An Roinn Sláinte
Department of Health

National Public Health Emergency Team – COVID-19

Meeting Note – Standing meeting

Date and Time	Thursday 12th November 2020, (Meeting 63) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via videoconference	Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA Dr John Cuddihy, Interim Director, HSE HPSC Prof Colm Bergin, Consultant in Infectious Diseases, St James's Hospital Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH Dr Mary Favier, Immediate past president of the ICGP, Covid-19 advisor Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Dr Siobhán O'Sullivan, Chief Bioethics Officer, DOH Dr Colette Bonner, Deputy Chief Medical Officer, DOH Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Ms Yvonne O'Neill, National Director, Community Operations, HSE Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Darina O'Flanagan, Special Advisor to the NPHET Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Dr Breda Smyth, Public Health Specialist, HSE Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Ms Deirdre Watters, Communications Unit, DOH Dr Colm Henry, Chief Clinical Officer, HSE Mr Liam Woods, National Director, Acute Operations, HSE Dr Catherine Fleming, Consultant in Infectious Diseases, University of Galway Ms. Fidelma Browne, Interim Assistant National Director for Communications, HSE
'In Attendance'	Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Laura Casey, NPHET Policy Unit, DOH Mr Gerry O' Brien, Acting Director, Health Protection Division Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion) Ms Emily de Grae, NPHET Policy Unit, DOH Ms Ruth Barrett, NPHET Policy Unit, DOH Ms Sheona Gilsenan, Senior Health Data Analyst R&D & Health Analytics Division, DOH Mr Ronan O'Kelly, Health Analytics Division, DOH Dr Desmond Hickey, Deputy Chief Medical Officer, DOH Dr Robert Mooney, NPHET Policy Unit, DOH
Secretariat	Dr Keith Lyons, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Robinson, Mr Liam Hawkes, DOH
Apologies	

1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Apologies

There were no apologies received.

c) Matters Arising

The Department of Health informed the NPHET that the Minister for Health had brought a memo to Government regarding the preparation and planning of a vaccination programme in Ireland. The memo outlined Ireland's participation in a pan-European acquisition programme as well as preliminary preparation being carried out by the HSE. A multidisciplinary group has also been established to oversee and support this process.

2. Epidemiological Assessment

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

The DOH, the HPSC, and the IEMAG provided an overview of the latest epidemiological data regarding confirmed cases, including the current information on hospitalisation, critical care, mortality, sampling, testing, and contact tracing. The data presented were as follows:

- A total of 2,819 cases have been notified in the 7 days to the 11th November, compared with 4,139 in the 7 days to 4th November, representing a 32% decrease;
- As of 11th November, the 7- and 14-day incidence rates are 60 and 145 per 100,000 population, respectively; these compare with the 7- and 14- day incidence rates of 86 and 213 per 100,000 population, respectively, that were reported on the 4th November
- Nationally, the 7-day incidence as a proportion of 14-day incidence is at 41%, demonstrating that there have been less cases in the 7 days to 11th November than in the 7 days to 4th November;
- As of 11th November, the 5-day average of reported cases is 352 cases per day; this compares with a 5-day average of 490 cases per day on the 4th November;
- 64% of cases notified between 28th October and midnight on 10th November have occurred in people under 45 years; the median age for cases notified between those dates is 36 years;
- Concerningly, the 7-day incidence per 100,000 population increased for those aged 85 and older from 45.9 in week ending 31st October to 50.3 in week ending 7th November;
- As of 10th November, the growth rate of the disease is currently negative. Incidence is decreasing nationally at -5% to -7% per day. Incidence in Dublin is now decreasing at a similar rate to the rest of the country;
- Also of concern are the incidence rates in Co. Donegal, which remain very high relative to the rest of the country. As of midnight on 10th November, the 14-day incidence In Donegal is 301 per 100,000 population which is more than double the current national 14-day incidence rate of 145 per 100,000 population;
- Based on data to 10th November, the best estimate of reproduction number (R) for the country is approximately 0.6;
- A total of 76,506 tests were undertaken in the 7 days to 11th November. The 7-day average test positivity rate has decreased from 4.6% to 3.6% over in the same period. The positivity rate on 11th November, was 3.9%;
- There are currently 287 confirmed COVID-19 cases in hospital as of 8am on 12th November, compared with 307 on 5th November. There have been 26 new admissions in the preceding 24 hours;
- There are currently 39 confirmed cases in critical care as of 12th November, compared with 38 on 5th November. There have been 4 new admission in the previous 24 hours;

- As of 11th November, there have been 32 deaths notified with a date of death in November. This compares with 36 and 119 deaths notified (to date) with a date of death in September and October, respectively. Of the 32 deaths that have occurred in November, 10 are associated with nursing homes;

Further relevant information includes:

- 572 additional new clusters were notified in the week to 7th November 2020. There are 4,202 open clusters nationally. Of these, 49 open clusters are associated with nursing homes and 37 open clusters are associated with hospitals;
- In the week to midnight on 7th November (week 45), there were 3 new clusters notified in nursing homes/community hospitals with 165 linked cases, and 11 new clusters in hospitals with 111 linked cases;
- In the week to midnight 9th November, 3 new clusters in Food Production Plants were identified, with 5 in the Construction sector, 4 among vulnerable groups, 16 in schools, and 6 in childcare facilities;
- A range of mobility data suggests that current measures have resulted in reduced mobility in the population since 1st September;
- The average number of close contacts has decreased from approximately 5-6 per confirmed case at the end of September to 2-3 currently;
- As of 10th November, the 7-day incidence in Northern Ireland is 207 cases per 100,000 population.

The NPHET observed an overall improvement in the national disease profile across a number of indicators including 7- and 14- day incidence, the 5-day moving average and the estimated R number. Hospitalisations and critical care admissions have remained stable; however, substantial COVID-19 related mortality continues. The incidence rate in younger adults continues to decrease in contrast to a persistently high incidence rate in older adults.

While the overall incidence rate in Donegal has decreased, it is doing so at a much slower rate than the rest of the country and in a number of Donegal's Local Electoral Areas the incidence rate is increasing. Cross border travel, as well as large outbreaks at wakes and funerals, have been identified as some of the factors that are driving this trend.

The NPHET noted the recent outbreaks in a number of hospitals, and the epidemiological situation in Donegal, and will keep them under close review.

The NPHET discussed the importance of understanding the nature of outbreaks in acute settings and how they can be prevented and controlled, including the protection of health care workers. The HSE stated its intention to bring a paper on testing and protecting staff in acute settings to the NPHET in the coming weeks.

The DOH provided members with: *"COVID-19 situation in European region and selected countries: Czech Republic, Wales: NPHET Presentation 12th November 2020",* providing an overview of the epidemiological data and variety of COVID-19 restrictive measures taken in the selected countries in recent months.

The NPHET noted the sharp contrast between the trajectory of the disease in Ireland and the situation internationally. Therefore, an increased risk of importing cases through travel from countries with high rates of transmission can be expected in the coming period. The NPHET emphasised the importance of protecting the progress the country has achieved through application of Level 5 restrictions and of avoiding a reseeding of cases through international travel.

3. Review of Existing Policy

a) Serial Testing in Nursing Homes (participation rate & scope for including residents)

The HSE presented the paper *"Serial Testing in Nursing Homes (participation rate & scope for including residents)".* Noting that this paper had been presented previously to the NPHET, the HSE outlined the paper's key recommendations including:

- The continuation of the fortnightly serial testing programme for healthcare workers (HCWs) in nursing home care facilities.
- The inclusion of mental health facilities, which are Psychiatry of Old Age approved centres, in the routine serial testing programme of HCWs in Long-Term Residential Care Facilities (LTRCFs);
- The inclusion of a number of congregated facilities for people with disabilities will be added to the serial testing programme of HCWs in LTRCFs;
- The need for the HSE to continue to monitor and investigate whether the serial testing programme of HCWs should include home care workers.

The NPHET endorsed the recommendations in the paper and recommended that they be implemented.

Action: The NPHET endorses the paper on "Serial Testing in Nursing Homes (participation rate & scope for including residents)" and recommends its implementation.

b) Visiting Nursing Homes

The HSE presented materials on a proposed updating of indoor visitation policy to Long-Term Residential Care Facilities (LTRCFs).

The existing provisions under levels 3 to 5 of "*Resilience and Recovery 2020-2021: Plan for Living with COVID-19" allow* for visitation on critical and compassionate grounds, the NPHET agreed, in principle, with the need to clarify and broaden these grounds to enable increased visitation to LTRCFs. The NPHET affirmed the importance of visitation to the holistic needs of residents in LTRCFs and noted the significant learnings in this sector on appropriate infection prevention and control. The NPHET highlighted the need for consultation and cooperation with the necessary stakeholders in the nursing home sector to ensure the widespread implementation of any updated guidance, including how this guidance might be applied for LTRCF residents who have been transferred to acute settings for treatment.

Action: The NPHET supports, in principle, the proposal to provide for increased visiting to LTRCFs through the broadening of compassionate grounds and recommends that the HSE's "*COVID-19 Guidance on visitations to Long-Term Residential Care Facilities*" be updated in consultation with relevant stakeholders to reflect this. Visiting considerations should include those who are transferred to acute hospitals from the LTRCFs.

4. Expert Advisory Group

a) Advice on activities or settings associated with a higher risk of SARS-CoV-2 transmission

HIQA presented evidence & advice relating to *"What activities or settings are associated with a higher risk of SARS-CoV-2 transmission?"*

HIQA provided the following advice to the NPHET:

- The transmission pattern of SARS-CoV-2 is highly over dispersed with a small proportion of cases seeding the majority of local transmission. Indoor, high occupancy, poorly ventilated environments, where there is shouting and singing, insufficient use of face coverings, and prolonged contact, present the highest risk of SARS-CoV-2 transmission.
- To mitigate the additional risk of transmission, the required range and/or intensity of public health measures may need to differ for activities and settings conducive to superspreading. These settings include, but are not limited to, health and social care settings, meat and food processing plants, cruise ships, prisons, shopping malls, religious settings, bars, nightclubs, restaurants, gyms, offices, weddings, and large shared accommodation.

- Data regarding the types of settings where clusters have occurred are time-sensitive and potentially subject to under- or over-reporting. As time progresses, a different picture may emerge of where clusters occur, particularly given the wide scale adoption of public health measures (testing and infection prevention and control (IPC) measures) in settings previously identified to be at high risk.
- Irish data regarding settings and activities associated with increased risk of SARS-CoV-2 transmission is required to better understand national risk and mitigation factors. Consideration should be given to undertaking retrospective contact tracing, and well-designed case-control studies.
- As there is a higher relative risk of onward transmission in household settings, there is a clear rationale for the application of self-isolation guidelines within households. To facilitate better compliance, consideration should be given to the types of supports required for those unable to safely self-isolate at home. Specific supports to enable compliance with self-isolation and restriction of movement guidelines may also be required for those sharing households with individuals categorised as extremely medically vulnerable.
- When implementing public health measures to mitigate risk, the relative importance of the settings and activities to the individual and to society as a whole should be considered.
- Communication campaigns should focus on the:
    - characteristics of the settings and activities conducive to transmission;
    - concept that there is a continuum of risk;
    - potential to mitigate risk using a range of effective IPC measures;
    - importance of adherence to guidelines for self-isolation and restriction of movements;
    - availability of supports to enable people to adhere to self-isolation guidance.

The NPHET welcomed HIQA's findings and advice, particularly noting its usefulness for drawing attention to the sectors that may require particular focus for infection prevention and control as restrictive measures begin to be lifted. However, the NPHET drew attention to the need to carefully communicate the evidence on SARS-CoV-2 being highly over dispersed such that this message would not be misinterpreted in a way that might undermine adherence to public health advice.

The NPHET's attention was drawn to the particular issue of poorly ventilated environments and the risk they pose for spreading the disease. The HPSC informed the NPHET of previous work that had been completed on ventilation in the context of infection prevention and control and supported a proposal to revisit this issue in a multidisciplinary forum which would include ventilation expertise.

c) Advice on categorisation of "extremely medically vulnerable" groups who may be at risk of severe illness from COVID-19

HIQA presented evidence & advice in relation to the question: *"What is the evidence underpinning the categorisation of 'extremely medically vulnerable' groups, who may be at risk of severe illness from COVID-19?"*

HIQA provided the following advice to the NPHET:

- The evidence identified and included in this scoping review does not currently support the removal of any of the groups categorised as 'extremely medically vulnerable'.
- Category descriptors representing those at increased risk of SARS-CoV-2 infection should be refined to specify that they relate to conditions with an increased risk of viral infection (as opposed to other pathogens).
- Further clarity is required in the public health advice on terms that cover heterogeneous groups, including those taking immunosuppressant medication, those who are otherwise immunocompromised, and those with respiratory conditions. This should take consideration of national and international evidence and be developed in conjunction with the relevant clinical programmes.
- A framework is required outlining the process by which emerging evidence is considered to ensure updates or refinements to the composition of the risk groups. Consideration should be given to the

implications for individuals included in extremely medically vulnerable groups. The process should be informed by the expert interpretation by the clinical programmes of:
    - changes in international practices identified through the horizon scanning provided by the ongoing HIQA review of international guidance on vulnerable groups;
    - Irish data on morbidity and mortality from COVID-19;
    - the certainty and applicability of emerging evidence, including the relative and absolute risk of serious illness from COVID-19.
- Interpretation of clinical vulnerability for individuals identified as being at increased risk of serious illness from COVID-19 needs to also take account of the impact of any multimorbidity, frailty, disability, or poverty and social deprivation.
- There is a need to ensure consistency across all current documents (for example, from the HPSC and HSE) with respect to the composition of groups defined as extremely medically vulnerable, and the recommendations to support people living with COVID-19. Any updates to the risk categories should be clearly communicated to all stakeholders.

The NPHET welcomed HIQA's findings and recommended the advice be taken into account when developing related guidance and communications.

5. Future Policy

a) Transitioning from Level 5 Measures

The DOH presented a draft paper which provided an overview of a range of potential considerations to assist the NPHET in considering the easing Level 5 measures in a sustainable way, and what the overall strategy for managing the virus should be in the coming months.

The paper pointed to the key lessons learned throughout the course of the pandemic thus far, both in Ireland and internationally, taking into account the reports and research undertaken by international organisations. For example, there is now more understanding of high-risk environments, activities, and behaviours, in addition to greater knowledge on community transmission and the impact restrictions have on the spread of the virus. There are further lessons to be learned from the recent exit strategies employed by other countries, including detail on frameworks, phases, additional measures, and restrictions on social contacts. Some countries are starting to issue guidance for the holiday period, which includes guidance on how people can meet safely, have visitors to the home, and advice on travel. There are also emerging proposals in relation to how university students can safely return home for Christmas.

During discussion the NPHET had regard for:

- ECDC Risks assessment (October) highlights the deteriorating epidemiological situation across Europe, raising their level to 'serious concern'.
- WHO Considerations for implementing and adjusting public health and social measures in the context of COVID-19 (November) outlines a 5-Level Situational Framework with proposed escalating public health measures outlined for each level.
- The WHO Pandemic Fatigue report proposes principles to reinvigorate public support for protective behaviours including be transparent, consistent, predictable in unpredictable circumstances, strive for fairness, and coordinate messages to avoid confusion.
- The nationally representative weekly survey carried out by the DOH has shown a significant level of trust in health services, a high level of adherence with public health guidelines, and continued resilience among the vast majority of the population; 68% think the reaction of the government to the current coronavirus outbreak is appropriate, 19% insufficient, 13% too extreme.
- Recent research specifically in relation to Christmas shows:

- 70% believe this Christmas will be worse than last year, with the main worry being reduced social contact (64%) and health of family and friends (63%).
- The public, in general, expect the health experts to continue to make recommendations following the best scientific and medical evidence; the role of the public is to interpret how they apply guidelines/regulations in their daily lives and plan their holidays accordingly. Any deviation, including making exceptions for the Christmas period, runs the risk of losing credibility.
- Just over 50% of people surveyed think there should be special consideration given to easing restrictions over Christmas, with slightly more feeling that this should happen in mid-December (65%) as opposed to early December (33%).
- A vast majority (85%) would choose time with close family and friends rather than wider circles (8%), if it reduces the risk of further restrictions.
- There is a desire to open hospitality, retail and allow mass/religious services to go ahead; there is little desire for large celebrations, work parties, or big New Year's Eve parties.
- A majority (60%) would prefer if people would not travel home for Christmas if this were to increase the risk of further restrictions.
- One area of concern is that while 86% felt that they would be able to comply with restrictions, only 28% believed that others would follow government guidelines.

Accounting for the discussion at the NPHET meeting on 5th November, it was noted that any advice to Government should be cognisant of the following:

- The overarching strategy continues to be suppressing the virus and reducing the likelihood of further waves with widespread, effective public health measures, a comprehensive test and trace system, and effective border control measures.
- The 5-Level Framework will continue to guide the response and can be applied in a flexible manner to ensure agility and proportionality in terms of when, and at what level, restrictions will be applied, allowing for the option to to apply measures on a national or regional basis.
- The exponential nature of disease transmission once a substantial volume of disease develops.
- The response will continue to be guided by the three core priorities: preventing unnecessary disruption to non-COVID health and social care services, protecting medically and socially vulnerable people, and proactively protecting against, and averting, significant disruption to childcare and education.
- Pandemic fatigue is a challenge but broad societal buy-in to the national approach continues to be essential. The continued activation by State agencies, and other bodies, of all necessary processes, plans, supports and measures to ensure the necessary services are available to those who need them remains critical.
- The key considerations as outlined in the discussion on 5th November.
- The epidemiological situation at the time of NPHET providing advice to Government.

Taking the above into consideration, the paper proposed two phases of measures. The 1st December would see an easing of current restrictions to a particular level of the 5-Level Framework. Then, in recognition of the holiday period, a further relaxation of some measures would be introduced on a time limited basis. This will not align with a particular level in the Framework but will reflect those things that are important for people over the Christmas period. Following this, measures would revert to the level applying from 1st December, and would remain in place for at least 3 weeks to assess impact of Christmas period. Further decisions on measures will be dependent on the evolving epidemiological situation.

The primary areas of discussion were as follows:

1. What Level/measures should be advised for 1st December?

2. What measures should be relaxed for Christmas period, for how long and what accompanying advice is needed? Note that flexibility can be provided for in certain areas, e.g. internal travel, social gatherings, visiting to healthcare facilities, religious services, hospitality services, seasonal activities, all with strong guidance and appropriate protective measures in place.
3. What should advice be in relation to hospitality, considering both restaurants and wet bars? For example, options include opening for Level 3 outdoor dining service only on 1st December, opening for limited indoor service on 1st December, or opening for indoor service for the time limited period of holiday measures.
4. Is a more effective way of supporting people to understand what a safe level of socialisation is?

With regard to the 1st December, in the ensuing discussion, members of the NPHET voiced support for the two-phased approach for easing restrictions in the upcoming period and using the 5-Level Framework for clarity and consistency. In favour of the two-phased approach, many members noted the importance of easing any restrictions in a step-wise, tiered fashion in order to mitigate any potential rush that may occur if non-essential retail, hospitality and services were to open on the same day. Concern was also raised about the 1st December and whether this date would be too early with regard to Christmas, potentially causing a significant rise in numbers in the pre-Christmas period. Members stated that they would favour a conservative approach in the beginning of December, followed by a social period with very clear guidelines, then a return to more conservative measures following the holiday period. It was also asserted that the phases must be clearly set out in advance and people should be made aware of what to expect. Some members alternatively felt that a week-on-week approach should be taken to account for the changing epidemiological situation. However, others questioned the practicality of such an approach.

The NPHET discussed the Christmas period, with members expressing support for a bespoke set of measures, outside of the 5-Level Framework, to be introduced for a limited period of time. The discussion focused primarily on the appropriate timeframe that should be set out for this period, and it was noted that the timeframe should encompass New Year in addition to Christmas. It was raised that the public may find greater value if this phase included the week before Christmas in order to ease pressure on people during what can be a traditionally busy time of year.

In relation to hospitality, many members raised the issue that certain settings are associated with superspreading events and asked that the NPHET examine why some settings should open, as opposed to justifying why they should remain closed. Other members pointed to international regulations on capacity limits for indoor dining and opening hours as potential examples for what should be implemented in Ireland.

A number of members addressed the issue of safe socialising and the concept of a 'social/contact budget'. Several members asserted that a pragmatic approach is of utmost importance, noting that messaging should be clear that Christmas 2020 will be more lowkey and not as traditionally social. Several members also requested that messaging clearly advise vulnerable people against attending high-risk settings, particularly those where there is likely to be congregation of people.

Additionally, concern for the importation of cases through international travel was raised. It was emphasised that December and the Christmas period will see travel in to, out of, and around the country, the concern being the point when all of these factors converge and the potential impact this will have. While the update on International Travel takes place under Item 5(b), many members asserted that people may interpret vaccine advancements and the introduction of testing at airports as meaning travel is becoming safer.

Following the discussion, the Chair proposed that, when providing advice to Government in the coming weeks, the NPHET will stick, in broad terms, to the levels within the 5-Level Framework, and will likely recommend a move to Level 3 on 1st December, should the epidemiological situation allow, with finer details of the specific measures within level 3 to be agreed at the meeting of the 19th of November. There was also consensus that a two-phase approach encompassing a pre-Christmas period and the Christmas period itself,

the end of which would mark a return to the level introduced in the pre-Christmas period. The Chair then proposed that the two phases would cover an eight-week period starting approximately in the first week of December, with Christmas specific measures introduced for a period of two weeks, the specific dates of which are to be decided in the coming weeks. The NPHET agreed to the above proposals, and the DOH will return the final paper for decision at the meeting on 19th November. It was clarified that the above approach is dependent on the epidemiology at the time of decision and will remain under review.

b) International Travel

The DOH provided an update for the NPHET on the Government decisions related to international travel and aligned to the EU 'traffic light' system. This includes implementing a regime which allows a negative pre-departure PCR test, taken within 72 hours of arrival, to be a means by which people arriving from 'orange' countries will not be advised to self-restrict their movements on arrival in Ireland. The DOH emphasised that Ireland's approach to international arrivals remains advisory and is not subject to any legal enforcement mechanisms, with the exception of having to complete the Passenger Locator Form. The DOH further noted that, with regard to the question of essential/non-essential travel, many people have contacted the Department of Foreign Affairs to ascertain if travelling to see family at Christmas is considered of' essential nature'.

The NPHET noted the importance of protecting the progress the country has made in the weeks following the introduction of Level 5 restrictive measures. The NPHET recognised that this progress could be compromised by importing cases through international travel and emphasised the need to effectively manage this risk in the context of people travelling from high-incidence areas during the Christmas/New Year period. The NPHET will continue to closely review the issue of international travel over the coming weeks.

c) Public Health Response

The DOH provided an update on the ongoing work that is underway to enhance the Public Health response to COVID-19. A paper is currently in preparation that will identify the components necessary for the development of a pathway which is focused on enabling a more localised, multidisciplinary public health led response, which will include the integration of IT systems and greater capacity for data analytics, performance management, and comparative assessment of performance within and between regions, that will allow for as close to real-time investigation and management of COVID-19 at local and regional level as possible. This was noted and the paper will be returned to the NPHET for consideration at the meeting on 19th November.

d) Wastewater Surveillance

The Director of the NVRL presented *"SARS-CoV-2 wastewater surveillance in Ireland"* which reiterated the need for enhanced surveillance when SARS-CoV-2 levels are low in the community. Wastewater Surveillance involves the analysis of SARS-CoV-2 genetic material in sewage samples which will capture both symptomatic and asymptomatic individuals in the community, providing an early warning system that will identify when SARS-CoV-2 levels are increasing in the community.

The paper proposed that the NPHET ask the HSE/HPSC to implement a robust national wastewater surveillance network for SARS-CoV-2 that could be expanded to incorporate surveillance of other pathogens, such as polio & non-polio enteroviruses (a WHO requirement), in the months and years ahead.

The NPHET endorsed this paper, recommending that the NVRL and HPSC work to establish a national wastewater surveillance system.

Action: The NPHET endorses the paper entitled "SARS-CoV-2 wastewater surveillance in Ireland" and recommends that the NVRL & HPSC work collaboratively to implement a national wastewater surveillance network for SARS-CoV-2.

6. Communications Planning

There was significant Communications discussion under Item 5(a). In addition:

According to the Quantitative Tracker, the nationally representative sample of 1,900 people demonstrated:

- The level of worry is now at 6.3/10 and is beginning to fall back to the level seen in August and September, with a slight decline in the proportion self-reporting to be staying at home, down from 83% to 80%.
- 33% believe that the worst of the pandemic is happening now, with 24% believing it is ahead of us.
- 85% would trade time with close friends and family for a shorter period of time rather than wider circles for a longer period.
- 42% would open shops on 1st December, 51% mid-December.
- 63% would continue restrictions on religious services.
- 32% would keep pubs and restaurants closed, and 58% feel they should open with restrictions for the Christmas period.

The qualitative tracker is now running on a fortnightly basis and will be updated next week.

Campaigns currently underway include:

- Cases & Contacts to self-isolate & restrict their movements.
- HSE Bubble campaign & influencer social media campaign.
- Flu campaign.
- Healthy Ireland Community Resilience campaign.
- COVID public health advertising campaign – we are all the answer.

Campaigns currently in development include:

- Young Adults:
    - Ad campaign.
    - Creative Council.
- Winter communications campaign targeting older people to commence mid-November.

The Communications priorities are central to the above campaigns, specifically targeting young adults, older people, and the issue of cases and contacts.

7. Meeting Close

a) Agreed actions

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

b) AOB

There was no discussion under AOB.

c) Date of next meeting

The next meeting of the NPHET will take place Thursday, 19th November 2020, at 10:00am via video conferencing.