Background

Following a recommendation from the COVID-19 National Public Health Emergency Team (NPHET) on the 16th March 2020, a NPHET subgroup responsible for Guidance and Evidence Synthesis has been convened. The NPHET Subgroup on Guidance and Evidence Synthesis reports to NPHET and facilitate information exchange on the public health and clinical guidance relating to COVID-19, currently in development and to be developed in Ireland. In addition, the subgroup provides assurance to the NPHET on coordination of surge evidence synthesis capacity to support the development of guidance relating to COVID-19 and to inform decision making by NPHET and related bodies.

The subgroup meets weekly, or more frequently as required. Each meeting has an agenda, a short meeting note, and a set of assigned actions.

Terms of reference and current membership of the subgroup are provided in Appendix 1.

1. COVID-19 NPHET Subgroup – Guidance and Evidence Synthesis – Meeting 6

The Subgroup met again on 30th April 2020. The purpose of the meeting was to provide an overview and update of the various workstreams being undertaken by subgroup members and to enable information exchange. The meeting agenda (Appendix 2) is attached.

Proposed actions arising from this meeting include:

- HSE and HPSC to liaise about linking Occupational Health documents to HSE Interim Repository for Clinical Guidance for the Clinical community.
- DOH to circulate to Guidance and Evidence Synthesis subgroup members the weblink to the DOH document outlining the NPHET for COVID-19 governance structures.
- DOH to liaise with DOH Press Office to develop a webpage on the DOH website for the NPHET COVID-19 Guidance and Evidence Synthesis Subgroup.

2. Work Progress to date:

An overview of guidance and evidence synthesis work is provided in Appendix 3. Further details of work completed to date is provided in Appendix 4. Ongoing work, as follows:

a) Update of a process document to help streamline the rapid development or update of guidance requested by NPHET and/or involving contributions from multiple stakeholders. This document, currently being finalised, will be shared with the HPSC, AMRIC and other members of the Guidance and Evidence Synthesis subgroup.

b) Following input from the HSE, DOH, HPSC and HIQA, the fourth summary overview (up to 02/05/2020) of guidance/evidence synthesis, current, in development and planned was published and made available on the sharefile. The report is populated with information contained in the template for recording guidance/evidence synthesis activities, from the HSE, DOH, HPSC and HIQA. Access to the sharefile will be provided beyond subgroup members on request to relevant parties in DoH and NPHET.

c) Feedback from users of the central online repository for Interim Clinical Guidance for the Clinical Community, developed by Clinical Design and Innovation in the Office of the CCO
and HSE Research and Evidence continues to be positive. Guidance across all specialties is now available on the repository.

From 25th April 2020 to 1st May 2020 inclusive:
- There were 24,771 views/hits to the repository.
- Top trending guidance views: medication, residential services, ED/Wards, IPC for Health Care Workers, Primary Care, CPR
- 36.64% of views were from a mobile device.

As part of ongoing efforts by the HSE to revise and refine the site, a survey, to ascertain user’s views, was circulated on Friday 17th April 2020 via all staff email, HSE QI, Twitter & also hosted on the repository. The survey is due to close on Friday 1st May 2020.

d) A dedicated email address COVID_19_Guidance_Coordination@health.gov.ie has been set-up as a single point of contact for all queries, relating to requests for guidance to be developed, coming through and arising from the DOH. Queries continue to be received and are triaged before forwarding to the appropriate group for action.

e) Evidence synthesis support is being provided by the Health Technology Assessment (HTA) Directorate, HIQA to the HPSC and AMRIC. This has taken the form of an ongoing scan of public health guidance published, and review and identification of any differences or gaps with HPSC/AMRIC guidance. A daily update is provided to the HPSC and AMRIC which facilitates updates on changes in international guidance as well as collection of material to inform future guidance in development. This database is published at www.hiqa.ie

f) The HTA Directorate, HIQA is providing ongoing evidence synthesis support to the COVID-19 NPHET Expert Advisory Group (EAG). Details of research questions that have been responded to, to date, are available in Appendix 4. In addition, reports of a number of these research summaries have been published on the HIQA website.

At an EAG meeting on 15th April 2020, HIQA was asked to address further research questions:

I. What is the rate of reinfection and duration of immunity in individuals who recover from a laboratory-confirmed coronavirus infection?

II. Is there evidence for placental transfer of antibodies from infected mothers that confers immunity in the newborn in coronavirus spectrum infections?

Review of the evidence in response to these research questions is ongoing.

Two additional evidence summaries requested by the AMRIC lead in relation to aerosol generating procedures in healthy individuals, are underway with completion due week beginning April 27th 2020.

g) A review is underway by HTA, HIQA following a request from the Acute Operations subgroup of the NPHET Expert Advisory Group to review the international experience and evidence from this and previous pandemics on resumption of scheduled hospital-based activities in the context of COVID-19.

I. What evidence is available on pathways for the resumption of scheduled care in the hospital setting in the context of COVID-19?

II. What is the evidence for the effectiveness of pathways for the resumption of scheduled hospital-based care in the context of COVID-19?
h) Ongoing rapid evidence reviews are underway by HTA, HIQA at request of NPHET members on:
   II. Public health measures for vulnerable groups
   III. Public health measures in nursing homes

i) A review is underway by HTA, HIQA of epidemiological measures of the burden of COVID-19 in 7 different countries at the time of moving to most severe restrictions and at time of easing or deciding to ease measures. This review will be provided to NPHET.

j) An earlier review of what evidence is available to indicate that children spread COVID-19 is currently being updated by HIQA HTA at the request of NPHET Expert Advisory Group.

k) Information collated by Department of Health colleagues continues to be made available on the subgroup sharefile to inform NPHET decision making.

l) Ongoing input by HTA directorate, HIQA into a European HTA by the European network of HTA agencies (EUnetHTA) on alternative diagnostic testing. Following publication of the rapid HTA on 22nd April 2020 on alternative diagnostic testing, a NPHET subgroup has been convened to develop a cohesive national strategy on COVID-19 diagnostic testing.

m) Collaboration with the modelling subgroup is underway to ensure no duplication of effort and to facilitate access to the best available evidence to inform the model as it emerges. DoH to provide support to UCD in development of evidence summaries to support the work of the modelling subgroup.

n) Work continues to develop a bank of international evidence synthesis sources to be leveraged. Information exchange processes are in development with international colleagues including NICE, Health technology Wales, EUnetHTA and EC DG Sante with regard to evidence synthesis and guidance work undertaken and in development.

o) Offers of additional evidence synthesis surge capacity continue to be received and are welcomed.
Appendix 1:

Terms of Reference

1. To coordinate information to support the development of public health and clinical guidance relating to COVID-19.

2. To coordinate surge evidence synthesis capacity to support the development of public health guidance.

3. To coordinate surge evidence synthesis capacity to support the development of models of care and clinical guidance (as determined and prioritised by the NPHET and/or the HSE Office of the Chief Clinical Officer (CCO)).

4. To provide a mechanism to enable rapid evidence synthesis in response to the requirements of the Expert Advisory Group (EAG) reporting to the NPHET.

5. To ensure capacity for evidence synthesis to support the work of the NPHET as required.

6. To coordinate requests to HIQA for rapid Health Technology Assessment as required by NPHET

7. To provide weekly progress reports to the NPHET on the work of the NPHET Subgroup on Guidance and Evidence Synthesis.

Membership (to be expanded as necessary)

- Department of Health
- HSE, Office of the Chief Clinical Officer, Clinical Design and Innovation
- HPSC, Public Health Guidance Lead
- Expert Advisory Group reporting to the NPHET
- HSE, Head of Research and Evidence
- HIQA Health Technology Assessment
- HSE, National Clinical Lead Antimicrobial Resistance & Infection Control Team
- National University of Ireland, Galway, School of Medicine, Adjunct Professor of Global Health and Development.

23rd April 2020
Appendix 2:

NPHET COVID-19 - Subgroup Guidance and Evidence Synthesis
Department of Health, Miesian Plaza, by Teleconference
Meeting 6: Thursday 30th April 2020 from 11am

AGENDA

1. Welcome & Conflict of Interest declarations.
2. Minutes from previous meeting.
3. Matters Arising.
4. Update from NPHET.
7. Update on the National Health Library and Knowledge service activities
8. Update on Evidence Synthesis activity by HIQA
9. Update from DOH
10. AOB.

Date of Next Meeting: 7th May 2020 at 11am
Appendix 3

Summary extract from the NPHET Subgroup’s Guidance and Evidence Synthesis Activity Overview Report 4, 3rd May 2020. This report is available on request.

Table 1: Summary of guidance development and evidence synthesis activities across contributing organisations up to 02/05/20

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<th>Archived or replaced</th>
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<th>In development</th>
<th>Ongoing updates</th>
<th>Preliminary approval</th>
<th>Published</th>
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Notes on Table 1:

Note 1: Awaiting approval - Guidance that has been developed and is awaiting approval through the governance process in place within the respective organisation.

Note 2: Preliminary approval - this relates to clinical care guidance that has received initial approval prior to consideration by the Chief Clinical Officer Clinical Advisory Group (CCO CAG). Preliminary approval is provided by the National Lead for Integrated Care (Dr Siobhan Ni Bhriain), usually in order to provide early access to guidance on a particular topic pending full approval.

Note 3: Other – relates to:

(i) HIQA’s daily database for public health guidance
(ii) IEMAG Report to NPHET
(iii) ESRI documents on hospital utilisation and ICU LOS
Note 4: Summaries of evidence – HSE’s National Health Library and Knowledge Service (NHLKS) Summaries of Evidence are compilations of the latest research evidence and key reference information related to Covid-19. They are developed by the NHLKS Evidence team in response to questions received by healthcare professionals via their online evidence request form. Each Summary of Evidence contains a comprehensive representation of all available research evidence and key reference sources and provides collated information on a topic of interest, displayed in a way that it is easy to follow and understand. They are aimed at supporting healthcare professionals to make informed decisions. These are distinct from Evidence Summaries which are developed by HIQA on topics related to public health in Ireland.
Appendix 4:

Further detail on work completed to date:

1. Agreement has been reached between the DOH, HSE and HPSC on the process through which guidance relating to public health and clinical responses to COVID-19 will be monitored and information will be exchanged.

2. A template for recording details relating to guidance/evidence synthesis, current, in development and planned, has been developed following input from the HSE, DOH, HPSC and HIQA and is being updated regularly. This will assist in establishing a communication between these groups with the database and a summary overview available to all on sharefile.

3. A central online repository for Interim Clinical Guidance intended for the clinical community was developed by Clinical Design and Innovation in the Office of the CCO and HSE Research and Evidence and went live on Tuesday 31st March 2020. The repository is open access across public and private providers and is mobile compatible. As this is a work in progress, a facility for the developers to receive feedback from users of the repository has been introduced on the website.

4. The HTA Directorate, HIQA has provided evidence synthesis support to the COVID-19 NPHET Expert Advisory Group (EAG) in relation to the following questions:
   
   I. What evidence is available to indicate that children spread COVID-19?
   II. What is the natural history of COVID-19 infection in children?
   III. What is the average length of stay in ICU for affected persons?
   IV. For individuals who have COVID-19, what clinical samples and collection sites are suitable for SARS-CoV-2 testing?
   V. What is the evidence for asymptomatic transmission of COVID-19?
   VI. What is the viral load over the course of the infection (including in the pre-symptomatic phase), and the duration of infectivity?

   These evidence summaries are published at [www.hiqa.ie](http://www.hiqa.ie).

Two evidence summaries requested by AMRIC lead have been undertaken and provided to AMRIC and to the NPHET EAG for consideration:

   VII. Use of facemasks by healthcare workers when treating patients who do not have respiratory disease (also requested by EAG)
   VIII. Use of masks by healthy individuals in the community.

5. A rapid evidence review of international public health guidance on protective measures relating to vulnerable groups was undertaken by HIQA at the request of the NPHET subgroup on vulnerable people and informed the development of the “Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19” published by HPSC on 27th March 2020.

6. Rapid reviews completed in relation to:
   
   I. International public health measures for Residential Care facilities
   II. International public health measures for workers
   III. International guidance on use of masks by healthcare workers.

7. A rapid HTA undertaken by HTA, HIQA in relation to alternative diagnostic testing approaches was published on April 22nd 2020. This work will input to the development of
a rapid European HTA by the European network of HTA agencies (EUnetHTA). The rapid HTA was presented to the Medical Forum on 18th April 2020.