



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

21st January 2021

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 (NPHEET).

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

- A total of 20,238 cases have been notified in the 7 days to 20th January, which is a 47% decrease on the previous 7 days in which there were 38,083 cases;
- As of 20th January, the 7- and 14-day incidence rates per 100,000 population have decreased to 425 and 1,223, respectively; these compare with rates of 799 and 1,448 on 13th January. Incidence rates remain very high with incidence levels 10-15 times greater than observed in early December.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 35%, demonstrating that there have been less cases in the last 7 days compared with the preceding 7 days.
- The 5-day rolling average has decreased from a peak of 6,831 on 10th January to 2,556 on the 20th January.
- Incidence is very high across all age groups, with a very concerning level of disease in those aged 65 and older, and an exceptionally high incidence in those aged 85 and older. In the last 14 days, 13% of cases notified were aged over 65.
- Of cases notified in the past 14 days, 58% have occurred in people under 45 years of age; the median age for cases notified in the same period is 40 years; incidence rates in those aged 18 and younger remain at or below population average.
- While there remains very high 14-day incidence rates across all counties, there has been a decrease in incidence rates with all counties having a 7-day incidence as a percentage of the 14-day rate less than 50%, indicating fewer cases notified in the last 7 days compared with the previous 7 days;
- Incidence in long-term care settings is increasing rapidly. The incidence in long-term care settings was less in the second wave compared to the first; however, the recent number of cases linked to outbreaks in long-term care settings, following the unprecedented levels of infection in the community, is now very high, similar to the numbers seen in April and May 2020.
- The best estimate of the reproduction number (R) is 0.5-0.8. Growth rate peaked at almost 18% per day over the 14-day period up to 10th January 2021; since then the growth rate has reduced and now the rate of decline of the disease is -7% to -10%. The halving time is currently 7-10 days.
- There were 159,985 tests undertaken in the last week. The 7-day average test positivity rate remains very high; the positivity rate has decreased to 12.2% on 20th January from 17.5% last week on 13th January.
- Excluding serial testing, the test positivity rate has also decreased over recent days although the rate remains very high. It was 18.0% over the 7 days to 20th January and down from a high of 23.6% over the 7 days to 13th January.
- According to contact management programme data, all counties have test positivity rates (excluding serial testing) greater than 10% and 2 counties have positivity rates greater than 25%.

- There are currently 1,949 confirmed COVID-19 cases in hospital this morning, compared with 1,791 on 14th January; this is a 9% increase since the last NPHET meeting but there has been a reduction in total numbers in recent days. There have been 113 newly confirmed cases in hospital in the 24 hours preceding this morning.
- The number of patients receiving critical care has increased by 19% since last week. There are currently 210 confirmed cases in critical care, compared with 176 on 13th January. There have been 20 admissions in the last 24 hours.
- During each wave of the disease to date, there has been a proportionally consistent level of severity of disease across age cohorts in the population. The age profile of patients who have been hospitalised has remained broadly consistent in each of the three waves to date; in those hospitalised: 59%-63% have been aged 60 or over, 35%-36% have been in the 20-59 age group and 2%-6% were in the 0-19 age group.
- Among patients in critical care over the course of the pandemic, 54%-64% have been aged 60 or over, 35%-45% have been in the 20-59 age group and 1%-3% were in the 0-19 age group.
- Average length of stay (LOS) for recent cases (December 2020) was approximately 15 days and between 10-15 days for general hospital and critical care discharges (when excluding general hospital LOS), respectively. Age-specific average LOS for all hospital discharges (general and critical care) was broadly similar by age group when recent cases were compared to all cases since the onset of the pandemic.
- To date, sadly, there have been 487 deaths notified with a date of death in January. This compares with 167 and 177 deaths notified (to date) with a date of death in November and December, respectively. Of the 487 deaths in January to date, 55 have thus far been associated with hospital outbreaks and 140 have been associated with nursing home outbreaks.
- To date in the pandemic, 12% of mortality associated with COVID-19 has been in those aged under 70 with the age distribution of deaths remaining broadly consistent across each wave.

Further relevant information includes:

Due to the recent surge in case numbers, the number of outbreaks and linked cases in week 2 are likely an underestimate. The number of outbreaks represents the most reliable indicator.

- There were 37 new clusters notified in acute hospitals in week 2 of 2021.
- There are currently 131 open clusters associated with 46 acute hospitals; there have been 136 linked deaths and 2,570 linked cases to these outbreaks. Of these cases, 48% are related to healthcare workers.
- There continues to be a large number of outbreaks notified in nursing homes/community hospitals. There were 44 new clusters notified in nursing homes/community hospitals in week 2, this compares with 49 new outbreaks in these settings in Week 1. There have been 21 new outbreaks in nursing homes in the current week.
- There are currently 166 open clusters associated with nursing homes; there have been 237 linked deaths and 3,574 linked cases to these outbreaks. Of these cases, 38% are related to healthcare workers.
- There have been 8 outbreaks associated with schools in week 2 (although transmission in the school setting has not necessarily been established in these outbreaks) and noting schools have been closed since week 52, 2020.
- There were 14 outbreaks newly notified in childcare facilities in week 2 with 35 linked cases.
- There has been an increase in the number of Irish Traveller outbreaks with 14 new outbreaks in the Irish Traveller community in week 2; there are currently 60 open outbreaks in the Irish Traveller community.
- There have been 7 new outbreaks in Direct provision centres with 22 linked cases.
- There continues to be a large number of new outbreaks notified in centres for individuals with disabilities. There were 45 new outbreaks in centres for disabilities in week 2; there are currently 79 open outbreaks in centres for disabilities.
- There are currently 178 open clusters associated with residential institutions; there have been 40 linked deaths and 928 linked cases to these outbreaks.
- There have been 41 newly notified workplace outbreaks in week 2 with 74 linked cases; there are 115 open outbreaks in workplaces. A number of outbreaks have been recently notified in food production/processing settings.
- The sentinel GP influenza-like illness (ILI) consultation rate has decreased to 69.7/100,000 population in week 2 of 2021, compared to 120.4/100,000 population in week 1 of 2021.

- A range of mobility and compliance data suggest there has been a decrease in mobility following the introduction of current restrictive measures, but that mobility remains greater than the lowest levels observed in spring 2020.
- The number of close contacts during the week ending 17th Jan was 37,541, a decrease of 55% compared to the previous week (83,514)
- The average number of close contacts per adult confirmed case remained below 3.3 until early December, rose to almost 5 on average by 28th December, and is now decreasing rapidly; it is currently 2.1 per case.
- As of 20th January, the 14-day incidence per 100,000 population in Northern Ireland was 768; this is 37% less than the 14-day rate in the Republic of Ireland (1,223 per 100,000 population). The latest 7-day incidence per 100,000 population in Northern Ireland is 316, which is 25% less than the 7-day incidence rate in the Republic of Ireland (425 per 100,000 population).
- The National Virus Reference Laboratory (NVRL) has tested (based on S-Gene Target Failure) in excess of 1,500 PCR-positive SARS-CoV-2 specimens for the Variant of Concern (VOC) (B.1.1.7). The VOC has been detected in approximately 300 of these specimens and has been identified in all regions of the country. For Week 1 2021, the VOC was present in 87/188 (46.3%) samples tested.
- The NVRL has reported that it has completed whole-genome sequencing of 80 suspected variants of concern taken since December 21st, 2020. Based on these analyses: the presence of both United Kingdom (B.1.1.7) (n=77 cases identified out of 77 samples sequenced) and South African (501.V2) SARS-CoV-2 lineages (n=3 cases identified) has been confirmed by whole-genome sequencing in the Republic of Ireland. The VOC associated with Brazil have not been detected in Ireland to date, but targeted testing continues.

In summary, Ireland continues to experience an epidemiological situation of great concern. Although disease incidence is falling, it remains very high overall and across all age groups. Incidence in those aged 65 and older continues to increase and is a cause for particular concern, with exceptionally elevated levels in those aged 85 years and older.

Against a background of reducing case counts in recent days, the wider health and social care system continues to be subject to immense pressure. Numbers of COVID-19 cases in hospital have only begun to decrease off very high absolute levels. The total number of COVID-19 patients in intensive care units remain at very elevated levels, noting in addition, that a significant amount of critical care is also being provided outside of the intensive care unit setting. The impact of the ongoing very high levels of disease transmission on the most vulnerable in society is stark. We have seen rapidly increasing incidence in long-term care settings and vulnerable groups. Due both to the number and scale of outbreaks being observed, we are seeing increasing mortality and expect a large number of additional deaths in the coming weeks.

In reviewing descriptive epidemiology of cases in terms of risk by age of admission to hospital, intensive care or the occurrence of death, it should be noted that there is no indication of significant differences in this wave compared to previous waves. Average length of stay in hospital and critical care remains extended and broadly comparable across the waves. Of note, there is no evidence of a change in individual risk of morbidity or mortality associated with COVID-19 since the outset of the pandemic – SARS-CoV-2 remains as virulent with the same potential for severe adverse health outcomes.

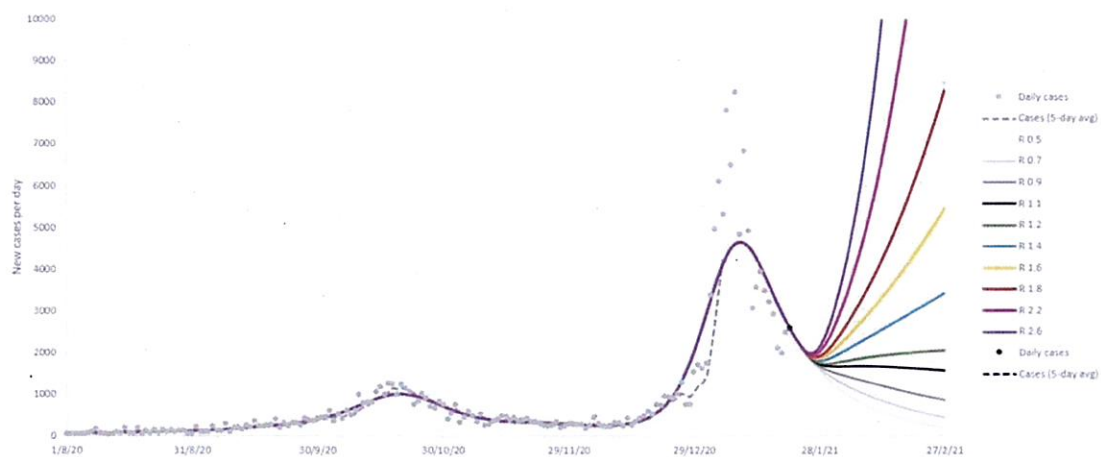
We, as a community, have made great progress in recent weeks in radically reducing the transmission of the virus; we have in fact suppressed transmission, with case counts now decreasing rapidly at -7% to -8% per day, and an effective reproduction number of 0.5 to 0.8. However, we remain in a very vulnerable position. First and most obviously, the incidence of SARS-CoV-2 infection remains dangerously high, 10-15 times what it was in early December 2020 and over 100 times what it was in July 2020. Secondly, we will all find it challenging to maintain the very low levels of social contact and the careful adherence to distancing and hygiene measures required to maintain suppression, and it is likely that effective reproduction number will drift upwards in the coming weeks. Thirdly, as the B.1.1.7 variant becomes increasingly dominant over the next 3-6 weeks, this will drive up the effective reproduction number. It will, therefore, become increasingly difficult over the coming weeks to maintain the level of suppression that we have achieved since the New Year.

We have projected likely case numbers over the coming weeks for different effective reproduction numbers. These scenario projections, for reproduction numbers between 0.5 and 0.9, suggest we might have between 1400 and 1700 cases per day at the end of January, and between 200 and 900 cases per day at the end of February. However, given the considerations above, it is highly unlikely the more optimistic scenarios will come to pass; it is more likely that, even with constant public health measures, reproduction number will increase over time, and that the average daily case count at the end of February 2021 will be in the region of 400-700 per day, if not higher.

The current data, and modelling work, suggest that the number of people in hospital may have plateaued and is starting to decrease, and the number of people requiring critical care is approaching its highest level. We expect that the numbers of people requiring hospital and critical care will decrease very slowly, depending not only on the rate at which incidence in the community falls, but also on the persistence of infection in older and vulnerable people and on the control and the rate of containment of outbreaks in the hospitals themselves.

What do our models tell us?

Model calibrated to case data until 20 January 2021, R varies over a wide range thereafter



Model projections of the number of new cases per day. The model is calibrated with daily case counts to 20 January 2021 (grey); R varies between 0.5 and 2.6 thereafter. Case counts from 21 January onwards are shown in black. This is a scenario model only. It is not a forecast, nor does it imply or anticipate any future policy decision.



Riaghas na Míneann
Government of Ireland

The NPHET was further apprised of the deteriorating epidemiological profile in long-term residential care facilities (LTRCFs), including both nursing homes and disability centres, with 14 new outbreaks in nursing homes notified in a single day earlier this week. COVID-19 staff absences have led to a staffing crisis in these sectors, further compounding the significant pressure already felt across these services. Notwithstanding the continued significant interagency work to support safe care, the risks in these services cannot be fully mitigated. In addition, outbreaks within LTRCFs will impact significantly on the wider healthcare system and hospital flow, leading to increased hospital admissions and mortality.

The current epidemiological situation in Ireland represents a significant and active threat to all key public health priorities; these include the protection of vulnerable groups, the provision of care across all areas of the health and social care system as well as education and childcare. Much more progress must be achieved and sustained over the coming weeks to bring this disease under control and to substantially offset the ongoing profound impact on all key public health priorities.

Travel & ECDC Guidance

In the context of newly emerging variants, and the necessity to control the risk of importing cases, Ireland, along with other countries, has introduced further restrictions on international travel including mandatory pre-travel PCR test requirement. On 20th January, the ECDC published its first update on the risks related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA. The ECDC's key message is to prepare for a rapid escalation of the stringency of response measures in the coming weeks in order to safeguard healthcare capacities and for an acceleration of vaccination campaigns. The ECDC assessment advises against non-essential travel and recommends the quarantine and testing of all travellers from affected areas. There are calls from some EU Member States to further coordinate on travel-related measures to control the spread of these new variants. Furthermore, the ECDC has recommended that countries take a cautious approach when considering any relaxation of measures, suggesting that countries may need to increase their current level of restrictions in response to these variants of concern. The ECDC states that the overall risk associated with the introduction and community spread of variants of concern is assessed as **high/very high**. The NPHET has adopted the ECDC guidance and the HSE will incorporate relevant elements into its public health response as appropriate.

Advice

In light of the current epidemiological profile of the disease, increasing prevalence of the variants and recent ECDC guidance, **the NPHET recommends the extension of the current public health measures for a period of 4 weeks, up to 28th February**. This advice is guided by the absolute priority of protecting public health, particularly in relation to those most vulnerable to the severe outcomes of COVID-19 and ensuring the safe return of all health and social care services, education and childcare services.

Notwithstanding the epidemiological profile which remains extremely concerning, the absolute number of positive cases has begun to decline. As these numbers reduce, capacity will become available within the testing and tracing system to reintroduce the testing of close contacts. For this reason, and to safeguard any reduction in positive cases observed to date, the NPHET recommends that the HSE reinstate the testing of close contacts with a single test at day 5, in line with currently available capacity. Additionally, the NPHET recommends that, as further capacity becomes available, the HSE reinstate testing of close contacts at two time points. The NPHET will review the timing of testing and the duration of restriction of movements once capacity increases.

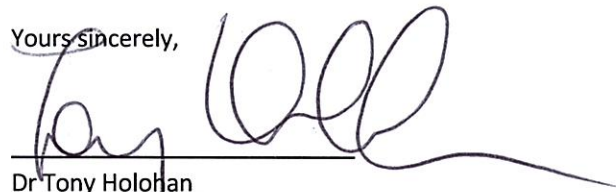
The NPHET supported a proposed change to the Irish case definition for COVID-19 to incorporate Antigen Diagnostic Testing (ADTs). Additionally, the NPHET reviewed a paper outlining a draft implementation plan for the use of ADTs in specific settings and the parameters for their appropriate use. The NPHET has sought further advice from the HIQA EAG on the use of lateral flow tests in asymptomatic people in community settings to further inform discussions, following which the implementation plan for ADTs will be given further consideration.

In addition, the NPHET considered a number of other work streams. Firstly, it was briefed by the HPSC on its updated guidance on ventilation, which will be published in the coming days. Secondly, it agreed, in principle, to recommendations pertaining to the potential derogation of healthcare workers who are deemed close contacts from restricted movements following COVID-19 vaccination. The NPHET requested that the HPSC give consideration to the implications of this for occupational health policy ahead of the NPHET meeting of the 28th January, when the issue of HCW derogations will be revisited.

Lastly, you may wish to note that the NPHET had a preliminary discussion on key areas of focus for the short, medium and long-term response to COVID-19 and will continue these considerations over the coming weeks with a view to providing advice to inform the ongoing cross-Government considerations in relation to the COVID-19 response.

The NPHE, 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. As always, I would be happy to discuss further, should you wish.

Yours Sincerely,

A handwritten signature in dark 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