



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

17<sup>th</sup> 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 expressed a high level of concern in relation to the current epidemiological situation (appendix 1), in particular that:

- All key indicators of disease transmission are now increasing including the 5-day moving average of cases, the 7-day and 14-day incidence rates, and the testing positivity rate;
- The number of close contacts per case has increased significantly over the last week from 2.8 contacts on average per case on the 8th December to 3.4 contacts on average per case on 15th December;
- Lead indicators of infection (GP consultations, test referrals, test positivity and Influenza Like Illness Rate) are all increasing;
- R is now estimated at between 1.1 and 1.3, and growth rate is at least 1.5% to 2%;
- The 7-day incidence rate is now greater than 50% of the 14-day incidence rate in 18 counties, indicating an acceleration in transmission across the country;
- While there has been a very significant decrease in incidence across all age groups in recent weeks, incidence has increased in the last week in young and working age adults;
- There is a persistent level of disease among healthcare workers;
- Indicators of severity remain persistently high with over 200 cases in hospital and the numbers in intensive care and deaths per day not decreasing;
- Measures of mobility have increased in-line with the eased restrictions.

Modelling analyses show a high risk that the level of disease transmission into early January may impact further on public health and on our ability to maintain our core priorities of protecting the most vulnerable, the continued provision of health and social care services, including non-COVID services, and the provision education and childcare services.

The NPHET noted the continuing very concerning situation both in Northern Ireland and internationally, which have implications for travel over the Christmas period and the following weeks. The NPHET further noted reports of the impact of recent holiday periods internationally, including Thanksgiving in the US and St Nicholas day in the Netherlands. For these reasons, the NPHET reiterates its strong advice against all non-essential travel for the foreseeable future.

The NPHET is especially concerned at how rapidly the case numbers have increased over recent days and notes that the epidemiological situation is considerably more concerning now than had been projected at the end of November. In particular, the timing of the current increase in cases is clearly related to the change in public health measures from the 4<sup>th</sup> December onwards. While it is difficult to accurately project the future trajectory of the disease at this stage, there are significant indications that we are now experiencing the early stages of a third wave of infection.

This deteriorating situation is all the more precarious as we commence into a further period of relaxation of measures from the 18<sup>th</sup> December. Given the potential level of widespread inter-household mixing that is likely to take place over Christmas and the expected increase in travel into and around the country, the NPHET is concerned that this will result in an inevitable increase in the levels of social contact and opportunity for disease transmission.

The NPHET is particularly concerned that the nature of this social contact over the Christmas and New Year period, which will likely involve a greater level of close interaction between younger and older people, will lead to a wave of infection with a different, and higher risk, age profile. While there has been a focus on older people as a very high risk group, the cohort that is also of particular concern in the present context is those aged 60-79 years, who until now have protected themselves against infection, but who may be exposed through the unique pattern of socialisation associated with Christmas and New Year.

People aged 60-79 years were under-represented in the profile of cases during the second wave; for instance those aged 65-69 years constitute 4.4% of the population but only 2.3 % of cases in the early part of the second wave (weeks 39-42) and only 3.6% of cases in the later part of the second wave (weeks 43-46). This cohort is at moderate risk if infected (of those aged 65-69 years, 1 in 10 are hospitalised, 1 in 40 admitted to ICU, 1 in 100 die). Our concern is that if the profile of cases changes, from a position where those aged 60-79 years are protected to one where they are equally likely to be infected as the rest of the adult population, we would see a significant increase in the numbers hospitalised and dying. When we look at the predominantly young profile of cases in weeks 39-42, we estimate that, for every 1,000 cases, there were about 30 hospitalisations, 3 admissions to ICU and 3 deaths. If the age profile changes so that cases are distributed evenly across age cohorts, for every 1,000 cases we would expect 50 hospitalisations, 6 admissions to ICU and 7 deaths. The majority of the excess hospitalisations, intensive care admissions and deaths would be amongst those aged 60-79 years.

The NPHET acknowledges that we are in a better position compared to the rest of the EU, but it must be understood that we are only in this position because of the early and comprehensive interventions that were taken by the Government in October. As has been seen here in Ireland and across the world, the trajectory of the disease can change quickly and can be difficult to get back under control.

Given the current epidemiological position and the real risks of further significant deterioration over the coming weeks, the NPHET advises that:

- The duration of the “Christmas period” of reduced restrictive measures should end at midnight on the 28<sup>th</sup> December;
- Enhanced Level 3 measures as set out within the Governments “*Plan for Living with COVID-19*” should be introduced from midnight on the 28<sup>th</sup> December (appendix 2), in particular:
  - Hospitality (restaurants and bars) should open for take-away and delivery services only. Outdoor services should not open.
  - Visits to private homes should be allowed from one other household. It is proposed that for those who are part of a support bubble, the bubble counts as one household and may meet one other household.

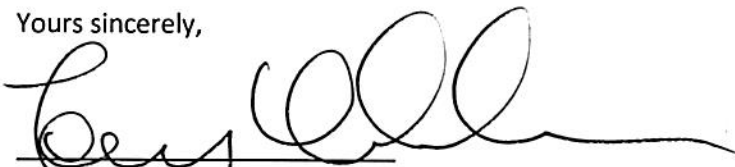
The NPHET reemphasised the fragility of the current position and the significant risks associated with the upcoming Christmas period, and cautioned that there is a high risk that, even if the above measures are implemented, further measures will be required early in the New Year, unless the current pattern of transmission improves.

In order to minimise the spread of this virus within our communities and care facilities, it is essential that we maintain normal levels of service provision for testing and contact-tracing, including rapid access for the public to testing over the Christmas and New Year Period. From this perspective contingency plans for testing and tracing operations, including regional public health departments, must be robust enough to accommodate increased demand at short notice. I believe you are in separate correspondence with the HSE in this regard.

The NPHET 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. In this regard the NPHET will meet on the 23<sup>rd</sup> and 30<sup>th</sup> of December to review the epidemiological data and update its advice to you as Minister for Health.

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

## Appendix 1: Detailed Epidemiological Data

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

- A total of 2,323 cases have been notified in the seven days to 16<sup>th</sup> December, which is a 23% increase to the previous 7 days in which there were 1,889 cases;
- As of 17<sup>th</sup> December, the 7- and 14-day incidence rates per 100,000 population have increased to 49 and 88, respectively; these compare to rates of 40 and 80 last week;
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 55%, demonstrating that there has been more cases in the last 7 days compared with the preceding 7 days;
- The 5-day rolling average has increased from 286 on 9th December to 339 on 16<sup>th</sup> December;
- Of cases notified in the past 14 days, 64% have occurred in people under 45 years of age; the median age for cases notified in the same period is 36 years;
- The proportion of cases notified in the over 65 age group has remained stable. In the last fourteen days, 12% of cases notified were aged over 65;
- 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.
- There has been an increase in 14-day incidence overall in the rest of the country, however 18 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 1.1-1.3. The current daily growth rate of cases is 1.5-2.0%.
- A total of 83,092 tests were undertaken in the last seven days. The 7-day average test positivity rate has increased to 2.9% from 2.5% last week.
- Excluding serial testing the positivity rate has also increased over the last week and is estimated to be 4.2% over the last 7 days.
- There are currently 211 confirmed COVID-19 cases in hospital, compared with 205 on 10<sup>th</sup> December. There have been 33 newly confirmed cases in hospital in the preceding 24 hours;
- There are currently 28 confirmed cases in critical care, compared with 37 on 9th December.
- To date, there have been 48 deaths notified with a date of death in December. This compares with 120 and 147 deaths notified (to date) with a date of death in October and November, respectively. Of the 48 deaths so far in December, 19 have been associated with hospital outbreaks and 11 have been associated with nursing home outbreaks.

Further relevant information includes:

- An additional 410 new clusters were notified in the week to midnight 12th December 2020 (week 50). There were 5,646 open clusters nationally.
- There were 9 new clusters notified in acute hospitals with 49 linked cases in week 50.
- There are currently 50 open clusters associated with 21 acute hospitals. 988 cases have been linked to these outbreaks with 51% of these cases related to healthcare workers. There have been 60 deaths linked to these outbreaks.
- There were 5 new clusters notified in nursing homes/community hospitals with 71 linked cases in week 49, similar to the number seen last week (69 cases);
- There are currently 38 open clusters associated with nursing homes. 963 cases have been linked to these outbreaks with 39% of these cases related to healthcare workers. There have been 50 deaths linked to these outbreaks.

- 9 new outbreaks in workplace settings were notified in week 50 with 45 linked cases; there are currently 115 open outbreaks in workplaces.
- There were 19 new outbreaks associated with schools with 41 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 significantly since the introduction of Level 3 measures.
- The influenza like illness rate (ILI rate) has increased in recent weeks and is now 32.1 per 100,000 population.
- As of 16<sup>th</sup> December, the 14-day incidence per 100,000 population in Northern Ireland is 347, this is almost 4 times the 14-day incidence in the Republic of Ireland which is currently 88 per 100,000 population. The 7-day incidence per 100,000 population in Northern Ireland is 179, this is over 3.5 times the 7-day incidence in the Republic of Ireland which is currently 49 per 100,000 population.



## **Appendix 2 – Level 3 Measures in line with the Framework for Restrictive Measures**

### **Summary of Level 3 Measures advised:**

- Visits to private homes should be allowed from one other household. It is proposed that for those who are part of a support bubble, the bubble counts as one household and may meet one other household.
- Up to 25 guests only are permitted at weddings.
- No organised indoor gatherings should take place.
- Gatherings of up to 15 people can take place outdoors.
- No matches or sports events are permitted, with exemptions for professional, elite and other specified sporting activities behind closed doors.
- Non-contact training can take place outdoors in pods of up to 15 people. Individual training only is permitted indoors. No indoor exercise or dance classes are permitted.
- Gyms/leisure centres/swimming pools open for individual training only
- Places of worship remain open for private prayer only, with religious services moving online. An exemption is provided for funerals, which can proceed with up to 25 mourners permitted
- Indoor museums, galleries, and other cultural attractions closed.
- Hospitality (restaurants and bars) should open for take-away and delivery services only. Outdoor services should not open.
- Hotels, guesthouses and B&Bs are open but services limited to residents. Hotel restaurants and bars should only be open for indoor service to residents, and hotel bars should only open if they are serving food in line with Regulations.
- Nightclubs, discos and casinos remain closed.
- Retail and personal services to remain open.
- People should continue to work from home unless absolutely necessary to attend in person.
- Domestic travel should be restricted to your own county, apart from travel for work, education to other essential purpose. The NPHET recognises that many people return to their family home for the Christmas period and that appropriate flexibility should be provided to enable those who wish to remain there for a further period of time beyond the 28<sup>th</sup> December.
- Public transport capacity should be restricted at 50%.
- The vast majority of further education and higher education programmes should continue to be online, with exemptions only for essential on-site activities including practicals, laboratory and clinical placements. Could come out, work from dropped.
- Outdoor playgrounds, play areas and parks to remain open.
- LTRC Facilities visiting: suspended, aside from critical and compassionate circumstances
- Continuing advice for over 70s and medically vulnerable:
  - Staying at home as much as possible is recommended.
  - While each person should exercise individual judgement regarding the extent to which they engage with others, it is strongly recommended to limit this to a very small network, for short periods of time, while remaining physically distanced.
  - When taking exercise outdoors, maintain 2 metre distance from others and wash hands on returning home.
  - Public transport should be avoided.

- Shopping during designated hours only while wearing a face covering is recommended. Family, friends and neighbours may be able to provide assistance with shopping once they adhere to physical distancing guidelines, alternatively, online services may be considered.
- Designated shopping hours and Community Call will need to be stood up