also be indicative of overseas travel and/or connected cases in the hospitality sector. This trend will be carefully monitored.

The rise in the R number to 1 or just above it, the increasing number of cases in young people and the increasing proportion of new travel-associated cases, were noted as concerns. It was confirmed that there has been a slight increase in the 14-day incidence rate over the last 2 to 3 weeks. However, with low numbers of cases at present, interpreting the data can be complex. The situation will require careful monitoring as it may be indicative of an emerging change.

It was noted that there does not appear to be significant variation in the incidence rate across CHO areas. The HPSC is studying the data in greater detail at present and is aware of travel-associated outbreaks in the North West and South East of the country.

The apparent change in the age profile of confirmed cases was highlighted with approximately 2 out of every 3 cases being <45 years old. 31 cases were notified on 9th July 2020 with a high percentage of those in the 20-29 years age range. While the testing programme may account for some of this increase, overall, there appears to be an increasing trend of cases in younger people. A question of how cases of the virus in younger people outside the healthcare worker cohort are being identified was raised. It was confirmed that, in the main, they are presenting with symptoms to general practitioners for tests.

The need for a system to gather detailed data as cases emerge and understand key virus parameters at a regional/local level into the future was highlighted. A robust system providing localised data could be of benefit in allowing for timely localised responses and nuanced local messaging and public health advice to specific areas based on how the virus is presenting in the area.

The DOH provided a summary of the global situation:

- There are 11.7 million cases in total.
- The Americas have the highest incidence of the continents and are above the European region.
- Many countries are not reporting information on their testing strategy.
- Ireland has again moved down the EU27/UK list of 14-day incidence over the past 14 days
- 9 of 28 EU/UK countries have an increasing incidence percentage change of about 10 percent.
- Information quality issues impact on the ability to fully understand the situation abroad.

b) Ad hoc

(i) ILI Surveillance System

The HPSC presented a paper titled “*Draft Proposal for the Monitoring of COVID-19, Influenza and RSV by the sentinel GP network in Ireland – 2020/2021 influenza season*”. The paper explained the background of the Irish National GP Influenza Sentinel Surveillance Scheme, and how it currently operates. It was noted that the clinical and virological data it collects are reported on a weekly basis to the ECDC and WHO. Sentinel GP practices are dispersed throughout all HSE areas and cover approximately 6% of the national population.

The paper proposed to use the current GP influenza sentinel surveillance scheme, coordinated by HPSC in collaboration with NVRL and ICGP, for epidemiological and virological community surveillance of COVID-19, influenza and RSV in the coming 2020/2021 flu season. The need for improvements to the sentinel surveillance system in order to allow for stronger regional data was also noted, through the recruitment of additional GPs to participate and other means.



It was also proposed that should a COVID-19 vaccine become available, that the sentinel GP network, which has been used to monitor influenza vaccine effectiveness, would also be used to monitor COVID-19 vaccine effectiveness. The expansion of an existing buddy system across participating GPs, which could significantly strengthen the sentinel surveillance scheme, would be explored.

The NPHET welcomed the report and agreed that the final version of the paper should be submitted to the NPHET within the next three weeks with a view to progressing the implementation of a robust surveillance system for the coming winter.

3. Expert Advisory Group (EAG)

The Chair of the Expert Advisory Group (EAG) provided an update on the EAG meeting of 8th July 2020. The NPHET was advised that the EAG had reviewed the HIQA *“Evidence Summary for Airborne Transmission of SARS-CoV-2 via Aerosols.”*

The EAG had also discussed the matter of planning for the care of children with fever and/or respiratory symptoms in the coming winter season. It was noted that the HPSC has published infection prevention and control guidance for childcare and educational settings, and the relevant sectors are now integrating this into their approaches regarding the reopening of these settings in the context of COVID-19. The Integrated Care Programme for Children in the HSE has also met with a view to planning for the care of children over the winter period.

The NPHET agreed that there is a need to examine the wider approach to the planning of care for children with respiratory symptoms this winter. It was acknowledged that a differentiated approach in terms of alternative modalities of, and pathways for, testing in community settings may be appropriate for children. In addition, a need for clear protocols and guidance regarding the small proportion of children who experience transient fever following immunisation was identified.

It was proposed that the Integrated Care Programme for Children (along with accessing any additional expertise that may be required), would be the appropriate avenue to examine the issues outlined above, with due regard for the public health needs and requirements, and guidance which is expected to be published by the ECDC in the coming weeks.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

(i) Evaluating the impact of public health measures in the community

The DOH provided an update on personal behaviours from the latest public opinion survey research. It shows a higher level of overall worry among the population and a continued increase in the proportion of the population anticipating a second wave of the virus. It shows that 74% of people think that there will be a second wave, this is up by 20% in the past month, while over 40% of the population now believe that the worst of the pandemic is behind us and 32% believe it is ahead of us.

Responses from the qualitative tracker, show that the majority of the population think Ireland responded effectively to the virus. Though it also reported heightened concern among those living in more densely populated urban areas and among essential workers in terms of contracting the virus and/or passing it on to someone else. Some groups including those not working due to COVID-19 or those living alone reported feelings of worry and anxiety. Parents in particular want to be able to plan for September for their children.



Other concerns included the lack of enforcement of regulations around (i) the wearing of face coverings and (ii) businesses. There was also a fear of complacency among the general public regarding adherence to public health advice and concern in relation to the potential impact of a second wave and the flu season.

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

The HSE provided an update in relation to the end-to-end timeframe of referral, swabbing, laboratory testing and contact tracing. The data and considerations noted included the following:

- Over the period 30 June - 6 July 2020, a total of 43,260 lab tests were completed. Approximately 29,780 of these were processed in community laboratories and approximately 13,480 were processed in acute laboratories;
- The increased rate of testing in the past seven days reflects the additional testing undertaken as part of the HSE programme of serial testing of healthcare workers in nursing homes;
- 90% of tests were completed in 3 days or less.
- Over the last 7-day period, 96% of queries submitted to the GP Search Service have been resolved within the 24-hour target;
- The median end-to-end turnaround time for community and hospital tests combined from referral to the completion of contact tracing has improved slightly to approximately 1.73 days; The HSE will provide disaggregated data for the turnaround times for positive and negative tests;
- An engagement process is ongoing across labs that are supporting COVID-19 testing in order to identify quality improvements in turnaround times from appointment referral to result and data quality. To date, workshops have been carried out with 13 labs;
- Testing of close contacts of cases of COVID-19 for the period from 19th May to 5th July 2020 showed that the positivity rate for those tested on Day 0 and who were asymptomatic was 6% and Day 7 was 2%. The high number who do not attend for Day 7 testing continues to be a matter of focus.

(i) Update on testing of healthcare workers in nursing homes and details of the ongoing management of outbreaks identified through this process

The Health Protection Surveillance Centre (HPSC) presented a paper which provided an update on Week 2 of “*Serial Testing of all staff in Residential Care Facilities (Older People)*.” The NPHE was advised as follows:

- The second week of testing was undertaken between 1st and 5th July and of 30,452 referred to testing, 22,381 (73%) tests of healthcare workers were carried out across 490 residential care facilities;
- The HPSC will examine if further data has been collected on reasons why the remaining 27% were not tested and provide an update to NPHE at next week’s meeting;
- In the first two weeks of testing, there was a positive detection rate of 0.2%. The majority of these cases are in healthcare assistants and the majority were asymptomatic;
- The geographic spread of the positive cases within this group is broadly distributed, however there is a small concentration in CHO 9, the HPSC advised that they are investigating this, and a report will be provided to the NPHE at next week’s meeting.
- Week 3 testing commenced on 8th July 2020 and the HPSC anticipate a higher number of Healthcare Workers will be tested.



5. Future Policy

a) Discussion Paper on potential future response to the pandemic

At the NPHE meeting on 2nd July 2020, the DOH presented an early draft of the “*Future Policy – Discussion Paper*” to facilitate an initial discussion on the development of public health advice to provide for a more nuanced approach to the ongoing future response to the pandemic. Based on feedback received at that meeting and subsequent to it, a revised version of the paper was presented to NPHE titled “*Future Policy on COVID-19 – encapsulating the key elements of the ongoing approach to the disease in Ireland*”.

The discussion focussed particularly on the different “*triggers*” or indicators and key actions associated with the “*traffic light*” approach to responding to the disease outlined in the paper and included the following points:

- The paper aimed to outline key elements which should be communicated to the public to inform general understanding of how decision-making will be applied going forward. It was acknowledged that the public are increasingly concerned with planning for the medium to long term and would appreciate clear information on the longer-term approach and the impact this may have on their lives;
- The solidarity which has been a strong feature of the Irish response to COVID-19 to date should be reinforced in the objectives of future guidance.
- COVID-19 may be with us for some time to come and people will have to adapt to living their lives in a way that is as complete as possible while still minimising risk, by practising social distancing, hand hygiene and wearing face coverings and other measures;
- Careful thought and attention should be given to developing plans to ensure those people who may be particularly vulnerable to COVID-19 are protected from the disease as much as possible and that lessons from the early stages of dealing with the disease have been incorporated into relevant policy;
- The need to consider workforce planning, resource allocation and preparedness across the health sector were noted as being of particular importance, it may be opportune to consider this while the sector is not under the immediate strain of a high number of COVID-19 cases;
- It is a challenge to determine the specific triggers or indicators which may indicate progression into another phase (e.g. from green to amber) and further work is needed to develop specific proposals in this regard that can take account of factors as well as other relevant criteria which should precipitate action. The delineation between different phases and the operationalisation of these will need careful consideration in order to ensure prompt and appropriate action can be taken when required;
- It would be beneficial to identify the key stakeholders for each of the suggested responses within the document to ensure the relevant organisations are aware of the actions required of them in each phase.
- Significant cross-Government input will be required to ensure that all sectors are prepared and understand what will be required of them as the pandemic evolves. Unfortunately, it is not possible to determine exactly how the disease will behave but preparedness to deal with different eventualities is key.



The paper was welcomed by the NPHE and it was agreed that the DOH would refine it further to accommodate the relevant points raised during the discussion and bring it for further consideration to the NPHE meeting on Thursday 16th July 2020. Members were invited to submit any further observations of feedback.

5.1. Travel Considerations

a) *Testing at Points of Entry*

The DOH presented a paper titled “*Overseas travel – options for testing passengers*” which considered the international context concerning COVID-19, the Government’s proposed policy approach in terms of a “*Roadmap for Safe Overseas Access*” and its request for NPHE to consider proposals in light of recent Government decisions.

It was noted that good progress has been made in relation to suppressing the overall incidence of infection within Ireland, however the risk of imported cases continues to grow in light of the deteriorating international epidemiological situation and an increase in overseas travel. In this context, the NPHE reiterated its previous recommendations on travel, including that all non-essential travel overseas should be avoided.

While emphasising that symptomatic persons should not travel either to or from Ireland, the NPHE recommended the following be actioned:

Action: Arrangements for highly visible communications, information-sharing and awareness-raising to help ensure that all passengers arriving from overseas are aware of the public health guidance and their relevant legal obligations. As part of this, there should be strong encouragement for all persons arriving to download the COVID-19 Tracker App once it becomes available.

Action: For any person who has symptoms on arrival to Ireland, the HSE and Port Authorities are to review the existing disease control measures in place and examine options to provide defined protocols and pathways for timely PCR testing, to ensure any suspect cases are identified, isolated and tested as quickly as possible in line with current policy.

6. NPHE Governance

a) *Overview and Stocktake of NPHE Activity (27 January to 20 July 2020)*

The DOH presented the draft paper “*Overview and Stocktake of NPHE Activity.*” This paper outlined the activity of the NPHE from January to July 2020. The DOH agreed to take feedback and input from the NPHE members to ensure that the paper is comprehensive and represents all the activity of the NPHE up to July 2020.

7. National Action Plan/Updates

a) *Irish Epidemiological Modelling Advisory subgroup*

(i) *IEMAG Overview of work*

The Chair of the IEMAG provided an overview of the work of the subgroup in achieving its objectives to date and advised that a further paper will be drafted for review by the NPHE to consider options for sustaining analysis and modelling work that may be needed in the future



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

(i) NPHET Healthcare Sector Workforce Subgroup Report

The Chair of the Healthcare Sector Workforce Subgroup provided an overview of the work of the subgroup in achieving its objectives. It was advised that sustainable policies to ensure continued provision of frontline healthcare staff are being prioritised through the normal streams of work in the Department of Health and the HSE.

e) Guidance and Evidence Synthesis

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

f) Legislation

A written update under this item was noted 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 was no further update under this item at the meeting,

8. Meeting Close

a) Agreed actions

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

b) AOB

Face coverings in health care settings

The DOH updated on the publication of recent guidance from Public Health England and the ECDC which recommended the use of face coverings by visitors and outpatients in hospital, residential care settings, and community health services, to minimise the spread of COVID-19. This recommendation should be implemented along with existing public health measures such as social/physical distancing, hand hygiene and other protective measures. The NPHET agreed to the recommendation, noting that it is consistent with the advice on face coverings already provided to healthcare workers and would further support the protection of healthcare staff and vulnerable populations in these settings.

Action: To further protect our health care staff and vulnerable populations the NPHET recommends that visitors and outpatients to hospital, residential care settings, and community health services (e.g. general practice, dental practice, pharmacy services) should wear a form of face covering to



reduce the likelihood of the spread of infection from the wearer. This does not remove the need for other combinations of protective measures (e.g. social distancing and hand hygiene) to reduce the risk of transmission of SARS-CoV-2.

c) Date of next meeting

The Chair noted that an additional single item agenda meeting may be required next Tuesday 14th July 2020 to discuss the *Review of Public Health Measures in preparation for Phase* in advance of the Cabinet meeting on 15th July 2020.

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