



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

19th November 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 (NPHEt).

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

- A total of 2,912 cases have been notified in the seven days to the 18th November, compared with 2,819 in the previous seven days, representing a 3.3% increase;
- The 7- and 14-day incidence rates are 61 and 120 per 100,000 population respectively, as of 18th November; these compare with rates of 60 and 145 on the same day last week;
- Nationally, the 7-day incidence as a proportion of 14-day incidence is at 51%, demonstrating that there have been more cases in the last 7 days compared with the preceding 7 days;
- The 5-day rolling average has increased from 353 on 11th November to 403 on 18th November;
- 64% of cases notified in the past 14 days have occurred in people under 45 years of age; the median age for cases notified in the past 14 days 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, this compares with 13.5% of cases notified in the previous seven days; however, we continue to observe overall high incidence in older persons;
- We have seen increasing notifications of infections in healthcare workers over recent weeks with healthcare workers representing 13% of all reported cases in the last 14 days;
- The daily growth rate of the disease has changed from negative growth of -5% to -7% to approximately zero;
- Incidence rates in county Donegal remain high relative to the rest of the country. The 14-day incidence in Donegal is 296 per 100,000 population; Limerick is showing an increasing trend in both 14- and 7-day incidence with a 14-day incidence of 237 per 100,000. 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, of concern, the 7-day incidence appears to be levelling off at 62 per 100,000 compared with 61 per 100,000 last week;
- There has been a significant reduction in 14-day incidence in the rest of 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 last seven days compared with the previous seven days;
- The best estimate of reproduction number (R) for the country is estimated to have increased to between approximately 0.7 to 0.9 (noting that this is an estimate that lags changes in viral transmission);
- A total of 77,292 tests were undertaken in the last seven days. The 7-day average test positivity rate has increased from 3.6% to 3.8% in the last week.
- Excluding serial testing the positivity rate is estimated to be 5.6% over the last 7 days.
- Overall, the volume of testing has reduced in recent days with reports of a decrease in uptake of testing in certain settings such as related to outbreaks associated with the third-level student setting and serial testing in workplaces.
- There are currently 290 confirmed COVID-19 cases in hospital, compared with 285 on 12th November. There have been 35 newly confirmed cases in hospital in the preceding 24 hours;
- There are currently 34 confirmed cases in critical care, compared with 39 on 12th November. There has been 1 new admission in the previous 24 hours;
- Total cumulative deaths exceeded 2,000 as of 18th November with a daily average number of 6 deaths reported over the last 7 days.
- To date, 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:

- An additional 1,057 new clusters were notified in the week to midnight 14th November 2020 (week 46). There were 4,992 open clusters nationally.
- In the same week, 50 open clusters were associated with nursing homes and community hospital/long-stay units and there were 45 open clusters associated with acute hospitals.
- There were 7 new clusters notified in nursing homes/community hospitals with 140 linked cases, an increase on the previous week (32 cases); there were also 9 new clusters notified in hospitals with 137 linked cases.
- Twenty new outbreaks in university/college or third-level student settings were notified in week 46 with 40 open outbreaks.
- A range of mobility data suggest that current measures have resulted in reduced mobility in the population in recent weeks following the introduction of level 5 measures.

- The average number of close contacts per confirmed case is 3.6, which has remained stable overall since the introduction of Level 5 measures.
- The 7-day incidence in Northern Ireland is 188 cases per 100,000 population as of 17th November, this is over three times the 7-day incidence in the Republic of Ireland which is 61 as of 18th November.

In summary, 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 estimated at 0.7-0.9. We are also seeing concerning trends in relation to other key indicators. Of note, 15 counties now have a 7-day incidence as a percentage of 14-day incidence greater than 50%, indicating that more cases have been reported in these counties in the last seven days compared to the previous seven days. In addition, we continue to see significant levels of patients with COVID-19 requiring hospitalisation and critical care. Average daily deaths have also increased from 5 to 6 per day over the last week. Of further concern is the persistently high incidence in older persons who are most vulnerable to this disease. The NPHET will continue to keep the full range of disease indicators under close review.

Close consideration of the evolving epidemiological situation and its impact upon the development of the response strategy for the transition from the current period of restrictions will continue over the coming week. In order to drive transmission rates down and resume the progress observed throughout October and early November, it is imperative that we all hold firm in our efforts and reduce our social contacts as much as possible. In light of the increasing trends of infection within workplace settings, 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.

Notwithstanding the concerns outlined above, the NPHET continued its examination of a number of key considerations that, pending close review of the epidemiological situation, will support the potential easing of restrictions in the coming weeks. The NPHET continues to work towards developing advice to Government on a future response strategy for the period following the current wave of infection. An integral part of this is strengthening our public health system, in this regard consideration was given to the principles upon which future developments and the organisation of the public health operational response to COVID-19 should be premised, these include:

- Streamlined national governance and organisational model with a focus on regionalised response and vertical and horizontal integration.

- A public health-led response with appropriately devolved leadership, responsibility, and accountability, and resourced as such.
- Integrated IT systems and data, with a focus on ensuring access to data and resources to facilitate analysis and intelligence-led action at local level.
- Community engagement and partnership, with promotion and empowerment of voices to actively inform and engage at local level.
- Performance measurement to facilitate assessment within and between regions, with indicators which reflect the continuum of the public health response.

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', with a long horizontal flourish extending to the right.

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