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

| **Date and Time** | Thursday 10th December 2020, (Meeting 67) at 10:00am  
| **Location** | Department of Health, Miesian Plaza, Dublin 2  
| **Chair** | Dr Tony Holohan, Chief Medical Officer, DOH  

| **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  
| Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital  
| Ms Rachel Kenna, Chief Nursing Officer, DOH  
| Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH  
| Dr Lorraine Doherty, National Clinical Director Health Protection, HSE  
| 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 Fergal Goodman, Assistant Secretary, Primary Care Division, DOH  
| Dr Breda Smyth, Public Health Specialist, 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  
| Ms Fidelma Browne, Interim Assistant National Director for Communications, HSE  
| Prof Mary Horgan, President, RCPI  
| Prof Karina Butler, Chair of the National Immunisation Advisory Committee (NIAC)  

| **‘In Attendance’**  
| Dr Trish Markham, HSE (Alternate for Tom McGuinness)  
| Ms Sarah Treleaven, CMO 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, NPHET Policy Unit, DOH  
| Ms Aoife Gillivan, Communications Unit, DOH  
| Mr Ronan O’Kelly, Health Analytics Division, DOH  
| Dr Desmond Hickey, Deputy Chief Medical Officer, DOH  

| **Secretariat** | Dr Keith Lyons, Ms Ruth Brandon, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Hawkes, Mr Liam Robinson, DOH  

| **Apologies** | Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH;  
| Dr Matthew Robinson, Specialist Registrar in Public Health, DOH;  
| Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH  

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1 References to the HSE in NPHET minutes relate to the staff of the HSE present at NPHET meetings and not the HSE Board which is the HSE in law unless otherwise stated.
1. Welcome and Introductions

a) Conflict of Interest
Verbal pause and none declared.

b) Apologies
Apologies were received from Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH; Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH; and Dr Matthew Robinson, Specialist Registrar in Public Health, DOH.

c) Minutes of previous meetings
The minutes of 19th November 2020 had been circulated to the NPHET in advance of the meeting. These were agreed subject to minor amendments and formally adopted by the NPHET.

d) Matters Arising
The Chair informed members that there will be a particular emphasis on communications for the upcoming festive period during this meeting’s discussions.

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 1,889 cases have been notified in the 7 days to 9th December, which was similar to the previous 7 days in which there were 1,928 cases;
- As of 9th December, the 7- and 14-day incidence rates per 100,000 population are 40 and 80, respectively; these compare to rates of 40 and 85 at the time of the last NPHET meeting on 3rd December;
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 50%, demonstrating that there has been a similar number of cases in the last 7 days from 2nd December to 9th December compared with the preceding 7 days;
- The 5-day rolling average has increased from 275 on 2nd December to 286 on 9th December;
- Of cases notified in the past 14 days from 25th November to 9th December, 64% have occurred in people under 45 years of age; the median age for cases notified in the same period is 35 years;
- The proportion of cases notified in the over 65 age group has increased slightly. In the last 7 days to 9th December, 13% of cases notified were aged over 65, this proportion increased from 12% in the previous 7 days; we continue to observe higher incidence in those aged over 85.
- We continue to see a high proportion of infections in healthcare workers who account for 13% of all reported cases in the 14 days from 25th November to 9th December;
- Incidence rates in Co. Donegal remain high relative to the rest of the country. The 14-day incidence in Donegal is 227 per 100,000 population which is almost 3 times the current national 14-day incidence rate of 80 per 100,000 population;
- There has been a slight reduction in the national 14-day incidence overall in the rest of the country, however, 12 counties now have a 7-day incidence as a percentage of 14-day incidence greater than 50% indicating an increase in cases in the 7 days to 9th December compared to the preceding 7 days to 2nd December;
- The daily growth rate of the disease has remained close to zero in the 7 days to 9th December;
- The best estimate of the reproduction number (R) is currently 0.9-1.0;
- A total of 77,019 tests were undertaken in the last 7 days to 9th December. The 7-day average test positivity rate has remained stable at 2.5% since the 24th November;
- Excluding serial testing, the positivity rate has also remained stable over the past week and is estimated to be 3.9% for the 7 days to 9th December;
- There are currently 205 confirmed COVID-19 cases in hospital, compared with 234 on 3rd December. There have been 15 newly confirmed cases in hospital in the preceding 24 hours;
- There are currently 37 confirmed cases in critical care, compared with 32 on 2nd December. There have been 8 new admissions in the previous 24 hours; the total number of cases in critical care has sharply increased in recent days.
- As of 9th December, there have been 22 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 147 deaths that occurred in November, 51 (or 35%) were associated with hospital outbreaks and 46 (or 31%) were associated with nursing home outbreaks. Of the 22 deaths notified so far in December, 10 have been associated with hospital outbreaks and 5 have been associated with nursing home outbreaks.

Further relevant information includes:
- 352 additional new clusters were notified in the week to midnight 5th December 2020 (week 49). There are 5,424 open clusters nationally;
- There were 7 new clusters notified in acute hospitals with 91 linked cases in week 49.
- There are currently 52 open clusters associated with 21 acute hospitals. Approximately 1,000 cases have been linked to these outbreaks with 48% of these cases related to healthcare workers. There have been 63 deaths linked to these outbreaks.
- There were 5 new clusters notified in nursing homes/community hospitals with 69 linked cases in week 49, an increase on the previous week of 40 cases;
- There are currently 33 open clusters associated with nursing homes. Approximately 900 cases have been linked to these outbreaks with 39% of these cases related to healthcare workers. There have been 57 deaths linked to these outbreaks.
- 8 new outbreaks in workplace settings were notified in week 49 with 55 linked cases; there are currently 123 open outbreaks in workplaces.
- There were 14 new outbreaks associated with schools with 50 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 since the introduction of Level 3 measures.
- In the 7 days between 30th November and 6th December, the average number of close contacts per case was 3.5. The positivity rates for close contacts between 30th November and 6th December are 12.6% and 3.7% at day 0 and day 7 testing, respectively.
- As of 9th December, the 14-day incidence per 100,000 population in Northern Ireland is 298; this is more than 3.5 times the 14-day incidence in the Republic of Ireland which is currently 80 per 100,000 population. The 7-day incidence per 100,000 population in Northern Ireland is 159, this is almost 4 times the 7-day incidence in the Republic of Ireland which is currently 40 per 100,000 population.

The NPHET thanked the presenters for their comprehensive update. Noting the trend of increased mobility with the number of cases per contact remaining stable, the NPHET advised that communications work should focus on highlighting that a low rate of transmission can be maintained over the Christmas period if people keep their contacts to a minimum.

The NPHET acknowledged the significant progress made by the HSE in reducing the prevalence of COVID-19 in nursing homes.

The NPHET stated the need for further information around turnaround times from referral to testing. Clarity was also sought as to how the Contact Management Programme (CMP) handles identified contacts.
associated with flights and schools. The HPSC outlined that contacts identified from flights and school settings are regarded as complex contacts and confirmed that occasional lags occurred in capturing such cases in the reporting data.

Attention was drawn to the increasing rate of influenza-like illness (ILI). Given that there is low circulation of flu at present, reports of increases in ILI might reflect an early warning sign for an increase in the incidence of COVID-19. It was also suggested that based on outbreak reports, primary schools appear to be a bigger source of outbreaks than secondary schools, where mask wearing is mandatory. The NPHET was also informed that although numbers in ICU remain consistent each day, this nevertheless reflects an increase in patient flow through the ICU due to average length of stay for COVID-19 patients in ICU decreasing.

Noting the persistently high incidence of COVID-19 among older age groups, the issue of homecare provision was raised. The DOH and the HSE have been meeting regularly with private homecare providers throughout the pandemic. Public health guidance and supports are in place for homecare provision.

The need to ensure rapid access to testing during the Christmas period was stated and the NPHET agreed that data on turnaround times from the onset of symptoms to specimen collection should be monitored closely. The NPHET was informed that the HSE is developing plans to ensure that testing capacity will be available throughout the Christmas period, either through the referral process or through the National Ambulance Service (NAS). Work is ongoing to ensure a steady referral stream to COVID testing throughout the Christmas period, engaging out-of-hours GP services. The HSE informed the NPHET that the typical referral patterns observed in hospitals over Christmas tend to reflect people refraining from contacting their GP until their GP practice reopens after Christmas, resulting in a New Year “surge”. Ensuring a steady referral stream over the Christmas period will be vital to avoid an unsustainable surge in demand for tests in early January.

The NPHET had a detailed discussion on healthcare worker infections and the measures to address hospital outbreaks of COVID-19. It was outlined that SARS-CoV-2 whole genome sequencing (WGS) is now available for hospitals through the National Virus Reference Laboratory (NVRL) and that the availability of this service had been recently communicated to hospitals. The NVRL is also working with the HSE to increase its capacity to provide SARS-CoV-2 WGS in nearer real time. WGS data analyses may give additional insights regarding the source of infections that might be identified in hospitals.

The NPHET expressed concern around outbreaks of COVID-19 in hospital settings and resulting infections among healthcare workers and the need to progress work on serial testing. The HSE reaffirmed the importance of taking action to protect healthcare worker staff and intervening in hospital outbreaks both for ensuring staff welfare and minimising disruption to health service provision. It was explained that serial testing should not be considered in isolation from important infection prevention and control (IPC) measures. Enhanced IPC measures are now taking effect across all hospitals including:

- testing of all patients prior to admission to unscheduled care;
- a renewed publicity and awareness campaign for healthcare workers;
- the development by all hospitals of a checklist for IPC procedures.

The NPHET was informed that data has been collected on healthcare acquired infections from COVID-19 since June in accordance with the ECDC guidance. While infections among healthcare workers peaked in week 45 with 129 infections, it was explained that trends are now showing a noticeable decline with 90 infections in week 46 and 46 infections in week 47. Mass testing operations have been conducted to control hospital outbreaks in Naas, Letterkenny, Beaumont and Limerick thus far, and work is ongoing to plan how best to implement mass testing nationally on a phased basis. As part of this work, the HSE will be establishing a lower threshold for conducting mass testing on hospital settings.

The NPHET sought assurance that mass testing was happening at all hospital sites currently experiencing a live outbreak, noting the availability of spare PCR testing capacity. Clarity was sought as to whether the HSE’s
Antimicrobial Resistance and Infection Control (AMRIC) Oversight Group had developed a standardised, national approach to managing hospital outbreaks. Notwithstanding the positive progress made through the work of AMRIC across a number of hospital sites, the NPHET expressed concern and sought clarity as to why mass testing was not being carried out in all hospital sites where outbreaks had been detected, noting that criteria for mass testing had previously been identified and agreed. The HSE explained that, in instances where hospital outbreaks occur, advice is sought from the local public health department to inform any decisions taken to engage in mass testing. Outbreak management is carried out between local hospital management and local public health departments with IPC input and involvement by the central executive where necessary.

The NPHET suggested the HSE’s establishment of a national outbreak control team to ensure consistency of approach nationally to addressing hospital outbreaks and engaging in mass testing. The NPHET endorsed this approach which should enable all hospitals to engage in mass testing in line with local disease prevalence and in adherence to ECDC guidance for frequency of testing. Shortening the interval of testing specifically in the context of healthcare facility outbreaks could also be considered. The NPHET acknowledged the significant contribution that AMRIC was making in terms of preventing and controlling hospital-based outbreaks and agreed that the national outbreak team should integrate with its work where appropriate. The NPHET requested that, when established, the HSE’s national outbreak control team report regularly to the NPHET to ensure that consistency and a standardised approach to managing hospital outbreaks is maintained.

Action: The NPHET recommends that the HSE establish a national outbreak control team which builds on and, where appropriate, integrates the work of the AMRIC, to bring consistency of approach to the management of outbreaks of COVID-19 in acute hospitals, along with regular reporting thereon.

3. Review of Existing Policy

a) Review of Control Measures at Local Level
The HSE presented “Public Health Response to Outbreaks”. The paper highlighted a number of concerns, including: the absence of a case and incident management information system; the need to improve functionality in the CovidCare Tracker; and the need to continue to provide additional broad multidisciplinary and specialist medical support to departments of Public Health. The paper also included a proposed model for the ongoing clinical oversight of the Contact Management Programme and how the work of that programme is to be better integrated with the work of Departments of Public Health and the Health Protection Surveillance Centre.

The paper further noted that there is approval for 13.5 posts for Specialist Public Health Medicine (SPHM) across the country under the Public Health Pandemic Recruitment Plan 2020, with a rolling SPHM recruitment campaign ongoing. Unfortunately, the campaign has not been successful in filling these posts to date, which presents significant challenges to Departments of Public Health.

During its discussion, the NPHET raised concern that, notwithstanding the exceptional commitment shown by all staff involved in the public health operational response to the pandemic thus far, further progress is required in the timeliness and robustness of that response at local level. The NPHET emphasised that its concern should neither be interpreted as any criticism of those currently involved in the operational response, nor as a request for them to improve the quality or quantity of their work. The concern, however, underlines the importance of a continued focus on optimising the overall approach, such that it is aligned to the principles agreed by the NPHET on 19th November.

b) Administrative Approach for Creating Action Summary Documentation
The DOH presented “Administrative Approach to Facilitate Detailing of Actions Taken in Response to Specific Areas of Concern”. The presentation highlighted that, to date, the NPHET has addressed a large number of important policy issues in line with its Terms of Reference.
The DOH noted that while the NPHET meeting minutes maintain the overarching record of discussions, decisions taken, and recommendations made, it is important that for specific issues, a clear and concise record is concurrently maintained with a view to detailing the actions taken. The DOH, therefore, proposed the development of record documents for specific topics/areas addressed by the NPHET broadly.

The Chair of the IEMAG requested that those compiling papers simultaneously consult with the IEMAG and the Director of the HPSC for data that may need to be included as supporting material in the papers.

The NPHET welcomed this approach and recognised the importance of such work to clearly outline the views of the NPHET and how key issues have been handled. The NPHET recommended that preparations for this work continue with the Secretariat returning the final list of topics for approval at the next meeting.

c) International Travel

1. ECDC/EASA Guidelines for Air Travellers

The DOH presented “International travel - ECDC and EASA guidelines for COVID-19 testing and quarantine for air travellers”, which outlined the considerations and recommendations contained in the ECDC/EASA Guidelines published on 2nd December 2020.

The DOH informed the NPHET that a letter has been sent to the ECDC to convey concerns with the Guidelines, which are shared by a number of other EU/EEA Member States. The letter has sought assurance that processes are in place at the ECDC to ensure continued quality and consistency in the provision of advice.

The NPHET acknowledged the major and continuing contribution that the ECDC has made to the assessment of risks and provision of advice on public health measures during the pandemic. Nevertheless, the NPHET expressed its concern in relation to several key conclusions contained in the ECDC/EASA document, which the NPHET considers to be inconsistent with other ECDC advices. In particular, the NPHET disagreed with the apparent underlying assumption that international travel does not constitute a potential amplifier of SARS-CoV-2 infection, especially in countries that have succeeded in achieving a lower level of infection. The evidence from the period of increased international travel during Summer 2020 does not support this hypothesis.

The NPHET re-affirmed its existing public health advice that non-essential international travel, including discretionary travel for winter tourism, should be avoided. Those who do travel are strongly advised to restrict their movements for 14 days post-arrival.

4. Christmas considerations and communications

a) Advice on festive activities

The HPSC presented the draft guidance paper “Christmas and New Year festivities - How to keep safe and avoid COVID-19”. Given the continued risk of further transmission of COVID-19, and the nature of social gatherings common over the festive period, the guidance highlights how the public can reduce their risk of becoming infected throughout this period.

The Chair welcomed the update and noted that it would be important for the advice to be incorporated into the wider communications plan for the festive period.

b) Weekly Communications Update

The DOH gave a presentation on its upcoming Public Health Advice campaign for the festive period. The campaign aims to equip the public with the knowledge to answer any questions they may have about how
to be safe over Christmas. It will focus on several key areas including the weeks leading up to Christmas, international and domestic travel, and how to socialise safely over the holidays. The DOH stated that the campaign had not been finalised and welcomed any input or feedback the NPHET could provide.

The NPHET thanked the DOH and expressed support for the campaign, particularly the call for people to limit their movements and contacts during the 14 days before Christmas. Members of the NPHET raised the following points which they felt were of particular importance for inclusion in the campaign:

- That people who travel to Ireland should restrict their movements for 14 days. If they take a PCR test on day 5 after arrival, they should continue to restrict their movements until they receive a ‘not detected’ result.
- Clear guidance is needed on what restriction of movements entails.
- The need for people to wear masks if they are visiting the homes of elderly or vulnerable people. This includes wearing a mask at all times within the home of a person who is restricting their movements following travel.
- The importance of carrying out a risk assessment for each gathering a person intends to have in their own home.
- The necessity of highlighting that there is a wide range of conditions and factors beyond age that can place someone into the vulnerable category.
- To ensure that people understand that a negative result on a day 5 PCR test is only a reliable indicator if the person has isolated for the previous 5 days. There is a danger that people who have not restricted their movements before the test will receive a negative result and, therefore, believe they do no need to abide by social distancing measures when, in fact, they may still be incubating the virus.
- It is important to maintain an upbeat tone and promote the fact that Christmas is still something that can be enjoyed safely if guidance is followed.
- To highlight that each individual has a responsibility to be a role model for safe behaviours.
- There has been a surge in cases recorded in the US following Thanksgiving which is something that could be repeated in Ireland if public health guidance is not adhered to over the Christmas period.
- It will be beneficial to provide the public with specific guidance on the recommended number of contacts a person should have and how to appropriately disperse gathering with contacts throughout the holiday period. There should also be practical guidance on how to gather safely.
- There should be some consideration given to providing guidance around shopping and post-Christmas sales;
- The NPHET gave specific attention to the issue of residents in LTRCFs who will leave the facilities to spend the time with family for the day. It was agreed that specific guidance would be needed to facilitate this process. There must be an understanding that many older and vulnerable people are looking forward to Christmas as a chance to see family and friends again after a hard year of isolating and restricting movements. Providing the elderly and vulnerable with the information and support they need to make an informed decision about how they want to spend Christmas will be of paramount importance;
- It will be important to reassure people that COVID-19 related services will still be operating over Christmas and guidance should be provided on what to do if a person is symptomatic and requires a test.

The DOH thanked the NPHET for the feedback and will endeavour to include these inputs in the final campaign.
5. HIQA – Expert Advisory Group

a) Advice on measures to increase vaccine uptake
The HIQA presented the paper “Factors influencing, and measures to improve, vaccine uptake – rapid evidence summary”.

The paper provided a summary of available evidence and sought to identify the barriers and facilitators associated with influenza vaccination, and the interventions that effectively increase uptake in eligible groups. Influenza vaccination was chosen as a surrogate for COVID-19 vaccination due to a number of similarities, including the target populations for vaccination and the type and mode of transmission. However, despite these potential similarities, HIQA noted that it is not known how applicable studies on interventions to improve influenza vaccination uptake will be to COVID-19.

In conclusion, the paper identified a number of barriers and facilitators that could negatively or positively affect an individual’s uptake of vaccinations, and these can be summarised into ten themes. These themes can be further summarised into four overarching themes, namely perceived risks and/or benefits, knowledge, social influences and patient-specific factors. Interventions (including multicomponent interventions) that can successfully increase the uptake of influenza vaccination across a range of eligible groups by overcoming the barriers or promoting the facilitators were identified. While effect sizes for many interventions were modest, they may have a large impact at a population level. These interventions vary greatly in terms of intensity. Consideration must also be given to the resource requirements and the acceptability of the intervention to the target population.

The NPHET thanked HIQA for its comprehensive review and noted that successfully understanding these factors would be instrumental in developing a successful information campaign to reinforce public confidence in the vaccine and support uptake.

The HSE highlighted that public perception was going to be influenced by issues that occurred with the H1N1 vaccine and the Health services need to be prepared to address these concerns. It is also important to learn from previous vaccination campaigns, how they were promoted, and how impediments to uptake were overcome. The HSE cited the effective use of social media influencers to promote the HPV vaccine, which greatly improved uptake.

It was understood that senior clinicians in hospitals have a responsibility to lead by example with respect to the vaccine as this would reassure staff and the wider public. A robust and comprehensive campaign to support and inform healthcare workers is vital, as well as providing staff with the opportunity to give feedback on any potential reasons they may have for not wanting to receive the vaccine.

The RCPI asserted its continued commitment to supporting the education of nurses, doctors and other medical professionals about the vaccine, its safety, and the mRNA technology. The RCPI stressed the importance of ensuring that frontline staff are adequately educated and supported in these matters as they will be the first point of contact for members of the public who have questions about the vaccine.

HIQA raised concerns that although Ireland has not yet approved the vaccine or begun an immunisation programme, the Irish public will be exposed to information coming from other countries where COVID-19 immunisation is taking place. The Irish Government and Health Services need to be proactive in their information campaigns in order to enable the public to make an informed decision based on accurate, scientifically validated information.

b) Final Face mask use by healthy people in the community to reduce SARS-CoV-2 transmission - rapid evidence update.
HIQA presented the paper “Face mask use by healthy people in the community to reduce SARS-CoV-2 transmission - rapid evidence update”. This was an updated version of a paper that was presented to the NPHET on 25th November 2020.
The paper included new evidence that had become available since the original date of publication, along with additional summaries and discussion points. Having reviewed the additional evidence included in the paper, the NPHET agreed that the previous recommendations regarding the use of facemasks would remain unchanged.

6. Future Policy

a) Vaccination

The DOH updated the NPHET on progress made regarding planning for the vaccination of the public against SARS-CoV-2 once a suitable vaccine has been authorised by the European Medicines Agency.

The DOH confirmed that the cross-Government High-Level Taskforce, established in November 2020, will submit its National COVID-19 Vaccination Strategy and Implementation Plan to Government on 11th December. It is expected that this plan will then be considered by Government on 15th December, with a view to setting out a 1- to 2-year strategy.

The DOH stressed that the vaccine allocation strategy should be considered a ‘living document’ or a ‘signpost’ along the way. It will be updated and adapted where necessary in light of any new information and experience.

The DOH also assured the NPHET that communications activity in relation to COVID vaccines and the development of plans for a programme is already under way, in conjunction with the relevant experts and agencies.

The NPHET thanked the DOH for its update and noted that the Chair of the Taskforce had been briefed on lessons learned from previous pandemic vaccine programmes to assist the Taskforce with its important work.

I. Proposed data set for the surveillance, monitoring and reporting for COVID-19 vaccination programme

The HPSC presented the paper “Strategy for Monitoring and Evaluation of COVID-19 vaccination and key milestones for discussion, 8th December 2020”.

The HPSC briefly outlined the proposed surveillance, monitoring, and reporting process of COVID-19 vaccination, once a suitable vaccine has been approved by the European Medical Agency (EMA) and the Health Products Regulatory Authority (HPRA). The HPSC invited members to provide their feedback on the proposed process before 15th December.

The DOH noted that the proposed allocation framework, published by the Government, had landed well and provides a good basis for the planning of the immunisation programme.

The HPRA confirmed that it will support analysis of observed versus expected adverse vaccine effects. Data on adverse reactions will be collected through the HPRA’s own systems. There will be auto-reporting to the HPRA, which enhances passive reporting. The HPRA will communicate information on adverse reactions to the public. The vaccine company/companies will be required to compile monthly safety reports as part of a risk management plan. The EMA will provide details of the risk-management plan to the public in a comprehensible format.

The DOH confirmed that it would work with the HPSC over the coming weeks to develop a reporting relationship for the COVID-19 vaccination programme to DOH and the NPHET.

The NPHET thanked the HPSC for its paper and encouraged members to provide feedback as requested.
b) **Antigen Testing**
This item was deferred to the next meeting of the NPHET.

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

b) **AOB**
   i. **Anomaly Scans**
   The HSE confirmed that revised clinical guidance on the handling of pregnancy anomaly scans in the context COVID-19 visiting restrictions for partners is in the process of being drafted.

   ii. **Upcoming NPHET meeting dates**
   The Chair confirmed that the NPHET would meet during the holiday period, on 23rd and 30th December.

c) **Date of next meeting**
   The next meeting of the NPHET will take place on Thursday, 17th December 2020, at 10:00am via video conferencing.