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

<table>
<thead>
<tr>
<th><strong>Date and Time</strong></th>
<th>Wednesday 30th December 2020, (Meeting 70) at 11:00am</th>
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<tbody>
<tr>
<td><strong>Location</strong></td>
<td>Department of Health, Miesian Plaza, Dublin 2</td>
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<tr>
<td><strong>Chair</strong></td>
<td>Dr Tony Holohan, Chief Medical Officer, DOH</td>
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**Members via videoconference**
- Dr Ronan Glynn, Deputy Chief Medical Officer, DOH
- 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
- Dr Kevin Kelleher, Assistant National Director, Public Health, HSE
- Dr Siobhán Ni Bhriain, Lead for Integrated Care, HSE
- Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital
- Ms Rachel Kenna, Chief Nursing Officer, DOH
- Dr Mary Favier, Immediate past president of the ICGP, Covid-19 advisor
- Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH
- Dr Lorraine Doherty, National Clinical Director Health Protection, HSE
- Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH
- Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH
- Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH
- 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 Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital
- 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
- Ms Laura Casey, NPHET Policy 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)
- Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion)

**In Attendance**
- Mr Gerry O’ Brien, Acting Director, Health Protection Division
- 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, Ms Emily Kilroy, Mr Liam Robinson, DOH

**Apologies**
- Dr Lyons, Ms Brandon, Ms Kilroy, Mr Robinson, DOH

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1 References to the HSE in NPHET minutes relates 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**
   There were no apologies received for this meeting.

c) **Minutes of previous meeting(s)**
   The minutes of the 3rd December 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 thanked all Members for making themselves available over the Christmas period, and confirmed that the focus of the meeting would be on a review of the current epidemiological data.

   The Chair noted the Government meeting scheduled to take place at 14:30 later that day and stated his intention to be in a position to issue a letter to the Minister in advance thereof, informing him as usual of the outcome of the NPHET’s discussions.

   The Chair informed Members that a number of issues had arisen at the COVID-19 Oversight Group earlier that morning, in particular the utility of testing and tracing in the context of current widespread community transmission, the focusing of actions on ‘mitigation’ rather than ‘containment’ going forward, and the NPHET’s position in relation to the planned reopening of schools after the Christmas break. The Chair also appraised members of a letter sent to the Minister, which provided a further update of the epidemiological position and information pertaining to COVID-19 variants.

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 8,016 cases have been notified in the 7 days to 30th December 2020, which is a 61% increase on the previous 7 days in which there were 4,992 cases; and a 324% increase on the 7 days to 9th December in which there were 1,889 cases;
   - As of 30th December, the 7- and 14-day incidence rates per 100,000 population have increased to 168 and 273, respectively; these compare to rates of 105 and 153 on the same day last week, and rates of 40 and 80 on 9th December;
   - Nationally, the 7-day incidence as a proportion of 14-day incidence is 62%, demonstrating that there have been substantially more cases in the last 7 days compared with the preceding 7 days;
   - The 5-day rolling average has increased rapidly from 785 on 23rd December to 1,213 today and is 4.2 times greater than the figure for 9th December (286 cases);
   - Of cases notified in the past 14 days, 17th – 30th December, 65% have occurred in people under 45 years; the median age for cases notified in the same period is 35 years;
   - In the last 14 days, 17th – 30th December, 10% of cases notified were aged over 65; incidence rates are now increasing across all age groups;
• There has been an increase in the 14-day incidence rate in the country overall, however 25 counties now have 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 best estimate of the reproduction number (R) is currently 1.6-1.8. R is now estimated to be higher than at any point since March 2020. The current daily growth rate of cases is 7-10%.
• This compares with daily growth rate of 7-9% at the last NPHET meeting on 23rd December. The doubling time is currently 7-10 days;
• A total of 103,683 tests were undertaken in the last 7 days. The 7-day average test positivity rate has rapidly increased to 9.3% on the 29th December from 5.0% last week on the 23rd December;
• Excluding serial testing, the test positivity rate has also rapidly increased over recent days. It was 12.8% over the 7 days to 30th December, up from 7.2% over the 7 days to 23rd December, and up from 5.2% in the 7 days to Friday 18th December;
• According to contact management programme data, 24 counties have test positivity rates great then 5% and 15 counties have positivity rates greater than 10%;
• There are currently 454 confirmed COVID-19 cases in hospital this morning, compared with 239 on 23rd December. There have been 69 newly confirmed cases in hospital in the preceding 24 hours;
• There are currently 37 confirmed cases in critical care, compared with 25 on 23rd December. There have been 6 admissions in the last 24 hours;
• To date, there have been 123 deaths notified with a date of death in December. This compares with 126 and 158 deaths notified (to date) with a date of death in October and November, respectively. Of the 110 deaths so far in December, 40 have been associated with hospital outbreaks and 38 have been associated with nursing home outbreaks.

Further relevant information includes:
• There were 10 new clusters notified in acute hospitals with 57 linked cases in week 52;
• There are currently 57 open clusters associated with 23 acute hospitals. In total, 990 cases have been linked to these outbreaks with 48% (475) of these cases related to healthcare workers. There have been 71 deaths linked to these outbreaks. 4 acute hospital outbreaks have more than 100 linked cases each;
• There were 13 new clusters notified in nursing homes/community hospitals with 146 linked cases in week 52; there are 7 new clusters in the current week with 39 associated cases;
• There are currently 47 open clusters associated with nursing homes; 974 cases have been linked to these outbreaks with 41% of these cases related to healthcare workers. There have been 54 deaths linked to these outbreaks;
• There have been 21 outbreaks associated with schools in week 52 with 43 linked cases (although transmission in the school setting has not necessarily been established in these outbreaks);
• There were 2 outbreaks in the Irish Traveller community in week 52 with 12 linked cases. This is a decrease from the previous 2 weeks when there were 60 cases notified amongst Irish Travellers in week 51 and 48 cases in week 50;
• A range of mobility and compliance data suggest that movement and social contact in the population have increased significantly since the introduction of Level 3 measures;
• The number of close contacts during week ending 27th December was 33,390, a 119% increase (more than double) compared to the previous week;
• As of 28th December, the 14-day incidence per 100,000 population in Northern Ireland was 524, this more than double the 14-day incidence in the Republic of Ireland (246 per 100,000 population as of 29th December). The 7-day incidence per 100,000 population in Northern Ireland was 305, which is double the 7-day incidence in the Republic of Ireland (152 per 100,000 population).
The Chair of the IEMAG presented the most recent modelling projections calibrated using case data to 29th December 2020. The Chair of the IEMAG noted that the scenarios project a very challenging time ahead even if an immediate suppression of viral transmission sufficient to bring R below 1.0 is achieved. The model scenarios can be summarised as follows:

- If R is reduced to 1.4 from today, we will see at least 2,000 cases per day on average by 9th January 2021, and 3,000 cases per day by 23rd January 2021;
- If R is reduced to 1.1 from today, we will see 1,800 cases per day by 6th January, rising to 1,900 per day by the end of January;
- If viral transmission is suppressed, bringing R to 0.9 from today, we will peak at around 1,800 cases per day in early January, and have about 1,200 cases per day by the end of January;
- It is unlikely that significant suppression will be achieved in so short a time frame, so actual case numbers are likely to exceed these latter projections.

The age profile of cases in this third wave is older than in the second wave, and as such we are seeing earlier and more significant increases in hospitalisations. When the above scenarios are applied to a simple age-stratified model of hospitalisation, assuming the age profile of cases remains as it was over the last 14 days, the IEMAG projects:

- for R=1.4: 800 people with COVID-19 in hospital by 15th January 2021, and 1,300 by the end of January;
- for R=1.1: 800-900 people with COVID-19 in hospital throughout January;
- for R=0.9: the numbers in hospital with COVID-19 should peak at over 700 in mid-January.

A more sophisticated model of healthcare demand and capacity gives higher projections, from a low of 1,000 for R=0.9 to a high of 2,000 by end of January 2021 for R=1.4.

The HPSC confirmed that connectivity issues with the CIDR system since 24th December have resulted in a lag in case reporting. Efforts are being made to mitigate this and the issue is expected to be resolved shortly.

The HSE confirmed that the health system is now under significant strain. While all efforts are being made to control outbreaks as they arise, the current level of community transmission makes it extremely difficult to prevent the introduction of the virus into hospitals. The HSE stressed the urgency of vaccinations for HCWs in this regard.

The Chair of the National Virus Reference Laboratory (NVRL) provided the NPHET with an update on surveillance and data collected so far on the two novel variants of the virus: the UK variant VOC 202012/01 (also known as B.1.1.7), and the South African variant 501.V2.

Genomic tests on the 24th December 2020 confirmed the presence of the UK variant in Ireland. It has already been reported that 7 cases out of 77 which underwent genomic sequencing carried the VOC 202012/01 mutations. Further work will take place over the coming weeks to establish the extent of the presence of both variants in Ireland.

The NPHET noted the ECDC Rapid Risk Assessment on the new variants published on 29th December 2020, which concludes the level of risk as follows:

- The probability of the two novel variants being introduced and further spread in the EU/EEA is currently high, and due to increased transmissibility, the impact in terms of hospitalisations and deaths is assessed as high, particularly for those in older age groups or with co-morbidities.
- The probability of increased circulation of any SARS-CoV-2 strains, placing greater pressure on health systems in the coming weeks, is considered to be high due to the festive season and, higher still, in countries where the new variants are established.
• The impact of this increased pressure on health systems is considered to be high even if current public health measures are maintained. Therefore, the overall risk of an increased impact on health systems in the coming weeks is assessed as high.

The NPHET further noted the ECDC’s recommendations for delaying the introduction and further spread of the new variants, namely: targeted and representative sequencing, enhanced testing, contact tracing and isolation, the avoidance of non-essential travel and social activities, and the need for non-pharmaceutical interventions in accordance with the prevailing epidemiological situation and national policies.

The NPHET expressed that the current epidemiological situation is cause for grave concern. In particular, the accelerating rate of deterioration in incidence of disease, the rapid increase in hospitalisations, growing concerns about the increased transmissibility of the UK and South African variants, the most recent ECDC advice, and the potential consequent implications for morbidity and mortality are extremely concerning. The NPHET also expressed that these factors now pose a very considerable risk to the continued protection of the core priorities in the short term: protecting those most vulnerable to the severe outcomes of COVID-19; to ensure the safe delivery of health and social care services for care needs unrelated to COVID-19; to enable safe provision of childcare services and to ensure that schools remain open.

The NPHET cautioned that the situation remains extremely fragile, with disease incidence and hospitalisations accelerating faster than modelling scenarios had projected. It is likely that there is still some element of under-reporting as a result of the festive period, and coupled with the potential additional risks posed by the UK and South African variants, the NPHET emphasised its worry that there could be a further acceleration in incidence and severity indicators in the coming days.

The Chair reiterated that the situation has moved from a ‘containment’ phase to a ‘mitigation’ phase, and many Members noted that the current situation places a massive strain on the health system and contact tracing and testing resources. The NPHET stated that the most appropriate use of testing in a mitigation phase is to prioritise the areas of highest concern. The NPHET noted that communications will need to emphasise to the public that, at this point, it is no longer appropriate or efficient to test everyone who wishes to be tested. Everyone needs to behave as if they are close contacts and to restrict their movements by staying at home, except for essential purposes.

The NPHET gave consideration to the reopening of schools after the Christmas break. It was noted that one of the key achievements in Ireland thus far in the pandemic has been keeping schools open and operating from September to December 2020. One of the NPHET’s core priorities is to proactively protect and avert against significant disruption to childcare and education. Some members suggested that delaying the reopening of schools for a period of 1-2 weeks could be considered as a precautionary approach. However, Members noted that there should be further consideration before any recommendation to disrupt this core objective is made and that schools should still plan to reopen as previously planned. However, the NPHET noted that the high and rising levels of community transmission would become a risk to the ongoing provision of education at primary and secondary level unless these levels of transmission can be addressed. The NPHET confirmed that the issue would be kept under close review and would be further discussed at the next meeting, 7th January 2021.

In concluding its discussion on the epidemiological situation, the NPHET reiterated its view that the current set of public health measures will not be sufficient to interrupt transmission patterns to the extent necessary. The virus is circulating in the community at such a level that it requires strict “stay at home” measures (with exemptions provided only for those activities and services that are essential in nature) to significantly and comprehensively reduce opportunities for contact and further transmission of the disease. The NPHET advised that this will require, at a minimum, the implementation of and adherence to the full suite of Level
5 measures as set out in the Government’s Plan for Living with COVID-19. The NPHET recommended that these measures are put in place as a matter of urgency and remain in place for a period of six weeks. The NPHET cautioned that the additional Level 5 measures recommended may not be sufficient to bring the disease under control and that additional measures may be required if there is a continued deterioration over the coming period.

Action: The NPHET advises the implementation of and adherence to the full suite of Level 5 measures as set out in the Government’s Plan for Living with COVID-19. The NPHET recommended that these measures are put in place as a matter of urgency and remain in place for a period of six weeks.

3. Review of Existing Policy

a) International Travel
The DOH informed the NPHET that in the context of the new COVID-19 variants from the UK and South Africa, the Government had temporarily suspended all flights from the UK. Further consideration would be given by Government to whether this approach should be maintained. The DOH has indicated to the other Departments concerned that, from a public health point of view, persons intending to travel to Ireland from Britain or South Africa should have a PCR test within 3 days of departure and, in the event that the test is negative and individuals do travel, a test 5 days post-arrival should be required and the 14-day isolation period should also be adhered to. The DOH noted that such measures would remain advisory unless legislated for on foot of decisions of Government.

b) Joint DOH/HSE update on health system preparedness
The DOH and HSE paper ‘Health System Preparedness for Covid-19, Joint Department of Health/HSE Update for NPHET, 30 December 2020’ was circulated to Members in advance of the meeting. The key points are as follows:

The paper noted that, consistent with the learnings from the pandemic to date, the ECDC has highlighted that COVID-19 introduction into Long-Term Residential Facilities (LTRCs) is dependent on the level of COVID-19 circulating in the community. The positivity rate from serial testing in nursing homes is currently 0.7%, an increase from 0.3% in recent weeks. This is likely to increase further as serial testing was paused from 23rd – 28th December and will recommence on 29th December.

Notwithstanding the investment and improvements in Infection Prevention and Control (IPC) measures, it is evident that acute hospitals continue to represent a specific risk with respect to the transmission of infection, and serious concerns remain regarding the prevalence of COVID-19 in acute hospitals, which is closely related to the incidence of infection in the wider community. The impact of the Christmas bank holidays on the number of patients presenting to hospitals and on patient flow will be seen over the coming days. Acute hospitals are under significant pressure arising from the influx of COVID-19 patients and the relatively high number of vacant beds should not be regarded as a sign that the system is under control. The situation across all settings is now deteriorating as expected following the significant number of cases reported in the last 14 days.

The impact of the significant rise in COVID-19 cases reported over the last 14 days is only now beginning to be seen on the health system. The paper noted that, generally, elective work carried out in January is of a time-critical nature and is not easily postponed; all Hospital Groups will manage elective work having regard to the level of COVID in circulation. It is expected that acute hospitals will come under increased pressure in the coming days, with equivalent impact on community services, potentially displacing non-COVID care and
potentially leading to an overwhelmed system in which quality care is compromised and outcomes are poorer.

The NPHET thanked the DOH and the HSE for this update and noted same.

4. HIQA Expert Advisory Group
There was no discussion under this item.

5. Future Policy
a) Vaccination
The DOH informed the NPHET that if the indicated delivery schedule for the Pfizer vaccine is met and if the Moderna vaccine is authorised soon by the EMA, quite substantial quantities of these products can be expected to arrive over the coming few months. This represents a significant challenge for the health service in terms of ensuring that the requisite vaccinator workforce is available and deployed so that the vaccine can be offered to the population as supply is made available. At the same time, essential health and social care services must also be maintained. Work to develop the most appropriate plans in this regard is under way under the auspices of the High-Level task Force established by Government.

6. Communications Update
There was no communications update at this meeting.

7. Meeting Close
a) Agreed actions
There were no actions arising from this meeting.

b) AOB
No AOBs were raised under this item.

c) Date of next meeting
The next meeting of the NPHET will take place Thursday 7th January 2021, at 10:00am via video conferencing.