

IEMAG

Minutes of meeting – Friday, 27th March 1-2pm

Attendees: Philip Nolan (Chair), Ajay Oza, Alan Barrett, Ann Barbar, Breda Smyth, Brendan Murphy, Cathal Walsh, Chris Brunson, Francis Butler, Guy McGrath, James Gleeson, Jim Duggan, Simon More, Kevin Hunt, Máire Connolly, Megan O’Driscoll, Conor Teljeur, Justin Gleeson

Apologies: Darina O’Flanagan, Derval Igoe, Patrick Wall, David McEvoy

Secretariat: Rhona Gaynor, Martha Purcell, Sarah Glavey

General Updates

- New group member: Máire Connolly, NUIG
- Data flows and governance being clarified – through HPSC in short-term and wider COVID Tracker/outputs from HSE also being established.
- Good progress made by sub-group 1 in developing the parameters of the model.
- The urgency of getting outputs from this group to inform CMO/NPHET decisions and healthcare planning was emphasised.
- Cross border update: PN will speak with colleagues in Northern Ireland today to determine how best to work together.

Sub-Group Updates and Updated Actions

Working Group 1: Epidemiology Modelling

Actions:

1	Continue to review curve-fitting model for daily reports
2	Continue to develop 3 comparative models: <ul style="list-style-type: none"> • Incorporate date of onset symptoms data • consider how to account for testing issues and policy changes. • Explore if it’s possible to regionalise models
3	Review and select model parameters <ul style="list-style-type: none"> • Identify proportional rates for asymptomatic cases
4	Continue to liaise with HSE to improve data quality and depth <ul style="list-style-type: none"> • Seek rapid input on demographic factors of ICU admissions
5	Share incidence cases from curve to working group 2
6	Review proposed parameters from a medical perspective
7	Other members of IEMAG to access and review model which is saved in sharefile sub-folder (note highly confidential)
8	Modelling group working towards a number of scenarios – will update wider group following a sub-group call

Working Group 2: Demand/Supply Modelling

Actions:

1	Finalise model development
2	Determine whether most recent 500 cases can inform hospitalisation patterns
3	Link with NPHE Expert Advisory Group for data on (length of stay and ICU length of stay) and share with modelling group
4	Connect with key managers in health system who will utilise model (HSE and DoH)
5	Seek information on evolving capacity and decision on how to feed this into model routinely
6	Other members of IEMAG to access and review model which is saved in sharefile sub-folder
7	Link with Guy and Justin regarding what geographies to regionalise in the future

Working Group 3: Geospatial Mapping/Modelling

Actions:

1	Determine next steps following CMO decision on public facing geo database
2	Continue discussion between HIU in HSE and AIRO – call with HIU asap to understand their work
3	HSPC to share data stream directly with geo-spatial group – this requires deeper extraction, so will consult with HPSC colleagues about how best to provide
4	Work with DoH, HSE, HSPC to determine what daily info will be needed
5	If decision to proceed, connect with HSE and get initial transfer of data over to start assessing city level data – Dublin, Cork, Galway, Limerick to start
6	Specify public health requirements and decision making requirements of geospatial group – including what info an internal facing portal generated by CSO/ Geohive would include
7	Discuss and agree most appropriate level of health system analysis (e.g Hospital group/CHO etc)

Misc. Actions

- Identify critical data required and utilised across IEMAG sub-groups and share with secretariat
- Identify sub-group to determine full set of daily data/indicators request of HPSC

Next Meeting: TBC