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

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Thursday 19(^{th}) November 2020, (Meeting 64) at 10:00am</th>
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<tbody>
<tr>
<td>Location</td>
<td>Department of Health, Miesian Plaza, Dublin 2</td>
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<tr>
<td>Chair</td>
<td>Dr Tony Holohan, Chief Medical Officer, DOH</td>
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</tbody>
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### 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 Siobhán Ni 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
- Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH
- Dr Colette Bonner, Deputy Chief Medical Officer, 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 Michael Goodman, Assistant Secretary, Primary Care Division, DOH
- Dr Breda Smyth, Public Health Specialist, HSE
- Dr Tom McGuinness, Assistant National Director for Emergency Management, HSE
- Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH
- 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
- Dr Lorraine Doherty, National Clinical Director Health Protection, HSE

### ‘In Attendance’
- Dr Matthew Robinson, Specialist Registrar in Public Health, DOH;
- Mr David Keating, Communicable Diseases Policy Unit, DOH
- Ms Laura Casey, Policy and Strategy Division, 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, Health Systems and Structures, DOH
- Ms Ruth Barrett, Health Systems and Structures, DOH
- Ms Sheona Gilsenan, Senior Health Data Analyst R&D & Health Analytics Division, DOH
- Ms Aoife Gillivan, Communications Unit, DOH
- Dr Desmond Hickey, Deputy Chief Medical Officer, DOH

### Secretariat
- Dr Keith Lyons, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Hawkes, Mr Liam Robinson, DOH

### Apologies
- Ms. Fidelma Browne, Interim Assistant National Director for Communications, HSE
1. Welcome and Introductions

   a) Conflict of Interest
   Verbal pause and none declared.

   b) Apologies
   The NPHET received apologies from Ms. Fidelma Browne.

   c) Matters Arising
   The Chair reiterated concerns that aspects of previous NPHET discussions had not remained confidential. While the NPHET has always endeavoured to operate in an open and direct manner, its ability to function effectively is greatly hindered by the pre-emptive and inaccurate release of information. The NPHET must be given the necessary space to properly develop its guidance and advice so that it can be given due consideration by Government and delivered to the public with clarity and consistency.

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 2,912 cases have been notified in the 7 days to the 18th November, compared with 2,819 in the 7 days to 11th November, representing a 3.3% increase;
   • As of 18th November, the 7- and 14-day incidence rates are 61 and 120 per 100,000 population, respectively; these compare with the 7- and 14- day incidence rates of 60 and 145 per 100,000 population, respectively, that were reported on 11th November;
   • Nationally, the 7-day incidence as a proportion of 14-day incidence is at 51%, demonstrating that there have been more cases in the 7 days to 18th November than in the 7 days to 11th November;
   • The 5-day rolling average has increased from 353 on the 11th November to 403 on 18th November;
   • 64% of cases notified between 3rd November and midnight on 17th November have occurred in people under 45 years; the median age for cases notified between those dates is 36 years;
   • The proportion of cases notified in the over 65 age group has stabilised. In the last seven days 12.9% of cases notified were aged over 65 years, this compares with 13.5% of cases notified in the previous seven days; however, high incidence in older persons continues to be observed overall;
   • There has been an increase in the notifications of infection in healthcare workers over recent weeks, with healthcare workers representing 13% of all reported cases in the last 14 days to midnight 18th November;
   • As of 19th November, the daily growth rate of the disease has changed from negative growth to approximately zero;
   • As of 18th November, incidence rates in Donegal and Limerick remain high relative to the rest of the country. The 14-day incidence in Donegal and Limerick is 296 per 100,000 population and 237 per 100,000 respectively. Both counties record an incidence of approximately double the current national 14-day incidence rate of 120 per 100,000 population;
   • Dublin’s 14-day incidence is showing a downward trend at 121 per 100,000 on 18th November compared with 155 per 100,000 on 11th November; however, concerningly, the 7-day incidence appears to be levelling off. Current 7-day incidence in Dublin is 62 per 100,000 compared which compares with 61 per 100,000 last week.
   • There has been a significant reduction in 14-day incidence in the rest of the country, however 15 counties are now showing a 7-day incidence as a percentage of 14-day incidence of greater than 50% indicating an increase in cases in the 7 days to 18th November compared with the 7 days to 11th November;
• Based on data to 19th November, the best estimate of reproduction number (R) for the country has increased to between approximately 0.7-0.9;
• A total of 77,292 tests were undertaken in the 7 days to 18th November. The 7-day average test positivity rate has increased from 3.6% to 3.8% over in the same period.
• Excluding serial testing, the positivity rate is estimated to be 5.6% over the last 7 days to 18th November;
• There are currently 290 confirmed COVID-19 cases in hospital as of 8am on 19th November, compared with 285 on 12th November. There have been 35 newly confirmed cases in the preceding 24 hours;
• There are currently 33 confirmed cases in critical care as of 19th November, compared with 38 on 12th November. There has been 1 new admission in the previous 24 hours;
• As of 18th November, there have been 72 deaths notified with a date of death in November. This compares with 37 and 119 deaths notified (to date) with a date of death in September and October, respectively. Of the 72 deaths that have occurred in November, 31 are associated with nursing homes;

Further relevant information includes:
• 1,057 additional new clusters were notified in the week to midnight 14th November 2020. There are 4,992 open clusters nationally. Of these, 50 open clusters are associated with nursing homes/community hospital/long stay units and 45 open clusters are associated with acute hospitals;
• In the week to midnight 14th November (week 46), there were 7 new clusters notified in nursing homes/community hospitals with 140 linked cases, and 9 new clusters in hospitals with 137 linked cases;
• In the week to midnight 16th November, 3 new clusters in food production plants were identified, with 4 in the construction sector, 6 among vulnerable groups, 10 in schools, and 2 in childcare facilities;
• 20 new outbreaks in university/college or third-level student settings were notified in the week to midnight 16th November, with 40 open outbreaks;
• 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 per confirmed case is 3.6, which has remained stable overall since the introduction of Level 5 measures;
• As of 17th November, the 7-day incidence in Northern Ireland is 188 cases per 100,000 population, this is over three times the 7-day incidence in the Republic of Ireland which is 61 as of 18th November.

The NPHET acknowledged that Ireland had made substantial progress over recent weeks, with significant suppression of viral transmission resulting in daily average counts and 14-day incidence per 100,000 population reducing from 1,200 to 400 per day, and from 307 to 120, respectively. However, the epidemiological assessment now indicates that the previously observed rapid decline in disease incidence has stalled, with the current growth rate close to zero and R number estimated to 0.7-0.9. The NPHET also noted concerning trends in the following key indicators:
• The number of counties (15) that have reported more cases in the last seven days compared to the previous seven days.
• The significant levels of patients with COVID-19 requiring hospitalisation and critical care.
• Average daily deaths have increased from 5 to 6 per day over the last week.
• The persistently high incidence in older persons who are most vulnerable to this disease.

The HPSC stated that a breakdown of outbreaks affecting healthcare workers is available in the weekly report including information on the number of household outbreaks that involve health care workers. Concern about increasing positivity rates in serial testing programmes within Nursing Home staff and workers in food production plants was also noted.

Due to worrying indications that progress is stalling, the NPHET allocated a large portion of discussion to the epidemiological data. It was asserted that while exponential growth has been controlled to some extent, the greatest suppression has occurred in cohorts that were already successfully suppressing transmission, while
outbreaks in certain groups are maintaining the plateau. Many members remarked that while the overall numbers are small, the relative increase of cases in the over 85 age group is concerning. It was pointed out that homecare workers who care for the elderly are not currently included in serial testing programmes and, given the nature of the industry, it can be difficult to enforce infection prevention and control measures. The HSE stated that it will gather information through contact tracing channels about the number of homecare workers deployed in order to assess the action that needs to be taken on this matter. A further point highlighted was the possibility, in addition to pandemic fatigue, of testing fatigue with testing programmes experiencing reduced levels of uptake.

In discussion of the impact of the midterm break, the question of whether children and young adults socialising outside of school in an uncontrolled manner led to an increase in cases was raised. The IEMAG presented mobility data to demonstrate that step changes in mobility can be observed. The reasons for the rise in cases are likely to be complex and attributing the increase to high levels of socialising over the midterm period prevents a true understanding of the cause and potentially hinders subsequent counter-efforts. For example, data analysis suggests that people are not working from home in the same volume that had been observed early in the pandemic. The IEMAG also showed that a step-change in social contact cannot be observed, with data showing that the reduction in social contacts appears to predate the introduction of Level 5 measures. The data suggests a divergence between the formal introduction of public health measures and reductions/increases in social contacts, possibly related to anticipatory behaviours.

Regarding mobility data, some members pointed out that looking at this data for previous Christmas periods may be useful to predict the kinds and volumes of mobility that may occur in the upcoming period.

The Chair concluded discussion on the epidemiological assessment by stating that the NPHET’s process should not be impacted by outside attention on certain areas and reiterated that ensuring the country is in the best possible situation come 1st December should be the primary focus. The NPHET requested that a paper detailing the control measures and public health response that have been deployed at a local level be prepared and returned to the NPHET at its next meeting.

3. Review of Existing Policy

a) Joint HSE & DOH update on acute hospital preparedness

The DOH presented the paper “Joint Department of Health and HSE Update - Acute Hospital Preparedness for Covid-19”. Key points considered included capacity and surge planning, ensuring continued access to health care services (including non-COVID care), and the potential impact of investment in the health sector as per Budget 2021.

The NPHET raised the need to ensure healthcare workers in acute settings are provided with all necessary supports to maintain the high standard of care they are providing in a very challenging work environment, particularly given the constant infection prevention and control requirements in these settings. There was broad agreement that, while the successful reintroduction and maintenance of non-COVID care in acute settings was commendable, ongoing vigilance and proactive steps would be required to maintain this level of service operation. There are also opportunities to develop new, more appropriate care pathways in the acute setting for treating COVID-19 with a greater focus on treatment at ward level. The Chair outlined that there is further work to be done to describe certain impacts of COVID-19 on wider public health, including the benefits for public health of many non-acute services remaining open.
Regarding the recent trends of increasing hospital-based outbreaks, the HSE informed the NPHET of its intention to table a paper for decision on a testing approach that can be deployed for healthcare workers in acute and other settings. Noting that testing alone is insufficient to prevent outbreaks and a broader view is needed, incorporating preventative measures and communications.

4. HIQA - Expert Advisory Group

While there was no formal update from the Expert Advisory Group, HIQA updated the NPHET that the evidence summary on “Activities or settings associated with a higher risk of SARS-CoV-2 transmission”, presented to the NPHET on 12th November was published on 18th November. The Chair of the HIQA EAG reminded the NPHET that the key message of the papers is that good public understanding of risky activities and settings is necessary to empower individuals to take responsibility for how they manage their own daily risks as they occur.

5. Future Policy

a) Transition from Level 5 measures

The DOH presented a draft paper outlining the NPHET’s advice to Government. The paper set out the NPHET’s the various considerations discussed at the meetings of 5th and 12th November and highlights areas requiring further discussion. The paper also noted that the following broad approach was previously agreed, but any final decisions are subject to further consideration based on the evolving epidemiological situation:

- 3 phases of measures, consisting of:
  - An initial easing of measures to Level 3 of the Framework at the start of December.
  - A further easing of some specific measures on a time limited basis later in December, pending a final decision on the start date and length of this period.
  - A return to Level 3 measures following the Christmas/New Year holiday period.

The paper reiterated the key considerations which informed the NPHET’s advice, including the most recent epidemiological data, the latest quantitative and qualitative public opinion research, growing evidence in relation to high risk environments, activities and behaviours, the international experience with COVID-19, advice from international agencies, and reports on pandemic fatigue across the WHO European Region. The paper further highlighted aspects that the NPHET is cognisant of in providing advice to Government including the core priorities, the impact of public health restrictive measures on the economy and society, the risk of further waves of infection, the current contrast between Ireland’s disease trajectory and the situation in many countries internationally, the need for continued enhancement of our public health response system, and the enormous effort of health and social care workers throughout the pandemic.

The paper then laid out the proposed advice to Government with regard to a move to Level 3 at the start of December, noting the flexibility in the framework and highlighting the points that need to be further considered before the advice is finalised: private household visits, hospitality (restaurants and all bars), and the further areas where the use of face coverings is advised. Following this, the advice for the time-limited Christmas/New Year period was outlined, again with points requiring further consideration before the advice is finalised: family/social gatherings in private households, religious services, hospitality, and visiting to long-term residential care facilities. The public health advice and communications to accompany the advice were then set out for the NPHET.

During the ensuing discussion, a number of NPHET members voiced concern about the current epidemiological situation, noting that the trajectory has not progressed as well as had been expected and any reduction in measures will entail an increased risk of resurgence. For this reason, many spoke in favour of a conservative approach to Level 3 measures and some members raised the question of whether a move to Level 3 should take place at a date later than the 1st December. Several members asserted that clearly
highlighting the evidence used to inform decisions for the public is essential as people are more likely to respond positively to more detailed information. The issue of compliance was also raised, with many remarking that this will be increasingly difficult in the upcoming period, and therefore, people should be enabled to make informed decisions and supports should be put in place to facilitate safety.

Further discussion focused on the issue of face coverings and whether advice should be extended to include crowded outdoor areas, workplaces and communal/indoor areas where physical distancing is difficult to maintain, and exercise facilities/gyms, with the exception of partaking in strenuous exercise. Members spoke in favour of extending the advice to include the above settings, citing the upcoming Christmas/New Year period which traditionally brings bigger crowds to the streets, increased retail activity, and the recommendation that groups meet outside, as reasons for support. It was also highlighted that advice should clearly state crowded outdoor areas, as many open outdoor areas across the country pose a low risk of transmission. HIQA will return a scoping review on the use of face masks in the community for the NPHET’s next meeting.

The Chair reminded the NPHET that nothing is agreed until all is agreed and the DOH noted that a final paper incorporating the feedback from the above discussion, and accounting for the profile and trajectory of the disease over the next week, will be presented to the NPHET at its next meeting for the final sign-off.

**Action:** The NPHET reiterated its previous recommendation that people should work from home wherever possible, however, in the event that people are required to attend their workplace in person, the NPHET recommends the use of face coverings in indoor communal areas or where physical distancing is difficult to maintain.

**b) Public Health Response**

The DOH update the NPHET on the paper currently in development, entitled “A new organisational model for the public health operational response for COVID-19”. The NPHET were informed that the finalised version of this paper would be returned for decision at the next NPHET meeting.

In the interim, the NPHET discussed and agreed certain high-level principles around which the future organisational model would be structured with a view to making Ireland’s ongoing response to COVID-19 more sustainable:

- Streamlined National Governance and organisational model with a focus on regionalised response;
- Public-Health led;
- Integrated IT systems and data;
- Community engagement and partnership;
- Performance measurement to facilitate assessment within and between regions.

There was strong consensus among the NPHET as to the importance of carrying out this work to improve the public health response to COVID-19. Empowering and resourcing local public health teams is essential to enable rapid local responses to outbreaks. The NPHET highlighted the importance of reflecting public health staff as an underpinning for these principles, noting the exceptional commitment shown by public health specialists in responding to the pandemic since its onset. The NPHET also briefly discussed the longer-term strategic importance of public health beyond the context of health protection and the role this current work could play in shaping the future development of Ireland’s public health model.

The DOH thanked the NPHET for their feedback which would be incorporated into the finalised paper for consideration at its next meeting.

**Action:** The NPHET endorses the principles set out in the draft paper on “A new organisational model for the Public Health operational response” and agrees that these form the basis for the finalised paper that is to be returned for decision next week.
c) International Travel

The DOH presented the paper “International Travel”.

The paper outlined the current status of Ireland’s international travel arrangements under the EU Traffic Light System adopted by government and the significant public health risks these arrangements may pose to the epidemiological progression of COVID-19 in the country.

The NPHET voiced their concern over the significant risks international travel poses for seeding additional cases of COVID-19 in Ireland and the danger that progress made in suppressing the disease thus far would be put at risk. The NPHET agreed that continuing to strongly communicate the public health message that non-essential travel should be avoided is of the utmost importance. In situations where individuals do engage in international travel, it is essential to communicate evidence-based guidance around the limitations of PCR testing, the nature of the incubation period of the virus, and the importance restricting movements for the necessary period.

6. Communications Update

The DOH communications update for 19th November was available to members in advance of the meeting. The key insights included are detailed below.

According to the Quantitative Tracker, the nationally representative sample of 1,600 people reveals:

- The level of worry, now at 6.3/10, is beginning to fall back to the level seen in August and September, with 81% self-reporting to be staying at home.
- 83% of people say they are following public health advice but only 58% believe that most/almost everyone is following the guidelines.
- 33%, now believe that the worst of the pandemic is happening now, and 24% believe it is ahead of us.
- 65% are happier to have a much quieter Christmas year.
- 72% say they will avoid some meetings with friends and family this year even if others go ahead and meet; this number drops to 63% for under 35s.
- 45% of people have already made plans for Christmas this year, with the majority expecting to have the same number (44%) or fewer (46%) people at Christmas dinner.

Findings from the Qualitative Tracker reveal:

- Citizens are exhausted and are searching for some normalcy in a bid to maintain their spirits and find balance. Level 5 is wearing, even for the majority that accepts there is little choice.
- It is important that authorities acknowledge how difficult the pandemic has been and to encourage all to stick with it and get through it. A positive and hopeful tone should balance bad news; the country needs to be both informed and buoyed.
- The vaccine has taken centre stage this fortnight with Pfizer’s announcement. People have little real understanding of what this means and are wary of having their expectations dashed. It is important to manage education and understanding of the pathway to a vaccine now. The tone should be sober, scientific, educational and should explain the complexity while having a layer of positivity.
- The lifting of Level 5 measures on 1st December is imminent. A tone of caution and personal responsibility is needed; this is not the time to finger wag. Citizens should be allowed to breathe and should be supported in in planning and self-regulation, making it easier to do the right thing.
- Christmas will be different, and a safe Christmas is achievable through planning; there is an important role for Public Health in this aspect.
The update noted the campaigns currently underway and in development.

In anticipation of increased media attention over the coming weeks, it was requested that members of the NPHET work in conjunction the Communications team if approached by the media for comment.

7. Meeting Close
   a) Agreed actions
   The key actions arising from the meeting were examined by the NPHET, clarified, and agreed.

b) AOB
   i. Vaccinations
   The DOH informed the NPHET that a National Immunisation Strategy Group has been established, chaired by the Department, and comprising representatives from DOH, HSE, NIAC and other relevant parties. At the Minister’s request, the HSE has established structures and workstreams to address comprehensively the range of requirements involved in planning and delivering an immunisation programme. The Government has recently established a high-level task force under the chairmanship of Prof. Brian MacCraith to facilitate and support, drawing on intersectoral resources and expertise, the development of the immunisation programme. The DOH also noted that work is being carried out under the auspices of the Immunisation Strategy Group to develop a recommended approach to the sequencing of an immunisation programme across the population. The output of this work will be brought to NPHET for consideration at a later date.

   ii. Antigen testing
   The DOH informed the NPHET that ECDC guidance on Antigen Testing is expected and are likely to have implications on guidance and policy, which will be incorporated into the report for next week’s meeting.

   It was noted that, while undergoing tests, one antigen test showed reduced sensitivity but performed well, highlighting that a key consideration will be the cohorts for which such antigen tests will be appropriate.

ii. Date of next meeting
   The next meeting of the NPHET will take place on Thursday, 26th November 2020, at 10:00am via video conferencing.