



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

28th December 2020

Via email to Private Secretary to the Minister for Health

Dear Minister,

The epidemiological profile of COVID-19 has continued to deteriorate very substantially since my letter of 23 December and is giving ongoing cause for grave concern as set out below. Your attention, in particular, is drawn to the increase in cases in hospital in the last two days – a level of increase not seen since last April.

Given the overall transmission of the disease and the impact it is having on hospitalisations, as well as emerging concerns about the increased transmissibility of the UK and South African variants (see below), I am of the view that the current set of measures, which are less than the full suite recommended by the NPHET last Wednesday, will not be sufficient to bring the current trajectory under control.

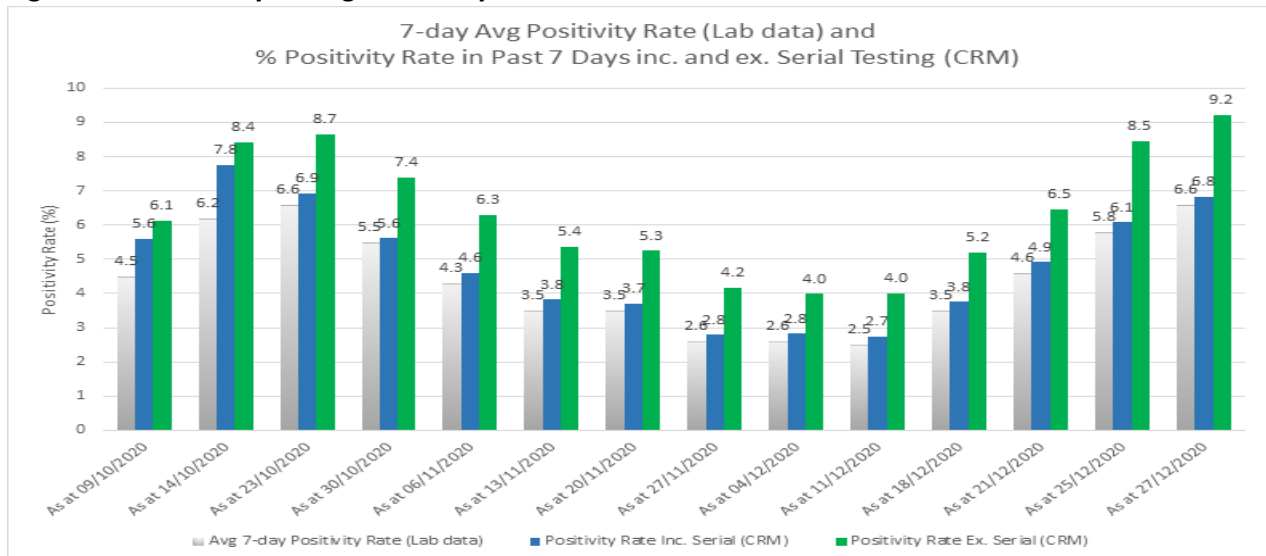
Increasing incidence of COVID-19

The epidemiological situation has continued to deteriorate since NPHET last met on 23 December 2020;

- A total of 6,650 cases have been notified in the seven days to the 28 December 2020, compared with 3,831 in the previous seven days, representing a 74% increase;
- As of 28 December 2020, the 7- and 14-day incidence rates per 100,000 population are 140 and 220, respectively; these compare with rates of 105 and 153 when the NPHET last met on 23 December, respectively;
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 64%, demonstrating that there have been more cases in the last 7 days compared with the preceding 7 days;
- As of 27 December, 23 counties had a 7-day incidence as a percentage of 14-day incidence greater than 50% indicating an increase in cases in the last 7 days compared with the previous 7 days;
- the 5-day rolling average has increased to 949 cases per day on average; this compares with 785 cases on average when NPHET last met on 23 December 2020;

- a total of 105,936 tests were undertaken in the last seven days. The 7-day average test positivity rate has increased to 6.6%; this compares with positivity rates of 2.9% on 16 December and 5.1% when NPHET last met on 23 December;
- excluding serial testing the positivity rate is now estimated to be 9.2% over the last 7 days; this compares with a positivity rate of 7.2% when NPHET last met on the 23 December.

Figure 1 7-day average Positivity rate



While the data above demonstrate significant ongoing deterioration in the profile of the disease, it should be noted that the situation is highly likely to positively skewed (i.e. the epidemiological situation is likely to be even more concerning than that reported above) by:

1. the very substantial decrease in numbers presenting for testing on December 26 (n=2,850 results in total);
2. under-reporting of positive case numbers since the 24th December because of interoperability issues between data systems – it is estimated that, including today's reported numbers, up to an additional 1,400 cases should have been reported over the past 4 days which have not yet been notified.

Of note, the HSE has reported that yesterday, Sunday 27 December, the testing and tracing system experienced the highest number of community referrals ever for a Sunday and today it is reporting a number comparable with previous daily peak community referrals (>14,000). The HSE has also reported that the average number of contacts is now approximately 5.4 per confirmed case. This all indicates that the situation will continue to dis-improve over the coming days.

Hospital, Critical Care, Deaths

- There are currently 360 confirmed COVID-19 cases in hospital; this compares with a previous peak on 27 October of 354, and represents a 90% increase in the 16 days since there were 190 people in hospital on 12 December;
- There were 44 new confirmed cases in hospital in the 24 hours to 8am this morning, 28 December, and this represents the second day in a row of very substantial increases (n=39 new confirmed cases on 27 December); there has not been a similar increase in new confirmed cases in hospital since April 2020;

- There are currently 30 confirmed cases in critical care as of 11:30 this morning;
- To date, there have been 101 deaths notified with a date of death in December; of these, 33 are associated with nursing homes outbreaks and 33 are associated with hospital outbreaks.

UK Variant

A novel SARS-CoV-2 variant VOC 202012/01 (also known as B.1.1.7) emerged in southeast England as early as September 2020 and appears to be rapidly spreading. UK researchers estimate that the variant has an increased transmission rate of 50-70% compared with other variants in the United Kingdom. Vaccine experts are confident that coronavirus vaccines will be able to block the new variant, although that has to be confirmed by laboratory experiments that are now underway. There is no evidence that the new variant causes more severe disease.

Genomic tests on the 24 December 2020 confirmed the presence of this new strain in Ireland. Seven cases out of 77 undergoing genomic sequencing carried the VOC 202012/01 mutations. To date the new UK variant has been detected in several other countries: Denmark (46), Israel (5), Japan(5), Australia(4), Netherlands(3), France (1), Switzerland (2), Hong Kong (2), Germany(1), Iceland(1) Italy (1), Lebanon (1) Singapore(1) and Sweden(1). ECDC also report 4 cases in Belgium and 2 in Iceland.

South African Variant

In South Africa, another lineage of the coronavirus (named 501.V2) has gained one particular mutation that is also found in VOC 202012/01. In preliminary studies, doctors have found that people infected with this variant carry a heightened viral load - a higher concentration of the virus in their upper respiratory tract. Again, preliminary indications are that this lineage is associated with increased transmission. Studies are ongoing in relation to any possible impact on reinfection and interference with vaccine induced immunity.

An ECDC risk assessment is expected to be published later this week – it is expected that this will state that the probability of further spread of the SARS-CoV-2 VOC 202012/01 and 501.V2 **is high, with high impact**, particularly on persons in older age groups or with comorbidities. It is further expected that this assessment will state that the overall risk of an increased impact on health systems in the coming weeks is assessed as **high**. It is expected that the available options identified for response will be enhanced surveillance, testing and detection, and the stringent implementation of non-pharmaceutical interventions (NPI). It is expected that EU Member States will be recommended to continue to advise the population on the need for NPI and consider in particular guidance on the avoidance of non-essential travel and avoidance of social activities. Even before the new variants were identified, the ECDC estimated that lifting measures too early would result in an increase in cases and hospitalisations, and that this would be particularly rapid if measures were lifted abruptly.

Public Health Advice regarding new variants in Ireland

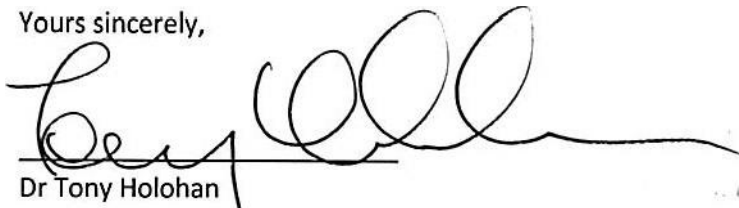
The HSE has made available advice for travelers who have returned from Great Britain or South Africa since the 10th of December. They should self-isolate (stay in their room) for 14 days from the day they arrived into Ireland. They will be contacted using the information they provided on the passenger location form so they can get a COVID-19 test but they must complete the full 14 days of self-isolation even if their test result is negative.

The overarching objective of NPHET's recommendations continues to be the protection of public health in the first instance, particularly in relation to those most vulnerable to the severe outcomes of COVID-19; to ensure the safe delivery of health services for health needs unrelated to COVID-19; to enable safe provision of childcare services and to ensure that schools could remain open.

Given the extent to which the epidemic is now accelerating (and notwithstanding the added but currently unknowable additional risks posed by the UK and South African variants), there is a real risk that the continued protection of all of these core priorities will be jeopardised in the short term.

As always, 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