



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

28<sup>th</sup> 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 11,902 cases have been notified in the 7 days to 27<sup>th</sup> January, which is a 41% decrease on the previous 7 days in which there were 20,238 cases.
- As of 27<sup>th</sup> January, the 7- and 14-day incidence rates per 100,000 population have decreased to 250 and 674, respectively; these compare with rates of 425 and 1,223 on 20<sup>th</sup> January. Incidence rates remain very high with incidence levels 6-8 times greater than observed in early December 2020.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 37%, demonstrating that there have been fewer cases in the last 7 days compared with the preceding 7 days.
- The 5-day rolling average of daily cases has decreased from a peak of 6,831 on 10<sup>th</sup> January to 1,383 on the 26<sup>th</sup> January. This is a 46% decrease since the NPHEET meeting last week (2,556).
- Incidence remains very high across all age groups, in particular, there has been a very significant level of infection in recent weeks in those aged 65 and older, even when cases associated with outbreaks in long-term residential care are excluded. Incidence in this age group is decreasing slowly although it remains at a very high level. In the last 14 days, 16% of cases notified were aged over 65.
- Of cases notified in the past 14 days, 55% have occurred in people under 45 years of age; the median age for cases notified in the same period is 41 years; incidence has decreased significantly in younger adults but remains very high.
- While there remain very high 14-day incidence rates across all counties, 25 counties have 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 remains very high. The incidence in these 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 (LTRC), following the unprecedented levels of infection in the community, is now very high. Nonetheless, when compared to the total burden of disease in the community (total cases per week) the relative proportional contribution of infection in LTRC, although of ongoing high consequence in terms of morbidity and mortality in absolute terms, is significantly less than in April-May 2020.
- The number of healthcare-setting-acquired infections is very high. Nonetheless, when compared to the total burden of disease in the community (total cases per week), the level of infection in healthcare settings is significantly less in relative proportional terms than in April-May 2020. Hospital-acquired infections have occurred in the latter part of each surge of disease seen to date, and in each of the three surges hospital-acquired infections account for 20-30% of hospitalised cases.
- Of the 32,103 cases reported in the last 14 days, 12.5% (4,013) were healthcare workers.

- The best estimate of the reproduction number (R) is 0.4-0.7. 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 -9%. The halving time is currently 8-10 days.
- There were 142,027 tests undertaken in the last week. The 7-day average test positivity rate remains high; the positivity rate has decreased to 8.0% on 27<sup>th</sup> January from 12.2% last week on 20<sup>th</sup> January.
- Excluding serial testing, the test positivity rate has also decreased over recent days, although the rate remains very high at 13.4% over the 7 days to 27<sup>th</sup> January, a reduction from 18.0% over the 7 days to 20<sup>th</sup> January.
- According to contact management programme data, 21 counties have test positivity rates (excluding serial testing) greater than 10%.
- There are currently 1,620 confirmed COVID-19 cases in hospital this morning, compared with 1,949 on 21<sup>st</sup> January; this is a 17% decrease since the last NPHE meeting. There have been 87 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 212 confirmed cases in critical care, compared with 210 on 20<sup>th</sup> January. There have been 12 admissions in the last 24 hours.
- To date, there have been 830 deaths notified with a date of death in January. This compares with 164 and 176 deaths notified (to date) with a date of death in November and December, respectively. Of the 830 deaths in January, 87 have thus far been associated with hospital outbreaks and 282 have been associated with nursing home outbreaks.
- The prevalence of S-Gene Target Failure (SGTF) has increased from 58% (90/156 samples) in week 2 to 63% (59/94 samples) in week 3. SGTF is a marker for the new B.1.1.7 variant of concern first identified in England in December 2020. As a result, to date more than 400 SGTF samples have been identified in Ireland.
- To confirm that these SGTF samples continue to reflect the presence of lineage B.1.1.7 (SGTF can be seen with other lineages), an additional 70 cases have undergone whole genome sequencing. All 70 sequences were confirmed as lineage B.1.1.7, supporting the utility of the TaqPath assay as an important surveillance method for this lineage in Ireland
- In total, 9 cases of lineage B.1.351 (variant first reported in South Africa) have been confirmed by whole genome sequencing.
- No confirmed cases of lineage P.1 (variant first reported from Brazil) have been identified in Ireland to date.

*Further relevant information includes:*

**Due to the recent surge in case numbers, the number of cases linked to outbreaks in week 3 are likely an underestimate.**

- There were 20 new clusters notified in acute hospitals in week 3 of 2021.
- There are currently 132 open clusters associated with 47 acute hospitals; there have been 137 linked deaths and 1,521 linked cases to these outbreaks. Of these cases, 40% are related to healthcare workers.
- There were 32 new clusters notified in nursing homes/community hospitals in week 3, this compares with 46 new outbreaks in these settings in week 2. There have been 10 new outbreaks in nursing homes in the current week.
- There are currently 181 open clusters associated with nursing homes; there have been 338 linked deaths and 4,512 linked cases to these outbreaks. Of these cases, 37% are related to healthcare workers.
- There were 28 outbreaks newly notified in childcare facilities in week 3 with 33 linked cases. There are currently 65 open outbreaks in these settings.
- There has been an increase in the number of Irish Traveller outbreaks with 11 new outbreaks in the Irish Traveller community in week 3; there are currently 36 open outbreaks in the Irish Traveller community.
- There are currently 199 open clusters associated with residential institutions; there have been 16 linked deaths and 1,089 linked cases to these outbreaks.
- There have been 2 new outbreaks in Direct provision centres with 42 linked cases.
- There were 17 new outbreaks in centres for disabilities in week 3; there are currently 95 open outbreaks in centres for disabilities.
- There have been 36 newly notified workplace outbreaks in week 3 with 125 linked cases; there are 131 open outbreaks in workplaces. Of note, there have been 11 new outbreaks in meat/poultry/other food production and processing facilities with 110 linked cases.

- The sentinel GP influenza-like illness (ILI) consultation rate has decreased to 42.5/100,000 population in week 3 of 2021, compared to 70.2/100,000 population in week 2 of 2021.
- A range of mobility and compliance data suggest there has been a sustained 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 captured during the week ending January 24th was 23,700, a decrease of 37% compared to the previous week (37,541).
- The average number of close contacts per adult confirmed case remained below 3.3 until early December, rose to almost 5 on average by 28<sup>th</sup> December, and then decreased rapidly; it currently remains at 2.1 per case.
- As of 27<sup>th</sup> January, the 14-day incidence per 100,000 population in Northern Ireland was 583; this is 19% less than the 14-day rate in the Republic of Ireland (721 per 100,000 population). The latest 7-day incidence per 100,000 population in Northern Ireland is 246, which is 10% less than the 7-day incidence rate in the Republic of Ireland (274 per 100,000 population).

In summary, Ireland continues to experience a very concerning epidemiological situation. Incidence, although falling, remains high across all age groups and is exceptionally elevated in those aged 85 years and older. The health and social care system, supported by its ever-committed frontline workers and wider support staff, continues to be exposed to the marked impact of ongoing widespread community transmission. It should be noted that despite reducing numbers of COVID-19 cases in hospital, overall absolute levels remain very high. A point of further concern is that there continues to be extreme pressure on critical care, with the total number of COVID-19 patients in ICUs remaining very high and static. Additionally, it is important to note that a significant amount of critical care outreach and non-invasive ventilation is also being provided outside of the ICU setting.

The impact of the ongoing substantially elevated levels of disease transmission on the most vulnerable in society remains very significant. Very high incidence continues in long-term care settings and vulnerable groups. As a consequence of both the number and scale of outbreaks in these settings, we are continuing to see high levels of mortality. As in previous disease waves, the number of healthcare-setting-acquired infections both in staff and patients is very high, noting, however, that when taking into account the very large force of infection in the community during this wave, the level of infection in healthcare settings, including long-term residential care, is proportionally less in relative terms than that observed in April-May 2020.

Suppression of transmission has recently been achieved with daily rate of decline continuing at -7 to -9%, and halving time at 8-10 days. The current best estimate of R is 0.4-0.7. The average number of close contacts per adult confirmed case remains low at 2.1. A range of data indicate that mobility across society continues to hold at a reduced level, although substantially higher than that seen in spring 2020. Notwithstanding recent improvement in some disease profile indicators, progress in terms of case number reduction should be seen as particularly fragile at this time with a critical need to sustain over the coming weeks. This fragility is further underscored by the increasing dominance in Ireland of the substantially more transmissible variant of concern (B.1.1.7) first identified in England in December 2020.

The current epidemiological situation in Ireland represents an ongoing 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. While the extraordinary efforts of the people of Ireland are currently being maintained, much more progress must be achieved and sustained over the coming weeks in suppressing this disease in our communities in order to significantly mitigate its profound detrimental impact on all key public health priorities.

The NPHET reviewed the emerging evidence in relation to pharmaceutical and lifestyle interventions for COVID-19 in the community. Noting some promising developments in this area, the NPHET committed to periodic review of such evidence, with a view to further identifying additional evidence-based treatment options as the emerge. In addition, the NPHET examined the existing evidence on the role of vitamin D and COVID-19. While it was acknowledged that circumstantial evidence exists to suggest an association, to date there is insufficient high-quality evidence to support any change to existing recommendations. The NPHET agreed that efforts should be made to increase awareness of existing guidance which recommends that all adults aged 65 and over should

take a daily supplement of 15 micrograms for bone and muscle health. It should also be articulated that adults who are spending increased time indoors or are housebound or in long-term residential care or have dark skin are recommended to take vitamin D supplementation. The NPHET also recognised the ongoing research in this area and the need to review guidance as evidence emerges.

As you are aware, communications play a vital role in sustaining adherence to public health measures and in reinforcing the important proactive behaviours we can all take. To this end the NPHET reviewed a paper on behavioural insights on sustaining compliance with the public health advice from the Covid-19 Communications and Behavioural Advisory Group. While data shows that there are high levels of compliance with important behaviours such as mask wearing and staying at home, it is recognised that continued efforts are required to ensure sustained compliance.

There are a number of key areas requiring clear and concerted communication from a behavioural science perspective:

- The continued communication to the public of the risk factors that increase the likelihood of spread (indoors vs outdoors, the number of people present, time spent etc.) along with illustration of how super-spreader events (e.g. funerals, weddings etc.), at-home socialising, and unnecessary attendance at work premises can easily lead to large numbers of cases and bad outcomes for attendees.
- A focus on increasing compliance with key behaviours such as self-isolation, with strong consideration as to whether the current supports offered to people self-isolating are sufficient for maximising compliance with this key behaviour.
- Communication to employers to re-emphasise the importance of implementing protective measures, including working from home where possible to protect both staff and customers from COVID-19.

The NPHET noted the recent Government decision of 26<sup>th</sup> January in relation to international travel. The NPHET also noted the substantial work carried out by the HPSC to prepare the necessary guidance and implementation plans for the introduction of HSE validated antigen detection tests in specific settings over the coming weeks. Additionally, the NPHET considered recommendations in relation to the establishment of a National SARS-CoV-2 Surveillance & Whole Genome Sequencing Programme. These recommendations will require consideration by the Department and HSE to support its implementation.

The NPHET, 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,



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