

## IEMAG

Minutes of meeting – Thursday, 2<sup>nd</sup> April 12pm

**Attendees:** Philip Nolan (Chair), Ajay Oza , Alan Barrett, Alan Cahill, Ann Barbar, Breda Smyth, Brendan Murphy, Cathal Walsh, Chris Brunsdon, Conor Keegan, Conor Teljeur, Darina O’Flanagan, Derva Igoe, Francis Butler, Guy McGrath, James P Gleeson, Jim Duggan, Justin Gleeson, Maire Connolly, Máirín Ryan, Megan O’Driscoll, Sean Lyons, Simon More

**Apologies:** Alan Smith, David McEvoy, Patrick Wall

**Secretariat:** Rhona Gaynor, Martha Purcell, Sarah Glavey

### General Updates

- Data hub: HSE, OSI and CSO now have a data governance agreement in place. Significant progress has been made in terms of identifying the right data sources, right people to liaise with and the times that the data is shared.
- Modus operandi: Chair proposed new way of working – weekly Wednesday IEMAG meetings and regular sub-group meetings with overlap of members between the sub-groups
- Chair shared draft first report to NPHE in advance of call and discussed in brief. Suggestions can be shared via email.
- Terms of Reference: currently being reviewed by Chair and will be shared with the group shortly.
- Offers of assistance: The group agreed that the best way to manage offers of assistance from other experts is to utilise their resource for validation, peer review and quality assurance.
- Confidentiality: Chair reminded the group of the confidential nature of the work. This also applies to any additional persons supporting IEMAG work.

### Sub-Group Updates and Updated Actions

#### Working Group 1: Epidemiology Modelling

Actions:

1	Switch from exponential to Gompertz
2	Continue to refine SEIR models
3	Share SEIR model with group 2 to test the demand model
4	Look at Epi curves to consider how to work backwards from hospital admissions to better understand underreporting
5	Align on regions
6	Check death figures and revert
7	Discuss death metrics (currently only option is via ICU in DIR) and share outcome of discussion with CB
8	Discuss what data is needed in terms of people in hospital/ICU awaiting COVID diagnosis
9	Share updated imperial graphs (along with 2-3 other countries) with PN to include in first report to NPHE
10	Consider how to introduce phased reduction of restrictions into model
11	Agree reasonable outputs to share that will be approved by CMO: <ul style="list-style-type: none"> <li>• Forecasting 2-3 weeks</li> <li>• Forecasting several months</li> </ul>

**Working Group 2: Demand/Supply Modelling****Actions:**

1	Refine model and await epi curve to test
2	Discuss testing data gap with HPSC
3	Liaise with Cillian De Gascun re: false negative rates

**Working Group 3: Geospatial Mapping/Modelling****Actions:**

1	Continue discussion between HIU in HSE and IEMAG – follow up call with HIU to understand their work
2	CSO/HPSC to ask HIU to include ED codes and coordinate in data being geocoded
3	Ensure county level data is added to HPSC file being shared with CSO
4	Agree regions and geographies for analysis (e.g Hospital group/CHO, county, small area)
5	Specify public health requirements and decision making requirements of geospatial group – including what info an internal facing portal generated by CSO/ Geohive would include

**Misc. Actions**

- Specific data requests from IEMAG for CSO should go through OSI
- Share an overview of datasets, data dictionaries and their status with group on sharefile.
- ALL to review draft of first report to NPHET and email PN with comments/ suggestions
- All to consider how publishing of work could be detailed in the Terms of Reference. Share feedback with PN and secretariat.
- PN to review group membership to ensure that each working group has a clear convenor and representation from each of the other working groups. PN to speak with individuals within sub-groups about being convenors

**Next Meeting:** Wednesday, 8<sup>th</sup> April