



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

11<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 (NPHE).

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

- A total of 6,607 cases have been notified in the 7 days to 10<sup>th</sup> February, which is a 21% decrease on the previous 7 days in which there were 8,335 cases.
- As of 10<sup>th</sup> February, the 7- and 14-day incidence rates per 100,000 population have decreased to 139 and 312, respectively; these compare with rates of 175 and 424 on 3<sup>rd</sup> February. Incidence rates remain high with incidence levels 3-4 times greater than observed in early December 2020.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 44%, 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 848 on the 10<sup>th</sup> February. The 5-day average has decreased by 24% since the last NPHE meeting (1,121).
- Incidence, although still high, has reduced across most adult age groups. Incidence in those aged 85 and older remains elevated but is reducing. In the last 14 days, 15% of cases notified were aged over 65.
- Of cases notified in the past 14 days, 59% have occurred in people under 45 years of age; the median age for cases notified in the same period is 39 years; the recent recommencement of testing of asymptomatic close contacts has increased the ascertainment of asymptomatic cases which has resulted in a higher proportion of cases notified in those aged under 18. Asymptomatic cases have increased from ~10% to ~20% of all cases in recent days.
- While 14-day incidence rates remain high across the country, 21 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. Of note in recent weeks, the number of cases in Dublin as a proportion of all cases notified nationally has been increasing.
- Of the 14,861 cases reported in the last 14 days, 10.2% (1,516) were healthcare workers.
- The best estimate of the reproduction number (R) is 0.6 – 0.8. The rate of decline of the disease is continuing at -3 to -7%. The halving time is currently 10-20 days.
- There were 121,402 tests undertaken in the last week. The 7-day average test positivity rate remains high; the positivity rate has decreased to 5.8% on 10<sup>th</sup> February from 6.5% last week on 3<sup>rd</sup> February.
- Excluding serial testing and facility testing in response to outbreaks, the test positivity rate has slightly decreased over recent days, although the rate remains high at 10.5% over the 7 days to 10<sup>th</sup> February, a reduction from 11.3% over the 7 days to 3<sup>rd</sup> February.
- According to contact management programme data, 15 counties have test positivity rates (excluding serial and outbreak facility testing) greater than 10%.
- There were 984 confirmed COVID-19 cases in hospital this morning, compared with 1,308 on 4<sup>th</sup> January; this is a 25% decrease since the last NPHE meeting. There have been 44 newly confirmed cases in hospital in the 24 hours preceding this morning.

- There are currently 170 confirmed cases in critical care, compared with 202 on 3<sup>rd</sup> February. There have been 8 admissions in the last 24 hours.
- Of the 555 COVID-19 patients admitted to ICU over the period 22<sup>nd</sup> November to the 6<sup>th</sup> February, 87% had one or more underlying conditions. This is similar to the relevant proportions seen in the previous waves.
- To date, there have been 292 deaths notified with a date of death in February. This compares with 1,220 and 182 deaths notified (to date) with a date of death in January and December, respectively. Of the 292 deaths in February, 21 have thus far been associated with hospital outbreaks and 129 have been associated with 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. It is anticipated that a further update on SGTF prevalence will be available next week.
- In total, 11 cases of 501Y.V2 (variant first reported in South Africa) have been confirmed by whole genome sequencing.
- No confirmed cases of P.1 (variant first reported from Brazil) have been identified in Ireland to date.

*Further relevant information includes:*

#### Healthcare setting outbreaks

- There were 15 new clusters notified in acute hospitals in week 5 of 2021.
- There are currently 137 open clusters associated with 45 acute hospitals; there have been 200 deaths and 1,982 confirmed cases linked to these outbreaks. Of these confirmed cases, 40% are related to healthcare workers.
- There were 12 new clusters notified in nursing homes/community hospitals in week 5, this compares with 23 new outbreaks in these settings in week 4.
- There are currently 182 open clusters associated with nursing homes; there have been 647 deaths and 5,682 confirmed cases linked to these outbreaks. Of these cases, 39% of confirmed cases are related to healthcare workers.
- There are 18 open outbreaks in community hospitals and long stay units, there have been 28 deaths and 514 confirmed cases linked to these outbreaks with over 50% of these cases recorded as healthcare workers.
- There are currently 200 open clusters associated with residential institutions; there have been 29 linked deaths and 1,569 linked confirmed cases to these outbreaks. Within these residential institutions,
  - there were 5 new outbreaks in centres for disabilities in week 5; there were 125 open outbreaks in centres for disabilities at the end of week 5;
  - there were 3 new outbreaks in mental health facilities in week 5 and there were 19 open outbreaks in these settings at the end of week 5.

#### Childcare Facility outbreaks

- There were 13 outbreaks newly notified in childcare facilities in week 5 with 41 linked cases. There are currently 85 open outbreaks in these settings.

#### Travelling Community outbreaks

- There remains a high number of Irish Traveller outbreaks with 22 new outbreaks and 78 linked cases in week 5 compared with 29 new outbreaks in week 4; there are currently 82 open outbreaks in the Irish Traveller community.

#### Direct Provision outbreaks

- There have been 4 new outbreaks in direct provision centres in week 5. Currently, there are 22 open outbreaks in direct provision centres.

#### Workplace outbreaks

- Workplace outbreaks continued to be notified, with 29 reported in week 5 across a variety of settings, which is the same number of outbreaks identified in week 4. There were 9 in commercial settings, 8 outbreaks related to food production settings, 5 related to the construction industry, 4 in manufacturing settings and 2 in office settings.

- There have been 155 workplace outbreaks reported in the first 5 weeks of 2021 compared with just 33 such outbreaks in the last 4 weeks of 2020. There were 168 open outbreaks in workplaces up to the end of week 5.
- The sentinel GP influenza-like illness (ILI) consultation rate has decreased to 19.8/100,000 population in week 5 of 2021, compared to an updated rate of 28.9/100,000 population in week 4 of 2021.
- Although low, a range of mobility and compliance data suggest that mobility may be increasing; mobility remains greater than the lowest levels observed in spring 2020.
- The number of close contacts captured during the week ending 7<sup>th</sup> February was 12,978, a 16% decrease from the previous week (15,426).
- Referral for Test 1 (Day 5) re-commenced on 29<sup>th</sup> January 2021. Of the 3,342 close contacts created between 29<sup>th</sup> to 31<sup>st</sup> January where test results were available, 707 (21.2%) were positive. The highest positivity rate, 29.2%, was seen in household contacts. The HSE reported that Test 2 recommenced on 10<sup>th</sup> February 2021.
- 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 low at 2.3 per case.
- As of 10<sup>th</sup> February, the 14-day incidence per 100,000 population in Northern Ireland was 325; this is 4% more than the 14-day rate in the Republic of Ireland (312 per 100,000 population). The latest 7-day incidence per 100,000 population in Northern Ireland is 139, which is the same as the 7-day incidence rate in the Republic of Ireland (139 per 100,000 population).

In summary, Ireland continues to experience a very concerning and fragile epidemiological situation. Incidence is falling but remains high and is currently 4 times higher than in early December 2020 and 100 times higher than July 2020. The absolute number of symptomatic cases each day continues to decrease, while the relative number of asymptomatic cases has increased following the recent resumption of asymptomatic close contact testing. Incidence has reduced across most adult age groups, and although it remains high in those aged 85 and older, it is decreasing. The incidence in age groups less than 18 has stabilised, or increased, with detection of asymptomatic infections in close contacts. It has been noted that case notifications in Dublin are increasingly contributing to national numbers, with this recent trend to be kept under close review in the coming weeks.

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 elevated, is reducing. Nosocomial infections in these settings are also decreasing. The reduction in total number of patients with COVID-19 in hospital has continued over the last week but remains very high in absolute terms. The number of COVID-19 patients in ICUs has also started to decrease but remains very high, noting in addition, that a significant amount of critical care outreach and non-invasive ventilation continues to be provided on general wards. Mortality is very high but may be stabilising.

This country has achieved and sustained suppression of transmission over recent weeks, with rate of decline continuing at -3 to -7%, and halving time at 10-20 days. The latest estimate for R is at 0.6–0.8. Indicators of mobility and contact remain low but, of some concern, may be drifting upwards. In addition, test positivity may have plateaued at a relatively elevated level but will need to be closely monitored over the coming week, noting the contribution of the recent recommencement of the testing of asymptomatic close contacts.

Our model projections show that if we can maintain a reproduction number between 0.5 and 0.9 for the coming weeks, we remain on track to have 200-400 cases per day by 1<sup>st</sup> March 2021, and 100-300 cases per day by 15<sup>th</sup> March 2021; the latter projections are contingent on and emphasise the importance of keeping transmission as low as possible for as long as possible. The healthcare demand and utilisation models, under the same assumptions, project 500-600 people requiring hospital care (and an additional 70-100 people in critical care) at the end of February, and 250-400 people in hospital care (and an additional 40-60 people in critical care) in mid-March.

The dominance in Ireland of the significantly more transmissible variant of concern (B.1.1.7), first identified in England in December 2020, presents an additional challenge to continued reduction in disease incidence. In this context, the epidemiological situation in Ireland should continue to be considered very fragile, underscoring the



importance of maintaining the recent extraordinary efforts in order to fully suppress this disease in the coming weeks and months.

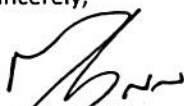
The NPHET was updated on Variants of Concern (VOC) cases in Ireland and the global epidemiology of VOCs. It was noted that the so-called UK Variant (B.1.1.7) now accounts for approximately 75% of cases in Ireland and, as such, arrivals from the UK will no longer be subject to enhanced public health measures. However, it is necessary to further note that Public Health England has recently designated a new VOC (202102/02) and has reported 21 cases of this VOC across the UK; developments in this regard will be monitored closely. The European Centre for Disease Prevention and Control (ECDC) is expected to issue an updated risk assessment with regard to VOCs in the coming days; this will inform ongoing considerations and any advice required on this issue. The NPHET further noted advice from the National Oversight Group for Variants of Concern that a number of additional countries be categorised as "high risk" and it was agreed that enhanced public health measures will now apply to incoming arrivals from those countries.

The NPHET also welcomed an update from the NVRL on increased Whole Genome Sequencing activity, noting that in week 5, approximately 10% of all positive samples have been or are in the process of being sequenced.

The NPHET noted an international review on the use of, and experience with, antigen testing across EU Member States and the UK, with a particular focus on use in asymptomatic people in community settings. The paper outlined that the use of antigen testing in asymptomatic individuals in community settings varies considerably across countries. Furthermore, there is, to date, limited published evidence of the effectiveness of this modality and the extent to which antigen testing is being undertaken, specifically in asymptomatic individuals, is difficult to ascertain. In addition, other important considerations for the use of antigen testing were highlighted which will inform ongoing work to review the potential utility of alternative testing technologies in augmenting the current testing strategy.

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,



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Dr Ronan Glynn

Deputy Chief Medical Officer

Acting 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