



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

04<sup>th</sup> February 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 (NPHET).

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

- A total of 8,335 cases have been notified in the 7 days to 3<sup>rd</sup> February, which is a 30% decrease on the previous 7 days in which there were 11,902 cases.
- As of 3<sup>rd</sup> February, the 7- and 14-day incidence rates per 100,000 population have decreased to 175 and 424, respectively; these compare with rates of 250 and 674 on 27<sup>th</sup> January. Incidence rates remain high with incidence levels 4-5 times greater than observed in early December 2020.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 41%, 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 1,121 on the 3<sup>rd</sup> February. The 5-day average has decreased by 19% since the last NPHET meeting (1,383).
- 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 although it remains at a very high level. In the last 14 days, 17% of cases notified were aged over 65.
- Of cases notified in the past 14 days, 56% 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 high 14-day incidence rates remain across the country, all 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 is decreasing, although levels still remain very high. Of note, residential institutions have accounted for a larger proportion of cases in long-term residential settings in recent months.
- The number of healthcare-setting-acquired infections have decreased in the last week although remain high in absolute terms.
- Of the 20,197 cases reported in the last 14 days, 12.2% (2,472) were healthcare workers.
- The best estimate of the reproduction number (R) is 0.5 – 0.8. The rate of decline of the disease is continuing at -6 to -9%. The halving time is currently 8-12 days.
- There were 132,536 tests undertaken in the last week. The 7-day average test positivity rate remains high; the positivity rate has decreased to 6.5% on 3<sup>rd</sup> February from 8.0% last week on 27<sup>th</sup> January.
- Excluding serial testing, the test positivity rate has also decreased over recent days, although the rate remains very high at 11.3% over the 7 days to 27<sup>th</sup> January, a reduction from 13.4% over the 7 days to 27<sup>th</sup> January.

- According to contact management programme data, 16 counties have test positivity rates (excluding serial testing) greater than 10%.
- There are currently 1,308 confirmed COVID-19 cases in hospital this morning, compared with 1,620 on 28<sup>th</sup> January; this is a 19% decrease since the last NPHET meeting. There have been 77 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 204 confirmed cases in critical care, compared with 212 on 20<sup>th</sup> January. There have been 11 admissions in the last 24 hours.
- To date, there have been 1,153 deaths notified with a date of death in January. This compares with 166 and 176 deaths notified (to date) with a date of death in November and December, respectively. Of the 1,153 deaths in January, 112 have thus far been associated with hospital outbreaks and 428 have been associated with nursing home outbreaks. In the first three days of February, there have been 65 deaths with 26 related to nursing home outbreaks.
- To date, the prevalence of S-Gene Target Failure (SGTF) is 69.5% (330/475 samples) for week 3 and 75% (833/1111 samples) for week 4 2021. SGTF is a marker for the new B.1.1.7 variant of concern first identified in England in December 2020.
- 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 4 are likely an underestimate.**

#### Healthcare setting outbreaks

- There were 13 new clusters notified in acute hospitals in week 4 of 2021.
- There are currently 133 open clusters associated with 49 acute hospitals; there have been 184 linked deaths and 1,886 linked cases to these outbreaks. Of these cases, 39% are related to healthcare workers.
- There were 23 new clusters notified in nursing homes/community hospitals in week 4, this compares with 26 new outbreaks in these settings in week 3. There have been 6 new outbreaks in nursing homes in the current week to date.
- There are currently 193 open clusters associated with nursing homes; there have been 532 linked deaths and 5,682 linked cases to these outbreaks. Of these cases, 38% are related to healthcare workers.
- There are currently 214 open clusters associated with residential institutions; there have been 23 linked deaths and 1,420 linked cases to these outbreaks.
- There were 18 new outbreaks in centres for disabilities in week 4; there are currently 130 open outbreaks in centres for disabilities.
- There were 2 new outbreaks in mental health facilities in week 4 and there are currently 16 open outbreaks in these settings

#### Childcare Facility outbreaks

- There were 15 outbreaks newly notified in childcare facilities in week 4 with 19 linked cases. There are currently 78 open outbreaks in these settings.

#### Travelling Community outbreaks

- There has been a significant increase in the number of Irish Traveller outbreaks with 29 new outbreaks with 74 linked cases in the Irish Traveller community in week 4 compared with 11 new outbreaks in week 3; there are currently 63 open outbreaks in the Irish Traveller community.

#### Direct Provision outbreaks

- There have been 7 new outbreaks in Direct provision centres in week 4 with 19 linked cases. Currently there are 21 open outbreaks in Direct provision centres.

#### Workplace outbreaks

- There have been continued workplace outbreaks notified, with 29 reported in Week 4 over a variety of settings. There were 8 outbreaks related to Food production settings, 9 in commercial settings, 4 in office settings and 2 in manufacturing settings.

- There have been 126 workplace outbreaks reported in the first 4 weeks of 2021 compared with just 33 such outbreaks in the last 4 weeks of 2020 – a 281% increase. There were 151 open outbreaks in workplaces up to the end of Week 4.
- The sentinel GP influenza-like illness (ILI) consultation rate has decreased to 28.4/100,000 population in week 4 of 2021, compared to an updated rate of 45.0/100,000 population in week 3 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 31st January was 15,426, a decrease of 35% from the previous week (23,700).
- 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 then decreased rapidly; it currently remains low at 2.2 per case.
- As of 3<sup>rd</sup> February, the 14-day incidence per 100,000 population in Northern Ireland was 438; this is 4% less than the 14-day rate in the Republic of Ireland (455 per 100,000 population). The latest 7-day incidence per 100,000 population in Northern Ireland is 189, which is 4% more than the 7-day incidence rate in the Republic of Ireland (181 per 100,000 population).

It was noted that the number of outbreaks in community settings, as set out above, should be regarded as an underestimate due to the overall volume of cases and the requirement to prioritise outbreaks amongst the most vulnerable, including in nursing homes and other healthcare settings. With regard to workplaces, it was noted that whilst compliance with public health measures is often good when performing work tasks, reports confirm that these measures are often not applied in the same manner during breaks, with individuals congregating in common areas and lapses in physical distancing, hand or respiratory hygiene and/or mask-wearing contributing to the spread of disease.

The NPHET today examined analyses of age-specific admission probabilities and length of hospital stay. While noting that the ongoing third wave has been significantly different to previous waves in terms of the volume of cases and admissions recorded, these analyses suggest that there is some initial evidence of continued decline in admission probabilities and average length of stay between the second and third waves, although less marked when compared with changes between the first and second waves. These trends will continue to be monitored by the NPHET, noting that in the midst of this current wave, many cases remain in hospital and critical care units.

The impact of the ongoing substantially elevated levels of disease transmission on the most vulnerable in society remains very significant. The level of infection occurring in healthcare and long-term residential settings, although very high, appears to be reducing. Healthcare-acquired infections in these settings are also decreasing. As a consequence of both the number and scale of outbreaks in vulnerable groups and settings, we are continuing to see high levels of mortality, although this may now be stabilising.

Suppression of transmission has recently been achieved, with the daily rate of decline continuing at -6 to -9%, and halving time at 8-12 days. The current best estimate of R is 0.5-0.8. The average number of close contacts per adult confirmed case remains low at 2.2. 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 improvements in a number of disease profile indicators, progress in terms of incidence reduction should, at this time, continue to be considered very fragile, with a critical need to sustain over the coming weeks to prevent a plateau and maintain full suppression. This is particularly important given the increasing dominance in Ireland of the significantly more transmissible variant of concern (B.1.1.7), first identified in England in December 2020.

In summary, Ireland continues to experience a very concerning epidemiological situation. Incidence is falling but remains high with some concern that case counts may be plateauing, although this is not yet clear and will continue to be closely monitored. In addition, it is anticipated that, following the recommencement of referral of close contacts for testing, the resultant additional case ascertainment will inflate case counts over the coming days. Persistently elevated incidence continues to be observed in those aged 85 and older, both in long-term residential settings and in the community. The total number of patients with COVID-19 in hospital has continued to reduce over the last week but remains very high. An ongoing point of concern is that there continues to be



extreme pressure on critical care, with the total number of COVID-19 patients in ICUs, although beginning to reduce, remaining very high.

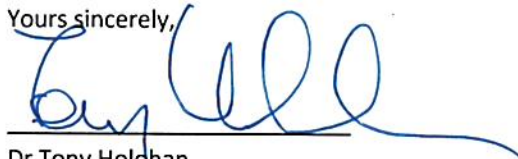
As you are aware, at a meeting on 31<sup>st</sup> December 2020, the Department and the HSE agreed that close contacts of confirmed cases of COVID-19, with the exception of those who developed symptoms suggestive of COVID-19, would not be routinely referred for testing due to unsustainable pressure on the testing system. No change to the 14-day duration of restriction of movements was recommended at that time. As of 29<sup>th</sup> January 2021, the testing of close contacts of confirmed cases of COVID-19 has resumed, with the test occurring on Day 5 and close contacts required to restrict their movements for 14 days, regardless of whether a 'not detected' test result has been received. Separately, specific guidance on the management of healthcare workers (HCWs) who are deemed close contacts was also provided.

In recent weeks, HIQA updated their analysis on the potential impact of different testing scenarios to reduce the duration of restriction of movements and/or number of tests for close contacts of a COVID-19 case. Furthermore, there has been a reduction in total case numbers and increasing capacity within the testing system. In light of the above, the NPHET now recommends that:

- For the general population, there should be recommencement of twice-testing of all close contacts, at Day 0 and Day 10 post their last exposure to the case, as soon as swabbing, testing, and contact tracing capacity can facilitate this development.
- For the general population, close contacts may end the period of restricted movements on receipt of a 'not detected' test result from a test conducted on Day 10 since last exposure, so long as they remain asymptomatic.
- Healthcare workers who are designated as close contacts should also move to testing at Day 0 and Day 10 (currently day 5 and day 10) post their last exposure to the case.

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 Holdhan

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