



Mr. Stephen Donnelly TD,
Minister for Health,
Department of Health,
Miesian Plaza,
50-58 Lower Baggot Street,
Dublin 2.

03rd December 2020

Via email to Private Secretary to the Minister for Health

Dear Minister,

I write further to today's meeting of the COVID-19 National Public Health Emergency Team (NPHE).

The NPHE reviewed the latest epidemiological data and the following key points were noted:

- A total of 1,928 cases have been notified in the seven days to the 2nd December, compared with 2,168 in the previous seven days, representing a 11% decrease;
- As of 3rd November, the 7- and 14-day incidence rates per 100,000 population are 40 and 85, respectively; these compare with rates of 48 and 108 last week at the time of the last NPHE meeting;
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 47%, demonstrating that there have been fewer cases in the last 7 days compared with the preceding 7 days;
- The 5-day rolling average has decreased only slightly from 293 on 24th November to 275 on 2nd December;
- Of cases notified in the past 14 days, 66% have occurred in people under 45 years of age; the median age for cases notified in the same period is 34 years;
- The proportion of cases notified in the over 65 age group has remained stable. In the last seven days, 12% of cases notified were aged over 65, this proportion was the same in the previous seven days; we continue to observe high incidence in older persons;
- We continue to see a high proportion of infections in healthcare workers who account for 11% of all reported cases in the last 14 days.
- Incidence rates in county Donegal remain high relative to the rest of the country. The 14-day incidence in Donegal is 212 per 100,000 population which is 2.5 times the current national 14-day incidence rate of 85 per 100,000 population;

- There has been a reduction in 14-day incidence in the rest of the country, however 14 counties have a 7-day incidence as a percentage of 14-day incidence greater than 50% indicating an increase in cases in the last seven days compared with the previous seven days;
- The best estimate of the reproduction number (R) is currently 0.8-1.0. The growth rate is estimated at between zero and -3%.
- A total of 74,647 tests were undertaken in the last seven days. The 7-day average test positivity rate has remained stable at 2.7% since the 24th November.
- Excluding serial testing the positivity rate has also remained stable over the last week and is estimated to be 4.2% over the last 7 days.
- There are currently 234 confirmed COVID-19 cases in hospital, compared with 269 on 25th November. There have been 23 newly confirmed cases in hospital in the preceding 24 hours;
- There are currently 32 confirmed cases in critical care, compared with 36 on 25th November. There have been 2 new admissions in the previous 24 hours; the total number of cases in critical care has stabilised but is not decreasing.
- To date, there have been 140 deaths notified with a date of death in November. This compares with 37 and 120 deaths notified (to date) with a date of death in September and October, respectively. Of the 140 deaths that have occurred in November; 41 (or 29%) are associated with nursing homes and 46 (or 33%) are associated with hospital outbreaks. There has been one death reported in December as of midnight 01st December.

Further relevant information includes:

- An additional 348 new clusters were notified in the week to midnight 28th November 2020 (week 48). There were 5,524 open clusters nationally.
- In the same week, 54 open clusters were associated with nursing homes and community hospital/long-stay units.
- There were 10 new clusters notified in acute hospitals with 94 linked cases in week 48.
- There are currently 60 open clusters associated with 24 acute hospitals. Approximately 1,000 cases have been linked to these outbreaks.
- There were 6 new clusters notified in nursing homes/community hospitals with 40 linked cases, an increase on the previous week (19 cases);
- 21 new outbreaks in workplace settings were notified in week 48 with 44 linked cases; there are currently 135 open outbreaks in workplaces.
- There were 12 new outbreaks associated with schools with 19 linked cases in the last week (noting that transmission of COVID-19 within the school setting has not necessarily been established in these outbreaks).
- A range of mobility and compliance data suggest that movement and social contact in the population has increased in recent weeks.
- The average number of close contacts decreased from approximately 5-6 per confirmed case at the end of September to around 3.5 per confirmed case in late October/early November; of note, this has increased to 3.8 over the last seven days.
- As of 2nd December, the 14-day incidence per 100,000 population in Northern Ireland is 283, this is more than three times the 14-day incidence in the Republic of Ireland which is currently 87 per 100,000 population. The 7-day incidence per 100,000 population in Northern Ireland is 136, this is almost three and a half times the 7-day incidence in the Republic of Ireland which is currently 40 per 100,000 population.

In summary, Ireland made great progress during the period in which Level 5 measures were in place with significant suppression of viral transmission resulting in daily average case counts and 14-day incidence rate/100,000 reducing from a peak of more than 1,200 and 307 to 275 and 85, respectively. Of significant concern now however, the level of infection in the population is static or decreasing slowly with growth rate estimated at between zero and -3% and R estimated at 0.8-1.0. We have also observed persistent and delayed incidence in healthcare workers and ongoing outbreaks in healthcare settings. Of notable concern in recent weeks are the number of hospital outbreaks across the country with significant numbers of associated cases and deaths. There also remains a substantial disease burden in the acute healthcare system with the trend in hospitalised COVID-19 cases decreasing slowly against high absolute levels. The number of confirmed cases in intensive care and deaths associated with COVID-19 are not reducing. We continue to observe persistently high incidence in older persons, a population group most vulnerable to morbidity and mortality associated with the disease. Of note, measures of mobility and contact appear to have increased in anticipation of the recent relaxation of Level 5 measures and we now approach the Christmas period with a significantly high force of infection and healthcare burden. The NPHET will continue to keep the full range of disease indicators under close review.

Model projections of the likely future trajectory of the disease have worsened over the last week, as it has become clear that case counts are unlikely to fall below 200 cases per day. Current projections for a reproduction number held at 1.2 to 1.4 through the Christmas and New Year period suggest that there would be between 300 and 600 cases per day in the second week of January 2021. This is likely a conservative projection. It will be challenging to maintain R below 1.4, and it is possible that a major increase in close social contact, and especially a greater diversity of contacts, during Christmas and New Year would lead to much higher levels of viral transmission than have seen to date. This has been modelled by superimposing on the above scenarios a period from 22nd December to 6th January where R is increased to 2.0. This scenario projects 300-450 cases per day by New Year's Day and 800-1200 by the second week of January 2021.

The NPHET acknowledges that the development of safe and effective vaccines will be a major step forward in limiting the impact of COVID-19 on our health, society and economy. Given the global demand, it is likely that initial supplies of any authorised COVID-19 vaccine will be limited and will require certain population groups to be prioritised for vaccination. The NPHET endorsed a joint Department of Health and National Immunisation Advisory Committee (NIAC) paper which set out a provisional priority list of groups for vaccination once a safe and effective vaccine(s) has received authorisation from the European Medicines Agency. At this time, the primary objective of the vaccination programme is to reduce mortality and morbidity as a consequence of COVID-19, protect the health care system from being overwhelmed and maintain non-COVID care.

The prioritisation list is based on ethical principles and takes into account the current and evolving understanding of the distinctive characteristics of COVID-19, its modes of transmission, the groups and individuals most susceptible to infection, and the characteristics of the candidate vaccines. Vaccine allocation strategies depend upon a number of factors, including vaccine efficacy in different age/risk groups, the availability of effective therapeutics, and the epidemiological situation at the time the vaccine becomes available. It is important to stress that the prioritisation list is subject to constant review and may be modified as more evidence about COVID-19 epidemiology and the characteristics

of vaccines becomes available, including information on vaccine safety and efficacy by age and target group.

Social acceptance of the prioritised distribution of vaccines depends upon the clear communication of information and the consistent, transparent implementation of the programme. In line with the procedural value of inclusiveness, timely public and stakeholder engagement on the goals, values and allocation strategy for COVID-19 vaccine(s) is recommended.

The NPHET also considered a number of other areas, taking the following actions:

- The NPHET endorses the updated *“National Guidelines for the Public Health Management of Close Contacts of Cases of COVID-19”*, notwithstanding additional considerations that are required for the testing and recommended isolation periods for close contacts in light of recently published ECDC guidance.
- The NPHET endorsed two papers presented by the HSE regarding the protection of health care workers and recommended continued mass testing for all hospital outbreaks to ensure that, when these occur, they are brought under control as quickly as possible. The NPHET also welcomed the planned implementation of a serial testing programme for health care workers within acute settings commencing 4th January 2021.
- In light of the Government decision with regard to religious services, and acknowledging the special role that spiritual and religious services play over the Christmas period, the NPHET endorsed the HPSC’s *“COVID-19 Guidance for Religious Services”*, with a view to mitigating the risks associated with such settings.

Additionally, the resource constraints to operationalising the appropriate public health management of cases, clusters, and outbreaks were highlighted to the NPHET today. It is clear that any significant increase in incidence over the coming weeks has the potential to once again challenge the timely investigation and management of cases, clusters, and outbreaks by Departments of Public Health.

The NPHET remains concerned that international travel over the coming period has the potential to rapidly undermine the progress achieved by the country in recent weeks. It is strongly recommended that the Government continue to advise against all non-essential travel during the forthcoming holiday season. The NPHET continues to recommend that those who must travel only do so in the limited situations advised, such as to attend a funeral, for essential healthcare reasons, or for imperative business reasons. For clarity, all discretionary travel, including winter tourism, such as ski holidays, should be discouraged.

For those who proceed to travel into Ireland, it remains the NPHET’s recommendation that such passengers are advised to strictly adhere to the public health advice to restrict their movements for 14 days if they do not avail of PCR testing before or after travel. Due to the risks associated with transmission of the virus during conveyance and the incubation period of the virus, all passengers, irrespective of PCR-testing, should closely monitor for any symptoms and immediately self-isolate and seek medical advice if any symptoms do arise. In particular, passengers should be advised to limit their interactions with family members and friends, especially persons who would be at a particular risk should they contract COVID-19.

The NPHET, of course, remains available to provide any further advice and recommendations that may be of assistance to you and Government in relation to ongoing decision-making processes in respect of the COVID-19 pandemic. I would be happy to discuss further, should you wish.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Holohan', written over a horizontal line.

Dr Tony Holohan
Chief Medical Officer
Chair of the COVID-19 National Public Health Emergency Team

cc. Ms Elizabeth Canavan, Department of the Taoiseach and Chair of the Senior Officials Group for COVID-19

