An Roinn Sláinte
Department of Health

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

Date and Time	Thursday 11th June 2020, (Meeting 35) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via videoconference	Dr Colm Henry, Chief Clinical Officer (CCO), HSE Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Mr Liam Woods, National Director, Acute Operations, HSE Dr Darina O'Flanagan, Special Advisor to the NPHET 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 Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Mr David Leach, Communications, HSE Dr Mary Favier, President, Irish College of General Practitioners (ICGP) Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, 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 Fergal Goodman, Assistant Secretary, Primary Care 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 Dr Kathleen MacLellan, Assistant Secretary, Social Care 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 Jeanette McCallion, Medical Assessor, HPRA Mr David Walsh, National Director, Community Operations, HSE
'In Attendance'	Ms Laura Casey, Health Systems and Structures Unit, DOH Ms Linda O'Rourke, Scheduled & Unscheduled Care, DOH Mr Colm Ó Conaill, Policy and Strategy Division, DOH Ms Sarah Treleavan, NPSO, DOH Ms Aoife Gillivan, Communications, DOH
Secretariat	Ms Rosarie Lynch, Mr Keith Lyons, Ms Marita Kinsella, Ms Sarah Murphy, Ms Susan Reilly, Mr John Harding, Ms Liz Kielty, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH

1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Minutes of previous meeting(s)

The minutes for 4th June 2020 had been circulated to the NPHET for review and feedback. These minutes were agreed and formally adopted by the NPHET. Previous minutes up to and including those of 28th May 2020 meeting have been published on the website.

c) Matters Arising

(i) "Open letter" from academics

The NPHET considered the contents of an open letter, signatories of which included academics, regarding a number of public health measures to reduce the spread of COVID-19. The contents of the letter were noted, and it was acknowledged that Ireland's the public health approach, and the advices provided by NPHET to date are broadly in line with those outlined in the letter.

(ii) Other Correspondence

Correspondence was also received from the Irish Society of Clinical Microbiologists and the Irish Association for Emergency Medicine (IAEM). The contents of both letters were noted by the NPHET. The input and expertise of the microbiology representation to the EAG and the HPSC guidance was acknowledged as a key component of the output of such work, which in turn informs the NPHET recommendations or the implementation of same via guidance. In particular, the quality and timeliness of the guidance produced to date on COVID-19 was acknowledged. It was noted that NPHET membership is kept under review to ensure representation at a point in time is reflective of the work underway. Additionally, the HSE advised that they are engaging with the IAEM on the matters outlined in the letter.

2. Epidemiological Assessment

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

An overview was provided of the current status of the disease, noting the latest epidemiological data on confirmed cases, hospitalisation, critical care, mortality and sampling testing and contact tracing.

The current data were as follows:

- During the last 14 days, the overall incidence rate per 100,000 population continued to decrease across the country (except for two counties) with an incidence rate of 3.3% (excluding outbreaks). No new cases were identified in a number of counties during the past week.
- The data showed a small increase in the number of new clusters and outbreaks notified in the previous week, with ca.33% of new cases identified linked to outbreaks. The majority of the new clusters notified (17) were associated with private homes and extended families, four related to workplaces and one related to a Direct Provision centre.
- The incidence of infection in healthcare workers (HCWs) continued to decline but the rate of infection remained elevated when compared with the general population. Although currently fewer than 0.2% of healthcare workers have active infection, the fact that they continue to be at a greater risk of infection remains a cause of concern that must be continually monitored.

- The effective Reproduction number (R number) was estimated to be between 0.4 and 0.8 for the period 28th May to 3rd June. As the numbers of cases are now lower than previously estimates now have a wider range. The effect of the population compliance (with social distancing etc) on enabling the reduction of the R number was noted. As the R number is estimated retrospectively, it was outlined to the NPHET that it may take some time to reliably detect any change in this value, which underscored the importance of continued vigilance in monitoring other parameters of the disease.
- In relation to key measures of the severity of the disease, there appeared to be a sustained downward trend in the following areas: hospital admissions; hospital inpatient numbers; ICU confirmed cases, ICU admissions per day. The NPHET observed that the duration of stay in hospital and ICUs could be very long in some cases (which may extend beyond the period of infectivity in a small number) and highlighted the potential impact this could present for health service capacity and planning going forward;
- The figures for the number of deaths confirmed per day over the last week is stable;
- Regarding testing and contact tracing, approximately 370,000 tests have been carried out to date, with the daily positivity rate running at 7.7% across the totality of the testing. The HSE reported that the median time from referral to the completion of contact tracing calls is now 1.8 days across community and hospital settings. The median number of close contacts for the past week remains unchanged. However, the number of contacts per case appears to be increasing, noting that this is in the context of a small number of data points and as a consequence of more people moving about in society due to the easing of the public health restrictive measures;
- The influenza-like illness (ILI) rate has continued to decrease and is within the acceptable threshold for the time of year.

Overall, all the key disease parameters are stable or improving. On discussion, the NPHET noted continued progress in suppressing the transmission of COVID-19. The epidemiological trends and health system impact of COVID-19 will continue to be closely reviewed on an ongoing basis such that any changes in the overall situation can be detected rapidly. The importance of enhanced surveillance information, specifically in relation to the transmission amongst healthcare workers was underlined.

The NPHET noted that clinical experience of the disease progression is increasing. There is now more understanding of the course of the disease and it was observed that some patients / patient cohorts may require relatively long hospital stays, as well as continuing care and rehabilitation. It was noted that particular attention may need to be focused on the length of stay for COVID-19 related hospital admissions as this may impact on health service capacity from a strategic and operational perspective into the future.

The DOH advised that Ireland's GeoHive COVID-19 Data Hub, a repository of national epidemiology and other public health information, has been developed and is due to "go live" early next week. A demo version was presented. This will allow more local data to be available. The NPHET welcomed the platform and the publication of these data to facilitate transparency and accessibility of information to the public.

b) International Update

The NPHET noted the updated World Health Organisation guidance entitled "*Advice on the use of masks in the context of COVID-19*" was published on 5th June 2020 (Updated Guidance). This is addressed further under agenda item 4d.

c) Ad hoc

(i) COVID-19 Outbreaks in Meat Processing Factories in Ireland

The Health Protection Surveillance Centre (HPSC) presented an updated briefing paper on "COVID-19 Outbreaks in Meat Processing Factories in Ireland" which had been prepared by the National Outbreak Control Team and served as an update on the previous briefing notes provided to NPHET for its meetings on 22thMay 2020 and 4th June 2020. Clarity was provided on the draft recommendations with those responsible for implementation of each recommendation now being identified within the paper.

It was agreed that the recommendations included in the paper were now clear in terms of where responsibility for various matters lay. The HPSC confirmed that the recommendations had been shared with the management of those facilities where outbreaks had occurred and that it would also ensure that they were communicated more broadly to all facilities. In addition, it was noted that industry representatives are included in the National Outbreak Control team.

In terms of a recommendation pertaining to the enactment of regulations, the DOH indicated that this was a matter for its consideration.

The HPSC updated the NPHET on a teleconference on 9th June 2020 with the USA Centers for Disease Control and Prevention (CDC) and the ECDC on the topic of similar issues being experienced in meat processing facilities internationally and the control measures which are being used.

The NPHET agreed that the situation regarding COVID-19 outbreaks in meat processing facilities should be kept under review and ultimately a final outbreak control team report will be submitted.

3. Expert Advisory Group (EAG)

The Chair of the Expert Advisory Group (EAG) advised that there were no written advices or recommendations from the EAG meeting of 10th June for NPHET's consideration.

The verbal update on the matters discussed at the EAG meeting included the review of:

- Updated interim guidance from the HPSC on *Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units* and *Acute Hospital Infection Prevention and Control Precautions for Possible or Confirmed COVID-19 in a Pandemic Setting*. These were endorsed by the EAG.
- Draft *Interim Guidance on Medically Vulnerable Children during the Coronavirus (COVID-19) Pandemic*, developed by the Faculty of Paediatrics, RCPI. These were endorsed by the EAG.
- Draft *Interim Recommendations for the reopening of schools and educational facilities* were also discussed and the HPSC are revising the draft recommendations based on feedback from the EAG.

It was also noted that the EU biological agent Risk Group classification of SARS-CoV-2 was under consideration at EU level, and that the EAG had written to the Health and Safety Authority (HSA) to support the HSA's view that SARS-CoV-2 should remain a Risk Group 3 biological agent.

With regard to the draft HPSC guidance on the application of the existing social distancing requirements in specific, defined and controlled environments in the hospitality industry during periods of low incidence of the disease, proposed at the meeting of the NPHET on 4th June 2020, the Chair of the EAG indicated that a meeting of the EAG would be convened this week to provide feedback to the HPSC on the guidance to support the timely dissemination of the final guidance to the hospitality industry.

The HPSC also advised that draft guidance for religious groups was being prepared.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

The NPHET considered a paper entitled "*Evaluating the impact of public health measures in the community (quantitative and qualitative)",* which followed on from previous discussions on the 28th of May and 4th of June. The purpose of the paper was to provide a qualitative overview of the public's experience of COVID-19. The need for the NPHET to have a mechanism in place to gather and consider information on qualitative parameters that measure the impact, effects and consequences of the NPHET recommendations, particularly the public health restrictive measures in the community was discussed.

It was proposed and agreed that the NPHET is to consider a monthly report of the ongoing qualitative research being undertaken by the DOH to understand the lived experience of COVID-19 on subgroups of the population; to include over 70s, medically vulnerable, parents with young children, teenagers, newly unemployed, and other groups.

The DOH circulated a paper titled, *"Personal Behaviours and Social Distancing"* for noting which provided a summary of the research to date and this will be provided to the NPHET on a regular basis as required.

There was an update from the Behavioural Change Subgroup that the Department of Children and Youth Affairs (DCYA) plan to undertake a qualitative online consultation with young people on wellbeing and COVID-19.

Action: The NPHET will, on a regular basis and at least monthly, consider a formal report based on the ongoing research being undertaken by the Department of Health on the impact of COVID-19 on subgroups of the population; to include over 70s and medically vulnerable, parents with young children, teenagers, newly unemployed, and other groups.

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 completion. The HSE reported the following activity over the past seven days:

(a) 20,000 laboratory tests were completed. Almost 8,000 of these were from community settings, and 12,000 were from acute hospital settings;
(b) 2,700 calls were made in the Contact Tracing Centres;
(c) the median end-to-end turnaround time is 1.8 days from referral to completion of contact tracing;
(d) the end-to-end turnaround time of 3 days or less from referral to completion of contact tracing was met in 86% of cases. Work continues to improve turnaround times.

The HSE updated on a number of further developments and process enhancements underway across the testing pathway including:

- a service for GPs to contact if they have issues with access to testing which has so far received over 500 queries, with 80% of those resolved within 24 hours;
- ongoing work on enabling GP referrals out-of-hours.

In relation to the contact management programme, since 19th May 2020, all close contacts of confirmed cases have been referred for testing, regardless of symptoms. The total volume to date of "day 0" testing is 1,362. The positivity rate among symptomatic close contacts is 15%.

The HSE noted that the number of confirmed cases has been falling. As there is now a lower level of cases in the community, there are fewer contact tracing calls to be made. Currently, the workload associated with contact tracing has moved from being associated with routine cases, to being associated with an increased number of complex cases, such as those associated with healthcare workers or workplaces.

The NPHET was advised that a proportion of the people who are identified as close contacts of confirmed cases do not complete the full contract tracing process. The HSE noted that the contact management programme takes an active approach and makes multiple attempts to contact the close contacts over multiple days. This includes text messages, phone calls, and leaving voicemails, however, it is not always possible to make contact with these individuals. The HSE advised that further analysis on this is planned, including compiling metrics on contact tracing outcomes such as: the number of close contacts identified per case; the proportion of those close contacts who are contacted and then tested for a first and second time; and positivity rates at first and second tests. Additionally, international experience of improving contact tracing engagement and outcomes would also be examined. The need for effective contact tracing processes as an essential monitoring measure was emphasised by the NPHET.

The NPHET welcomed the update.

c) Policy paper on testing of healthcare workers and patients in hospital settings

Further to a request from the NPHET at its meeting on 4th June 2020, the HPSC presented a draft policy paper entitled "*COVID-19 RNA/PCR Testing in Acute Hospitals in Ireland – Public Health Recommendations on Strategic Approach*." The paper addressed the testing of healthcare workers as well as patients in hospital settings, (Patient-related aspects were provided in the appendix of the paper).

The NPHET was advised that the proposed strategy had been drafted with input from a multi-disciplinary expert group that included members of NPHET and informed by ECDC recommendations and current understanding of the epidemiology of COVID-19 in healthcare workers in Ireland. A "risk based" approach to testing in the hospital setting was considered, based on targeted testing of healthcare workers who work in higher risk units/wards for exposure to COVID-19, although the challenge of determining services/areas at increased risk within a hospital setting was acknowledged. The limitations of data availability were noted in this regard.

Regarding the draft recommendations the NPHET discussion included the following key points:

- The NPHET agreed that the recommendations support and enable:
  - a national approach to testing in acute hospitals to ensure a robust health protection and surveillance system for healthcare workers and patients in acute services,
  - the return to providing non-COVID-19 care, and
  - the rapid conduct of nationally coordinated epidemiological studies and analyses to address knowledge gaps in relation to infection amongst healthcare workers;

- The recommendations are particularly cognisant of the need for enhanced protection and surveillance of healthcare workers recognising the rates of infection seen in this group and in the context of preparing for and mitigating the impact of any potential upsurge in infection rates in the future;

- The completion of the epidemiological study of the six current hospital outbreaks and the enhanced investigation of the most recent 150 healthcare worker cases should be completed as expeditiously as possible to inform the development of a risk-based surveillance programme for healthcare workers;

- The need to encompass all healthcare workers across all settings, including agency staff, Non-Consultant Hospital Doctors and other health professionals (including those in training), in the protection and surveillance strategy was noted, especially in the context of Recommendation 4 which proposes that all healthcare workers changing hospital location from July 2020 should be offered a test. In particular, the NPHET emphasised the importance of adopting a consistent approach at national level;

- The role of NIMIS data where nosocomial infection is suspected was discussed and the HSE advised that the State Claims Agency and the HSE Occupational Health Departments are working on an analysis of the NIMIS data to date.

The NPHET agreed the HSE HPSC *"COVID-19 RNA/PCR Testing in Acute Hospitals in Ireland - Public Health Recommendations on Strategic Approach"* and approved the recommendations contained in the Report.

Action: The NPHET agreed the HSE HPSC "*COVID-19 RNA/PCR Testing in Acute Hospitals in Ireland – Public Health Recommendations on Strategic Approach*" and approved the recommendations

contained in the Report. This should be completed as expeditiously as possible to inform the ongoing risk-based surveillance of healthcare workers (HCWs).

d) The Use of Facemasks in the Community

As outlined under agenda item 2b), the World Health Organization published updated guidance entitled "*Advice on the use of masks in the context of COVID-19: Interim Guidance, 5 June 2020"*. The DOH presented a paper on the "*Consideration of WHO guidance regarding facemasks in the context of COVID-19*". The purpose of the paper was to consider the NPHET position on advice to asymptomatic, non-vulnerable members of the general public.

The updated guidance from WHO notes that the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider.

However, the following was noted:

- The WHO has updated its guidance to advise that to prevent COVID-19 transmission effectively in areas of community transmission, governments should encourage the general public to wear masks in specific situations and settings as part of a comprehensive approach to suppress SARS-CoV-2 transmission.
- The guidance advises decision-makers to apply a risk-based approach when considering or encouraging the use of masks for the general public.
- The guidance notes that the use of medical masks in the community may divert this critical resource from the health workers and others who need them the most. In settings where medical masks are in short supply, medical masks should be reserved for health workers and at-risk individuals when indicated.
- The guidance presents consideration on mask composition.
- The guidance recommends that, where masks are recommended for the general public, the decision-maker should clearly communicate the purpose of wearing a mask in addition to where, when, how and what type of mask should be worn.

The paper proposed that in the first instance, there was a need to focus on increased compliance amongst the general public and that a comprehensive communications campaign may be a mechanism to improve this.

The NPHET recalled its decision of 1st May 2020 to recommend the use of face-coverings by the general public in retail outlets, on public transport and in other public locations in which it is difficult to maintain social distancing or where this distance cannot be guaranteed. Guidance was subsequently developed by the HPSC to support this recommendation. The DOH's quantitative tracking report indicates that approximately 28% of the population report wearing face-coverings, 84% report that they would be willing to wear these coverings, but many are looking for more clarity on the appropriate use of these coverings.

The NPHET discussed the updated WHO Guidance in the context of the current recommendations in place regarding the use of facemasks among the asymptomatic, non-vulnerable general public in

Ireland and acknowledged the need for clarity of messaging and communications around the use of face-coverings by the general public.

The NPHET recommended a strong focus on increasing compliance with the current recommendations and HPSC guidance in this regard. As such, the NPHET agreed to develop and implement a national communications campaign, to launch in the week commencing the 15th June, to communicate to the public: who should wear face coverings; in what settings; how to wear and remove face coverings correctly.

The NPHET will continue to review the use of face coverings and facemasks by the general public as new national and international evidence and guidance becomes available.

Action: The NPHET recommends the development and implementation of a national communications campaign to increase compliance with the current recommendations and guidance with regard to the use of face-coverings by the general public in retail outlets, on public transport and in other public locations in which it is difficult to maintain social distancing or where this distance cannot be guaranteed.

5. Future Policy

a) Review of Public Health Measures

(i) Review of Public Health Measures – Alignment of Phases 3, 4 and 5 into two phases

At its meeting of 4th June 2020, the NPHET agreed to review the remaining Phases 3 to 5 contained in the *"Public Health Framework Approach in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19"* to align these into two phases, having regard to the overall public health risk in light of the current status of the disease and the evolving nature of the COVID-19 disease.

The DOH introduced a draft deliberative paper '*NPHET Discussion Paper on Rephasing of Phases 3, 4 & 5'* with the purpose of opening the discussion on this. As restrictive measures are lifted, the paper acknowledged the importance of personal protective actions such as hand hygiene and respiratory etiquette in containing COVID-19. Depending on the future trajectory of the COVID-19 in Ireland, some measures may have to be reintroduced if there is a strong upsurge of infection.

Bearing these in mind, the paper set out a proposed realignment of Phases 3, 4 and 5 into two new final Phases 3 and 4, with the intention that at the commencement of Phase 4 (due on 20th July 2020), the country would return to as normal a state as possible, (a "new normal") notwithstanding the continuing risk associated with COVID-19.

The paper gave particular consideration to the issue of mass gatherings and an international overview of approaches pertaining to mass gatherings in other EU Member States was included in the paper, showing that a number of Member States continue to impose restrictions on such gatherings and plan to do so for some time to come.

The NPHET discussion included the following points:

- Reflecting on the *"Public Health Framework Approach in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19"*

published on May 1st, how best to achieve an appropriate balance between a detailed new alignment of Phases 3 and 4 as had been set out in the draft paper, and a more high-level 'principles'-based approach;

- As more businesses/venues open up, and depending on the nature of the business/venue, the need to consider record-keeping to facilitate contact tracing and compliance with GDPR in this regard;

- In the context of mass gatherings, the need for a coherent approach to the number of participants that could take part in gatherings in order to provide consistency in terms of increasing numbers of people coming together.

- the importance of outlining high level principles for the public. Such principles may be formulated in a way that empowers people to make decisions that best address their personal circumstances and how to best navigate various situations they might find themselves in to minimise risk.

- It was noted that as with previous documents, any papers outlining approaches to restrictions or easing of measures should be considered as 'living' documents, as the actual advice made will depend on the parameters of the disease at that point in time. The paper should include this important caveat.

The NPHET agreed that it was broadly happy with the proposal for re-phasing such that the previous three phases (3, 4 and 5) are revised to two phases; and that the DOH could revise the paper to accommodate the relevant points raised during the discussion. Members were invited to submit any further observations or feedback. The updated paper will be brought to the NPHET at its next meeting planned for 18th June 2020 with a view to approval.

b) Travel Considerations

(i) Risk assessment of Ireland's travel situation

Update was provided by DOH on the situation in relation to overseas travel.

As the epidemiological data indicate, Ireland is currently in a state of low and stable transmission of COVID-19. As the number of indigenous cases continues to decline, the relative risk of importation of cases from overseas increases.

The NPHET noted that the mandatory passenger locator form has been in place since 28th May. Indications from Department of Foreign Affairs and Trade (DFAT) are that there has been 100% compliance with completion of the forms. The current NPHET public health guidance (as per 8th of May 2020) is for a mandatory regime of self-isolation for 14 days at a designated facility for all persons arriving into Ireland from overseas (with limited exemptions to include supply chain etc.).

With the easing of restrictions, the NPHET noted the potential for a growing risk of imported cases of COVID-19 to Ireland as non-essential travel in to and out of the country resumes.

The NPHET reiterated its views on the status of the disease as expressed at the meeting of 12th May 2020 and that reimportation of this disease continues to be a viable risk. Consequently, the NPHET continued to express a public health concern regarding the potential risk of imported cases associated with non-essential travel.

Action: Having continued to identify the growing risk of imported cases of COVID-19 from international travel, the NPHET reiterates the public health objective to eliminate this risk insofar as is possible, subject to any legal issues which may arise.

c) Ad Hoc

(i) Vaccine Taskforce

A draft proposal for the Establishment of a COVID-19 Immunisation Strategy Group was presented by the DOH. An overview was provided on the range of strategic developments underway at a European level and the latest WHO draft landscape of COVID-19 candidate vaccines, published on the 9th June 2020.

The proposal recommended that a COVID-19 Immunisation Strategy Group be convened to:

- monitor scientific data regarding the development of a vaccine(s) against COVID-19
- liaise with the ECDC, EU Member States and the European Commission to ensure equitable and appropriate access to any vaccine that is developed, including through participation in the Advance Purchase Agreements (APA) process,
- explore other avenues both nationally and internationally to ensure Ireland is strategically best placed to acquire vaccine(s) at the appropriate times,
- identify, through NIAC, the priority groups for vaccination, according to the current and evolving understanding of the clinical, microbiological and epidemiological profile of COVID-19, both internationally and in Ireland to date, with a focus on those at greatest risk of morbidity and mortality from COVID-19,
- develop a national plan for the procurement of COVID-19 vaccine(s) and for the strategic development, resourcing, implementation and monitoring of a COVID-19 immunisation programme.

The NPHET welcomed the draft proposal and it was agreed that the DOH would engage with the relevant organisations involved, with a view to bringing a final proposal for the NPHET's consideration at its meeting planned for 18th June 2020.

6. National Action Plan/Updates

a) Hospital Preparedness

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

b) Vulnerable People and Community Capacity

There was no update under this item 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

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. Note that matters of relevance were covered under agenda item 4a above.

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

No other business was raised at the meeting.

c) Date of next meeting

The next meeting will take place on Thursday 18th June 2020 at 10:00am via video conferencing.