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

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<tr>
<th>Date and Time</th>
<th>Thursday 21st January 2021, (Meeting 73) at 10:00am</th>
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<tr>
<td>Location</td>
<td>Department of Health, Miesian Plaza, Dublin 2</td>
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<tr>
<td>Chair</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
- Dr Kevin Kelleher, Assistant National Director, Public Health, HSE
- 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
- Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital
- Dr Siobhán Ní Bhríain, Lead for Integrated Care, HSE
- Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH
- Dr Mary Favier, Immediate past president of the ICGP, Covid-19 advisor
- Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital
- Ms Rachel Kenna, Chief Nursing Officer, DOH
- Prof Mark Ferguson, Director General, Science Foundation Ireland and Chief Scientific Adviser to the Government of Ireland, SFI
- Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH
- Dr Lorraine Doherty, National Clinical Director Health Protection, HSE
- Mr Greg Dempsey, Deputy Secretary, Governance and Performance 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 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
- 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 Siobhán O’Sullivan, Chief Bioethics Officer, DOH
- Dr Elaine Breslin, Clinical Assessment Manager, HPRA

### In Attendance

- Ms Laura Casey, NPHET Policy Unit, DOH
- Dr Trish Markham, HSE (Alternate for Tom McGuinness)
- Mr Gerry O’ Brien, Acting Director, Health Protection Division
- Ms Sheona Gilsenan, Senior Health Data Analyst R&D & Health Analytics Division, DOH
- Ms Aoife Gillivan, Communications Unit, DOH
- Mr Ronan O’Kelly, Health Analytics Division, DOH
- Dr Desmond Hickey, Deputy Chief Medical Officer, DOH
- Dr Louise Hendrick, Specialist Registrar in Public Health Medicine, DOH
- Dr Robert Mooney, NPHET Policy Unit, DOH
- Ms Ruth Barrett, NPHET Policy Unit, DOH
- Ms Sarah Glavey, Health Protection Coordination & Support Unit, DOH

### Secretariat

- Dr Keith Lyons, Ms Ruth Brandon, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Hawkes, Mr Liam 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 meetings
   The minutes of 23rd 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 informed the NPHET that the meeting will focus on future planning, post-March, when the ‘Resilience and Recovery 2020 – 2021: Plan for living with COVID-19’ framework comes to an end.

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 20,238 cases have been notified in the 7 days from 14th to 20th January 2021, which is a 47% decrease on the previous 7 days (7th January 2021 to 13th January 2021) in which there were 38,038 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 779 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, 14th to 20th January, compared with the preceding 7 days, 7th to 13th January.
   - The 5-day rolling average has decreased from a peak of 6,831 on 10th January to 2,556 on 20th January.
   - Incidence is very high across all age groups, with a 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, 7th to 20th of January 2021, 13% of cases notified were aged over 65.
   - Of cases notified in the past 14 days, 7th to 20th January 2021, 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.
   - 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. The 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% over the 7 days to 20th January and down from a high of 23.6% in the 7 days to 13th January.
• 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 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 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:

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.

• 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 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 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.

• 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.
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 21st December 2020. Based on these analyses: the presence of both United Kingdom (B.1.1.7) (77 cases identified out of 77 samples sequenced) and South African (501.V2) SARS-CoV-2 lineages (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 and older.

The chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) provided an update on current modelling projections, the key points were:

- 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.
- As the UK variant becomes increasingly dominant over the next 3-6 weeks, the effective reproductive number will increase. Current projections estimate between 1,400 and 1,700 cases per day by the end of January, and between 200 and 900 cases per day by the end of February if the reproduction number remains between 0.5 and 0.9.
- It is highly unlikely that the more optimistic scenario will come to pass. It is more likely that the reproduction number will increase over time and the average daily case count at the end of February 2021 will be in the region of 400-700 per day.
- 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.

The DOH apprised the NPHET of the deteriorating epidemiological profile in long-term residential care facilities (LTRCs), including nursing homes and disability centres; the key points were as follows:

- 14 new outbreaks in nursing homes were notified in a single day earlier this week, commencing 18th January.
- 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 LTRCs will impact significantly on the wider healthcare system and hospital flow, leading to increased hospital admissions and mortality.

The HSE provided the NPHET with further information on ICU admissions; the key points were as follows:

- The number of patients who have been admitted to the ICU has been increasing slowly since the last meeting of the NPHET on 14th January. The overall picture in terms of patients and ICU capacity remains very concerning.
- At present, there are 214 COVID-19 patients in ICUs (of whom 134 are receiving invasive ventilatory support). In the last 24 hours, there had been 15 admissions of critically ill patients to ICUs.
- The total number of COVID and non-COVID patients in ICU is 320 patients (of whom 192 are receiving invasive ventilatory support).
- Total ICU capacity remains 342. Of this capacity, the number of available ICU beds is 22.
- There is an additional cohort of roughly 300 patients hospitalised with COVID-19 on Advanced Respiratory Support.
The Chair thanked the DOH, the HPSC, and the IEMAG for their respective inputs on the epidemiological situation and invited the NPHET Members to discuss the data presented. The Chair signalled in particular his intention to address two matters specifically, namely:

1. **A proposal: That the HSE reinstate the testing of close contacts with a single test at day 5, in line with currently available capacity. As greater capacity becomes available, the HSE should reinstate the testing of close contacts at two time points subject to a review of evidence around testing and restriction of movements.**

2. **Whether the NPHET should advise extending current public health restrictive measures beyond 31st January?**

In respect of the first point above, the NPHET endorsed the proposal. Additionally, the NPHET recommended that, as further testing capacity becomes available, the HSE should reinstate the testing of close contacts at two time points. The NPHET further committed to review the timing of testing and the duration of restriction of movements once capacity increases.

With respect to the Chair’s second question, the NPHET considered whether the current restrictive measures required an extension beyond 31st January. In light of the current epidemiological profile of the disease, increasing prevalence of new variants, and recent ECDC guidance, the NPHET recommended that current public health measures be extended for a period of 4 weeks, up to 28th February.

Details of the discussion which informed the NPHET’s decision making are summarised below by topic:

- Members underlined that the country remains in a very vulnerable position and further progress is required, notwithstanding the notable progress made in recent weeks. Future easing of restrictive measures will remain contingent on the public’s commitment to adhere to public health advice. Members also cautioned that while current trends are positive, the current level of restrictions may not succeed in sufficiently driving down the number of close contacts per case. If this circumstance arises, stricter restrictions may be required.
- Some Members, while agreeing to the extension of measures, expressed the view that measures should be relaxed as soon as is safe and feasible, in recognition of the harm current restrictions have on the public’s morale and well-being, in particular those who have special needs.

**ECDC guidance**

- The DOH outlined that the ECDC’s latest assessment and guidance makes clear that EU Member States should take extreme caution when exiting restrictive measures following the most recent wave. Attention was also drawn to the fact that the ECDC cautions that many EU Member States may need to implement stricter measures than those in place at present to sufficiently drive down cases.
- The Chair added that he had recently taken part in a meeting with the European Commission President and other EU Member State public health experts. The Chair brought to the attention of Members the European Commission’s Communication titled ‘A united front to beat COVID-19’, which was published on 19th January ahead of the European Council, at which a coordinated response to the COVID-19 pandemic will be discussed further. The Communication sets out suggestions for a range of measures to be taken to contain the pandemic while preserving the functioning of the EU single market. These include Member States continuing to apply physical distancing, encouraging the limiting of social contacts, fighting disinformation, coordinating travel restrictions, increasing testing capacity, and increasing contact tracing and genome sequencing to address the risk from new variants of the virus. The Chair stressed that unity, solidarity, coordination, and vigilance will remain central to both Ireland’s and the EU’s approach.

Hospitalisations, ICU admissions, and LTRCs.
• The wider health and social care system remains subject to immense pressure. Numbers of COVID-19 cases in hospital have only begun to decrease from very high absolute levels.
• The HSE stated that it wished to formally record its thanks to the Chair of the former NPHET COVID-19 Sub-Group ‘Covid-19 Medicines and Medical Devices Criticality Assessment Group’ for its work in earlier months of the pandemic, which activated and strengthened COVID-19 Medical Device supply lines and COVID-19 oxygen supply lines. These initiatives are now having a significant positive impact on frontline patient care. As a result of its work, in COVID-19 surge 3 there has been ample oxygen supply, ample ICU-grade ventilators and ample Advanced Respiratory Support. The HSE concluded that the work of the ‘Covid-19 Medicines and Medical Devices Criticality Assessment Group’ had been a key intervention to strengthen critical care capacity in particular for acutely ill patient and critically ill patient clinical support devices and oxygen supply.
• In terms of risk by age of admission to hospital, intensive care, or the occurrence of death, the NPHET noted that there is no indication of significant differences in this wave compared to previous waves. Similarly, average length of stay in hospital and critical care remains broadly comparable across the waves.
• The HSE added that of the cases discharged from hospital following treatment for COVID-19, 5% had complex rehabilitation needs. The levels of debilitation seen in some patients aged 50-70-years are a cause for concern, as are as the lower number of rehabilitation beds available which could negatively impact on length of stay. It was explained that the clinical programmes and the HSE modelling group are undertaking work to better characterise and understand the needs of this cohort.
• The RCPI stressed the importance of using data on length-of-stay to inform the development of a strategy for cohorting COVID-19 patients for rehabilitation, many of whom are of an older age group.

Infection Prevention and Control (IPC)
• The need for the development of a national-level approach to IPC practices was raised, given the persistence of outbreaks of COVID-19 and nosocomial infection among healthcare workers and the recent emergence of new variants of concern.
• The RCPI expressed concerns around the transmissibility of COVID-19 currently being observed in hospitals and the impact this could have on non-COVID care if unresolved. The RCPI outlined that the experience of nosocomial infection for individual clinicians feels different than that experienced during previous waves. There is a need to both bolster IPC measures and further understand the patterns of transmission being observed in acute hospitals.
• Particular attention should be paid to new variants of COVID-19 and their impact in acute and LTRC settings, noting reports that cases are arising even where IPC measures are being followed stringently. This is important in the context of reviewing IPC measures and there is a need to gather learnings from institutions who have had positive impact on hospital outbreaks by changing their IPC practices.
• The Chair concurred that the situation in hospitals and residential facilities is very concerning and that the sheer number of outbreaks being reported in both settings highlights the need for a renewed examination of IPC measures, and the development of a national-level approach utilising what has been learned over the past several months

The education sector:
• The importance of reopening schools and the education sector as soon as is practicable was underscored, pointing to this as one of the NPHET’s core priorities. In this regard, particular attention was drawn to specific arrangements to be considered for those with special needs.
• The experiences of children with special needs and the impact of school closures on the well-being of both students and their families was highlighted in particular.
• The CSA raised the possible role that widespread testing could play in terms of reopening schools, highlighting that schools in the UK have been provided with lateral flow antigen testing kits and a commercial company has developed an integrated information management system allowing efficient data collection and sharing across agencies to support roll out.
• A number of Members, while seeing value in testing, cautioned against viewing testing as the primary way for keeping COVID-19 out of schools, noting the limitations of lateral flow antigen testing in detecting asymptomatic cases and contacts of cases.

• The DOH acknowledged the ongoing debate around the role of asymptomatic testing in controlling the spread of COVID-19 and noted the HSE’s work already underway in verifying these tests in certain settings. The DOH suggested that, in the first instance, it may be useful to request an international evidence review from the HIQA on the effectiveness of testing in an asymptomatic community setting, including in schools.

• The Chair concurred that this work could provide useful insights for the NPHET and requested that the HIQA complete this review. The Chair reminded Members that antigen testing would be discussed further under item 5(b).

• The Chair reminded the NPHET that the 5-day average of cases had increased fivefold since the NPHET’s initial recommendation on 5th January that schools should not reopen fully.

• On balance, the NPHET agreed that, from a public health perspective, the current high levels of transmission render the reopening of schools inadvisable at this time. The NPHET confirmed that it would keep the matter under close review.

Chair’s concluding comments:

• In concluding the discussion on the extension of restrictive measures, the Chair noted that, notwithstanding the positive improvements observed in the epidemiological trends at present, by almost any indicator the burden of disease is roughly ten times larger than in the beginning of December.

• The Chair further remarked that it is becoming increasingly likely that the UK variant of the COVID-19 would become the dominant strain of COVID-19 in Ireland, and future public health recommendations and IPC measures should reflect this likelihood.

• The Chair outlined that Ireland is likely to experience significant excess mortality in the coming weeks. The data show the significant attack rates already being experienced in acute and long-term residential care facilities, including both nursing homes and disability centres.

• The Chair also noted with concern, as was the experience of previous waves of COVID-19, it is likely that the numbers of people requiring critical and hospital 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 across these settings.

The Chair thanked Members for their valuable contributions and confirmed the NPHET’s recommendation to extend the current public health measures for a period of 4 weeks, up to 28th February.

Action: 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. The NPHET further recommends that, as greater capacity becomes available, the HSE reinstate testing of close contacts at two time points; NPHET will review the timing of testing and the duration of restriction of movements once capacity increases.

Action: 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.

3. Review of Existing Policy
   a) International Travel

The DOH presented the paper “International Travel Update for NPHET meeting 21st January 2021”, for discussion. Key points in the paper are outlined below.
The ECDC rapid risk assessment, published on 20th January, concluded that the probability of the introduction and community spread of SARS-CoV-2 variants of concern (VOC) in the EU/EEA is currently assessed as very high, and its impact as high. The overall risk associated therewith is assessed as high.

From the data provided in the risk assessment, it is clear that the UK variant is circulating across EU/EEA countries and that the South African variant (501Y.V2) has been identified in multiple EU countries. The risk assessment notes that the true level of circulation of the new variants is most likely unknown due to limited sequencing.

The paper concluded that in the face of these new emerging VOCs, the key message from ECDC is to prepare for a rapid escalation of the stringency of response measures in the coming weeks to safeguard healthcare capacities and for an acceleration of vaccination campaigns. The ECDC advises against non-essential travel and recommends the quarantine and testing of all travellers from affected areas.

The Chair thanked the DOH for its update, noting the significant risk posed by new VOCs and the need for more stringent measures to control the importation of further VOCs into the country through international travel. The Chair further conveyed the gratitude of the NPHET Members to the HSE and HPSC, along with colleagues from the NVRL and RCPI, for their significant work in recent days, which was instrumental in tracing and containing the South African VOC before it had the opportunity to spread.

b) Updated ECDC Guidance

The HPSC presented “Update on new SARS-CoV-2 variants with multiple spike protein mutations observed in the UK, South Africa and Brazil, including interim advice on required actions for all Clinicians, Hospitals and Public Health Staff: 21st January 2021” to the NPHET, for noting.

This paper was based on the ECDC guidance published in the “Rapid Risk Assessment - Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA – first update: 20th January 2021”. The paper outlined a number of amendments to the current guidance, based on the updated ECDC advice.

The NPHET considered the implementation of retrospective contact tracing and requested consideration be given to contact tracing teams asking all positive cases detected if they have had any contact with someone who travelled in the last 2 weeks.

The NPHET also acknowledged that, given the significant levels of the UK variant already recorded in Ireland, efforts to contain new VOCs should now be focused on those from South Africa and Brazil. The NPHET endorsed the ECDC Rapid Risk Assessment and requested that the HSE incorporate relevant elements into its public health response, as appropriate.

Action: The NPHET adopted the ECDC Rapid Risk Assessment: “Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA – first update: 20th January 2021” and recommends its incorporation into relevant guidance and practice as necessary.

c) Joint DOH & HSE report on IPC across services

The DOH presented “Infection Prevention and Control Initiatives Briefing Paper - Joint Department of Health/HSE Update for NPHET on COVID-19: 21st January 2021” to the NPHET for discussion. Key points are outlined below.

The paper outlined the current position of IPC initiatives across the health and social care system in the context of the challenges presented by the COVID-19 pandemic. It provided an overview of the additional targeted investment provided and outlined initiatives already undertaken and work in progress. An overview of the current situation across acute hospitals, nursing homes, and mental health services was also provided.
The emergence of COVID-19 has necessitated new ways of working in order to deliver health and social care services in ways to protect patients, service users and staff. This has resulted in a very significant increased requirement for IPC support across the health system since the beginning of 2020.

The NPHET discussed the increasing use of FFP2 masks amongst healthcare workers, noting that such masks must fit correctly to provide protection. The HSE stated that it recently issued guidance on the use of such masks in healthcare settings. The NPHET welcomed this update and emphasised the importance of also providing adequate training to healthcare workers on FFP2 mask fitting and use.

Some NPHET Members raised the importance of serial testing of healthcare workers in nursing home and acute settings. The HSE confirmed that serial testing of healthcare workers in nursing homes is proceeding as planned and outlined difficulties with the implementation of the serial testing programme for healthcare workers in acute settings due to the significant demand on health services at present. The HSE confirmed that “triggered testing” for asymptomatic staff is being carried out in acute settings in line with previously agreed criteria. As the number and scale of hospital outbreaks is brought under control, and as vaccination of healthcare workers is rolled out, the HSE will continue to assess the role and potential for serial testing more broadly in acute settings.

The Chair thanked the DOH for its presentation and underlined the need for more data on hospital outbreaks, including international level data, and suggested that some thought be given to how this data can be gathered and fully utilised to improve learning.

d) Results of the “PRECISE” Study
The HPSC presented the paper “Prevalence of COVID-19 in Irish Healthcare Workers - PRECISE Study: 20th January 2021” to the NPHET for noting. Key points are outlined below.

The seroprevalence of antibodies to SARS-CoV-2 has previously been estimated for the community in Dublin and Sligo (SCOPI Study). The seroprevalence in healthcare workers (HCWs) in hospitals was not known, but their exposure risk is higher due to multiple factors. The PRECISE Study assessed seroprevalence in two hospitals in areas of different incidence and seroprevalence of COVID-19 infection. A large proportion, almost 6,000 staff members, participated in the first phase of the study in October 2020.

The study recommended the following measures:

- Ongoing universal adherence to infection control guidance including the use of appropriate personal protective equipment (PPE) in the hospital setting.
- Easy access to PCR testing for all HCWs, even with mild symptoms.
- Screening of all HCWs, including those without symptoms, in the setting of a hospital outbreak.
- Consideration of routine asymptomatic screening in HCWs in certain settings of higher community incidence/ prevalence.
- Recognition of higher risk of all HCW categories in vaccination strategies and informing vaccination sequencing depending on disciplines at greatest risk.

The NPHET thanked the HPSC for the paper and emphasised the importance of remembering that high incidence rates in the community is the main factor driving the incidence rates amongst HCWs.

e) Depts. of Public Health COVID-19 priority work streams update
The HPSC provided a brief update on the priority work streams of the Departments of Public Health. The update highlighted several of the areas of concern. The following points were noted:

- The ability to test and trace all passengers from inbound flights has been affected.
- The Departments of Public health are currently working to resolve a number of ICT issues. There is an urgent need for an integrated outbreak IT management system.
- There is a need for surveillance staff to support the operations of the Departments of Public Health. Many staff that had been deployed in Public Health Departments have now been redeployed to the vaccination programme and the Departments are facing difficulties hiring new staff to surveillance roles.
• The HPSC outlined the difficulties arising in tracing contacts of complex cases. It is hoped that the Departments of Public Health will be able to utilise functions within the COVID-Tracker app to alleviate some of these issues.
• It remains difficult to attract public health doctors to work in Specialist posts.

The NPHET thanked the HPSC for its update and noted that the new guidance from the ECDC may bring additional guidance in relation to how travel-related cases should be managed.

e) Joint Department/HSE Updates on:
   i. Critical Care
   The DOH and HSE provided an “Update on Critical Care: 21st January 2021” to the NPHET for noting. Key points are outlined below:
   • The redeployment of non-specialist staff to support the provision of critical care is underway, and for the first time in the pandemic, is taking place in surge conditions.
   • A significant number of high acuity patients are receiving treatment, including non-invasive ventilation, in a ward setting, reducing the resources available for redeployment to ICU.
   • The so-called ‘long tail’ of COVID-related admissions to both general acute services and critical care units is expected to result in sustained pressure on hospital services and on staff, who have endured many months of working in extremely difficult conditions.

   The paper concluded that the situation in our critical care units remains extremely challenging. The HSE is continuing to work intensively to manage and monitor demand and capacity and to support hospitals and clinical teams. While the immediate focus is on managing demand under the current conditions of extreme pressure, it is important to heed the learning from the pandemic and maintain our focus on long-term sustainable improvements in critical care.

   The NPHET thanked the DOH and HSE for their update and noted the conclusions drawn.

   ii. National Ambulance Service
   The DOH and HSE provided an “Update on the National Ambulance Service: 20th January 2021” to the NPHET for noting.

   The paper outlined the current issues relating to the NAS, highlighting NAS support of ongoing HSE testing and vaccination rollout requirements, the delivery of core services in the COVID-19 environment, and the expansion of alternative care pathways to facilitate hospital avoidance.

   The NAS is meeting testing requirements using rapid response teams and a dedicated COVID-19 control room and has conducted over 280,000 tests as of 15th January. This includes approx. 107,000 tests conducted in nursing homes, residential care facilities, and community hospitals. NAS functions also include the provision of assistance “as available” to the Northern Ireland Ambulance Service.

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

   iii. Primary Care
   The DOH and HSE provided an “Update on Primary Care: 21st January 2021” to the NPHET for noting. This paper provided an update on the provision of Primary Care Services in the midst of a third wave of the COVID-19 pandemic. Key points are outlined below:

   • There continues to be prioritisation of service delivery with a focus on optimising patient care while minimising risks to the public, healthcare staff, and the wider healthcare system.
   • General Practitioners continue to operate under significant pressure with high numbers of test referrals recorded, along with unprecedented levels of calls to GPs and GP out-of-hours services.
The response to the pandemic in the primary care sector has not only required the introduction of protective measures that have made service delivery more challenging but has also required staff to be redeployed from their core roles to aid in the response to COVID-19. This has created an additional challenge in terms of maximising the provision of non-COVID care. The continued safe delivery of COVID and non-COVID care is inextricably linked to the levels of transmission of COVID-19 in the community and the successful implementation of the vaccination programme.

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

iv. Cancer Services
The DOH and HSE provided an “Update on Cancer Services: 21st January 2021” to the NPHET for noting. Key points are outlined below:

- Cancer services continue to operate in line with guidance issued by the National Cancer Control Programme (NCCP). However, there are concerns that the scale of COVID-related hospital (and ICU) admissions to date in the third wave, and those expected in the coming weeks, will impact negatively on cancer services. Staff absences due to COVID-19 continue to challenge capacity in cancer services.
- The NCCP is working closely with those involved in cancer services in hospitals to ensure that the needs of cancer patients are met. The NCCP will continue to review the staffing situation in cancer services, and to support staff as far as possible.
- The NCCP continues to provide information on COVID-19 for cancer patients and their families/carers through social media platforms. Trends in numbers coming forward to diagnostic services, and the level of attendances for appointments for treatment, are being monitored closely and further communication initiatives will be activated if deemed necessary.

The NPHET thanked the DOH and HSE for their joint update and stressed the importance of the continued monitoring of trends in numbers coming forward to diagnostic services and also the communications efforts directed at ensuring that the public does not delay in presenting for cancer treatment.

v. Nursing Homes & Disability services
The DOH and HSE presented a joint paper on “Nursing Homes: Preparedness and Ongoing Response to COVID-19 – Update Paper: 21st January 2021” to the NPHET for noting. The paper provides an update on key issues as a follow on from the paper on nursing homes discussed at the NPHET meeting on 17th December 2020. The paper provides an updated overview of nursing homes in Ireland, including, the current epidemiological situation, details on the supports that have been made available to nursing homes, and the degree to which supports have been utilised. The paper also outlined that a number of a number of further actions are being progressed and/or considered following a recent interagency meeting.

The DOH and HSE presented an additional paper titled “Disability services – preparedness and ongoing response to COVID-19: 21st January 2021” to the NPHET for noting. This is an update to the paper presented to the NPHET on 17th December 2020. The paper reviewed the current risk factors for disability services and the measures and oversight arrangements in place to mitigate them. The paper highlighted the deteriorated situation with regard to open outbreaks in nursing home and disability settings from that time period to date. The paper highlighted and re-emphasised the need for continued and ongoing interagency cooperation.

The following points were noted in respect of the above papers:

- The set of supports put in place by both the HIQA and the HSE, and the focus on prevention and management of COVID-19 transmission in nursing homes, must remain in place.
- In line with the substantial increase in community transmission and case numbers of COVID-19, disability services have experienced a significant upsurge in outbreaks and cases since the pre-Christmas period.
- Through extensive guidance and support to service providers, contingency planning, and a high level of co-operation between the HSE, HIQA, and service providers, COVID-19 has, by and large, been successfully managed to date in the disability sector. Despite this success, COVID-19 continues to pose
a grave threat and there are a number of services under severe pressure as a result of cases among disability service users, cases among disability staff, or both.

- Significant interagency work continues to support safe care, however, given the level of COVID-19 illness absences, even with all available measures being taken across HSE and HIQA, the risks cannot be fully mitigated in these services.

The NPHET thanked the DOH and HSE for their joint update and requested that the situation continue to be closely monitored.

4. HIQA Expert Advisory Group

a) Derogation of vaccinated HCWs

The HIQA presented its evidence summary and advice titled “Derogation of healthcare workers, who are deemed close contacts, from restricted movements following COVID-19 vaccination: 19th January 2021”, for discussion. Key points in the paper are outlined below.

The HIQA outlined that in the context of very limited research evidence regarding a number of key factors to inform this policy question, its advice is informed by the expert opinion of the HIQA COVID-19 EAG following a facilitated discussion on the key considerations identified.

The key issues relating to this policy question include: COVID-related healthcare worker absenteeism, vaccine mechanism and efficacy, contextual factors, international guidance, ethical considerations, acceptability to stakeholders, wider societal implications and the potential harms and benefits. The paper outlined the HIQA’s advice to the NPHET with respect to HCWs, providing a several recommendations.

The Chair thanked HIQA for its work and recommendations. The Chair queried from which period in the vaccination schedule the healthcare worker derogation would apply. The NIAC confirmed that, based on current evidence, the derogation would apply from the date specified in the primary efficacy analysis of the specific vaccines available, for example, 7 days after dose 2 for Pfizer/BioNTech and for 14 days after dose 2 for Moderna.

The Chair noted contributions of the Members and highlighted the need for the latest evidence and information to be incorporated into the HSE’s communications around derogations for healthcare workers on an ongoing basis.

Action: The NPHET endorses the recommendations of the paper “Derogation of healthcare workers, who are deemed close contacts, from restricted movements following COVID-19 vaccination” and recommends their incorporation into occupational health guidance and policy.

5. Future Policy

a) Assessment of current public health restrictive measures

This item was discussed under Agenda Item 2(a).

b) Future Approach to COVID-19 Response - Initial discussion

As the Plan for Living with COVID-19 is scheduled for review in March, the DOH presented ‘Future Approach to COVID-19 Response – Initial Discussion’ in order to commence a preliminary discussion on the future approach to the pandemic response.

The presentation set out the current context within which the NPHET will conduct its deliberations, noting that the situation is constantly evolving, and it will be difficult to predict the situation as it will stand in March. There is also significant uncertainty regarding the trajectory of the disease, including the emergence of variants, and the impact vaccines will have.

The DOH stated that in comparison to earlier phases, there are a number of different parameters and considerations to bear in mind, namely the newly emerging variants of concern, vaccines, public
fatigue/resilience, improved evidence, and learned experience. While there is a need for a specific focus on current measures, how long they need to be in place and how they can be eased, it is important that considerations for the future response take place in the broader context of Ireland’s overall strategic approach for managing COVID-19 in the medium- and long term. The presentation noted the most recent ECDC and WHO guidance, the current EU situation, and the latest behavioural research.

The presentation further highlighted high-level considerations and proposed a number of key areas of focus with a continuing emphasis on agility and flexibility. It was proposed that the NPHET would give consideration across three proposed phases of response:
- Immediate Response (high infection levels, initial roll-out of vaccines).
- Medium-Term (level of control over disease, widespread vaccine roll-out).
- Long-Term (majority of population vaccinated).

The DOH then invited discussion on a number of areas:
- General views on the need for a revised strategic plan.
- Is the phasing approach useful/appropriate?
- Key considerations/messages and areas of focus that need to be included.

The NPHET expressed support for the commencement of the process of forward planning at this time. The following points were raised during the subsequent discussion:
- There was broad agreement that the three proposed phases were appropriate and useful.
- The discussion focused on strengths of the response to date including a focus on protecting the vulnerable, the scale of innovation and the significant testing and tracing capacity which was established. There was also discussion of areas that require improvement. Many Members emphasised that any future approach to the COVID-19 response should involve strengthening the Public Health and hospital infrastructure across the country through investment, Public Health integration, and increasing Public Health staffing resources.
- The threat of new variants makes surveillance more important than ever and there is a need for enhanced real-time data, expanded sequencing capacity, and wastewater surveillance.
- It was underscored that improvements and investment are required not just to respond to COVID-19 but to adequately prepare for future pandemics that may occur.
- There is the potential for ongoing constraints in vaccine supply and uptake will be critical. Uncertainties remain regarding the real-world effectiveness of the vaccines and whether revaccination may be required in future.
- The Chair particularly emphasised the importance sustaining the innovations introduced in response to the pandemic.
- The NPHET noted the necessity of having open and honest discourse with the public about where we are currently in the COVID-19 pandemic, the uncertainty with regard to the future trajectory of the disease and its likely eventual transition from a pandemic to an endemic phase. Preparing the public for certain measures that may need to be in place long-term, such as annual vaccination programmes, is a vitally important component of the response.
- The NPHET expressed support for a cautious, phased approach to the easing of measures and highlighted the importance of action across Government and across sectors to ensure protective measures are in place and guidelines adhered to.

Further key considerations for the approach to the future COVID-19 response highlighted by Members during discussion include:
- Domestic and global social inequalities, for example, the disproportionate impact of the pandemic on disadvantaged and vulnerable populations and the divergence that will occur between developed and developing countries as vaccine programmes begin to roll out. It was remarked that while the virus doesn’t discriminate, the impact has not been equal.
- Next winter presents an unknown challenge at this stage.
• The pandemic has put a focus on health and health outcomes and work should continue to reduce risk factors.

In order to maximise the contributions of each Member as efficiently as possible, the NPHET agreed that structured workshop meetings with smaller cohorts would be highly beneficial to the development process. The DOH confirmed that it would facilitate these workshops in advance of a further full NPHET discussion.

c) Vaccination

i. HPRA Vaccine safety update
The HPRA presented ‘1st HPRA Safety Update, COVID-19 Vaccines, Overview of National Reporting Experience, Publication date 21\textsuperscript{st} January 2021’, for noting. The key points made were as follows:

• Up to 18\textsuperscript{th} January, a total of 257 reports of suspected side effects in association with COVID-19 vaccines (Comirnaty\textsuperscript{®}, COVID-19 Vaccine Moderna\textsuperscript{®} and brand unknown) were notified to the HPRA.
• Of the reports notified to the HPRA, the most commonly reported suspected side effects are in line with those typically associated with vaccination, including the types of side effects described in COVID-19 vaccine product information.
• National reporting experience to date supports the favourable assessment that the benefits of COVID-19 vaccines outweigh the risks.

The update also provided an overview of suspected side-effect reports, per COVID-19 vaccine, including an update on allergic type reactions and facial paralysis/palsy associated with the Comirnaty\textsuperscript{®} (BioNTech COVID-19 mRNA vaccine). With regard to the COVID-19 Vaccine Moderna\textsuperscript{®}, the HPRA noted that reports received in association with this vaccine have been consistent with those typically observed with other vaccines and included in the product information. Given the very small number received to date, further details are not available at this time.

The NPHET thanked the HPRA for this update and noted same.

ii. Sero-surveillance in the Context of COVID-19 Vaccination
The HPSC presented its report titled “Establishment of a National Seroepidemiology Unit in Health Protection”, for noting.

The report recalled that the NPHET endorsed a proposal from the HSE on 27\textsuperscript{th} August 2020 for the establishment of a national seroepidemiology surveillance system, including a seroepidemiology unit (SEU) in Health Protection (HP) at the HSE Health Protection Surveillance Centre (HPSC). The aim of the SEU unit is to measure community-based seroprevalence of COVID-19 (in the first instance, other infectious diseases in the future) by demographic characteristics including age, sex, and geographic area over time.

The report highlighted that there have since been several significant changes. With the third wave, there are currently extreme pressures on the acute hospital system, potentially making it more difficult to engage with laboratories at present. Also, since October, COVID-19 vaccines have been licenced. In light of these developments, a reassessment as to how the SEU work should progress is needed, taking into account expectations, requirements and logistical aspects.

The NPHET thanked the HPSC for this update and noted same.

d) Ventilation Guidance
The HPSC presented updated “Guidance on Building Ventilation During COVID-19” to the NPHET, for noting. The HPSC informed the NPHET that the updated guidance includes: New guidance outlay applied, updated information on fans, updated Public Health advice, and other minor edits.

The NPHET thanked the HPSC for this update and noted same.

e) Antigen Testing
i. Updated case definition to include Antigen testing
The HSE presented the paper “Update on the HSE operational Framework for implementation of Antigen Detection Tests”, for decision.

The paper described the current status of the HSE operational framework and plan for antigen testing in acute hospitals and the community. It also included a legal issue relating to the classification of SARS-CoV-2 testing, and a proposal to change the Irish case definition for COVID-19, to incorporate antigen testing into the notification criteria. The NPHET thanked the HSE for its paper and agreed to this change in case definition.

The HSE stated that it should be noted that if a person has a positive antigen test carried out in the private sector, they are advised to have a PCR test in the public testing system and to self-isolate pending this result.

Action: The NPHET supports the proposed change to the Irish case definition for COVID-19, to incorporate antigen testing into the notification criteria, as set out within the paper “Update on the HSE operational framework for implementation of Antigen Detection Tests”

ii. Implementation Plan for ADT testing programme
Due to time constraints, it was agreed that this paper should be returned for discussion at the next NPHET meeting, scheduled for 28th January.

6. Communication Update
The DOH Communications Unit presented an update based on the Amárach Weekly Behavioural Tracker (taken under item 2 above); key points discussed were as follows:

- There is a high level of worry and feeling fatigued by the pandemic among the public, in particular those under the age of 35.
- Compliance with public health measures continues to be reported as high, with 52% reporting that “almost everybody is following the guidelines”.
- The NPHET further noted with concern that 16% of individuals responded, “I’m fed up with the pandemic and I can’t put up with it much longer”, requesting that Communications teams pay particular attention to this cohort.
- The DOH further outlined that the more the public reads about others breaking the guidelines, the more likely it is that they will feel fed up with the public health guidance. This underscores the importance of continuing to communicate with the silent majority of people, who are following the public health guidance, to reinforce the importance of remaining compliant.

The need to start preparations for the exit phase, with a view to providing the public with a clear pathway out of the pandemic by means of a package of measures was also raised. The Chair concurred with this observation and confirmed that this matter would be discussed further.

The DOH further provided an update on ongoing communications work concerning vaccination. The DOH stated that there appears to be huge acceptance among the Irish public of the COVID-19 vaccine. The latest Amárach data shows that 70% of the public intends to accept the vaccine, once available. The HSE confirmed that approximately 121,900 vaccine doses have been administered to date. The DOH confirmed that the latest figures on vaccinations will be presented at the daily evening DOH Press Briefing.

The Chair thanked the DOH and the HSE for their joint update and welcomed the strong uptake of the vaccine by the public. The Chair requested that the DOH Communications Team bring a paper considering possible additional behavioural approaches and insights that can be activated to reinforce current communications efforts directed at sustaining compliance with public health measures.

7. Meeting Close
a) Agreed actions
The key actions arising from the meeting were examined by the NPHET, clarified, and agreed.

b) AOB
The NPHET briefly returned to the topic of derogation for the return to work of healthcare workers (HCW) who are essential for critical services. The DOH confirmed that it had reissued guidance on this matter for HCWs, which is now available online.

c) Date of next meeting
The next meeting of the NPHET will take place Thursday, 28th January 2021, at 10:00am via video conferencing.