An Roinn Sláinte Department of Health Office of the Chief Medical Officer



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

4th March 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 4,351 cases have been notified in the 7 days to 3rd March, which is a 15% decrease on the previous 7 days in which there were 5,116 cases.
- As of 3rd March, the 7- and 14-day incidence rates per 100,000 population have decreased to 91 and 199, respectively; these compare with rates of 108 and 231 on 24th February.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 46%, 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 10th January to 591 on 3rd
 March. The 5-day average has decreased by 16% since the last NPHET meeting (700).
- Incidence is decreasing across most age groups except those aged 0-4 years. The decrease in incidence is
 relatively evenly spread across age groups with the lowest incidence seen in those aged 65-74 years. In the
 last 14 days, 10% of cases notified were aged over 65.
- Of cases notified in the past 14 days, 69% have occurred in people under 45 years of age; the median age
 for cases notified in the same period is 33 years. Among those aged under 45, the highest incidence is in
 those aged 19-24 years.
- The number of close contacts captured during the week ending 28th February was 9,322, a 15% decrease from the previous week (10,969).
- The average number of close contacts per adult confirmed case remains stable at 2.6 contacts per case.
- Of the 6,692 close contacts created between 15th to 21st February where test 1 results were available, 1,668 (24.9%) were positive. A high positivity rate of 32.6% was seen in household contacts.
- Of the 1,999 close contacts created between 8th to 14th February where test 2 results were available, 187 (9.4%) were positive. A high positivity rate of 13.9% was seen in household contacts.
- While 14-day incidence rates remain high across the country, 17 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 the 9,497 cases reported in the last 14 days, 5.0% (478) were healthcare workers.
- The best estimate of the reproduction number (R) is 0.6 0.9. The rate of decline of the disease is continuing at -2% to -4%, this rate of decline has been stable for two weeks.
- A range of mobility and compliance data suggest that mobility is increasing, although levels remain low overall.
- There were 107,896 tests undertaken in the last week. The 7-day average test positivity rate has decreased to 4.2% on 3rd March on from 5.0% on 23rd February.
- Excluding acute, serial and mass testing in response to outbreaks, the community test positivity rate has
 decreased over the last week; the rate remains high at 13% over the 7 days to 2nd March, which compares
 to 15% on 23rd February.

- According to contact management programme data, 17 counties have community positivity rates (excluding acute, serial and mass testing in response to outbreaks) greater than 10%.
- There were 461 confirmed COVID-19 cases in hospital this morning, compared with 593 on 25th February; this is a 22% decrease since the last NPHET meeting. There have been 26 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 110 confirmed cases in critical care, compared with 136 on 24th February. There have been 3 admissions in the previous 24 hours.
- To date, there have been 715 deaths notified with a date of death in February. This compares with 1,314 and 196 deaths notified (to date) with a date of death in January and December, respectively. Of the 715 deaths in February, 95 have thus far been associated with hospital outbreaks and 273 have been associated with nursing home outbreaks. To date in March, there have been 8 deaths.
- In total, 15 cases of B.1.351 (variant first reported in South Africa) have been confirmed by whole genome sequencing. Of these, 3 cases of the variant B.1.351 have been identified in the last week.
- 3 confirmed cases of P.1 (variant first reported from Brazil) have been identified in Ireland to date.
- One case of the B.1.525 variant (variant under investigation) has been reported in Ireland.
- As of 3rd March, the 14-day incidence per 100,000 population in Northern Ireland was 177; this is 11% less than the 14-day rate in the Republic of Ireland (199 per 100,000 population). The latest 7-day incidence per 100,000 population in Northern Ireland is 76, which is 16% less than the 7-day incidence rate in the Republic of Ireland (91 per 100,000 population).

It should be noted that in week 8, (21st to 27th February 2021), a significant number of outbreaks (99), were reported that related to cases notified before February. The majority of these related to private household outbreaks.

Healthcare setting outbreaks

- There were 21 new clusters notified in hospitals in week 8 of 2021. A number of these represent historical outbreaks.
- As of today, there are 111 open clusters associated within 42 hospitals; there have been 221 deaths and 1,823 confirmed cases linked to these outbreaks. Of these confirmed cases, 41% are related to healthcare workers.
- There were 6 clusters notified in nursing homes/community hospitals in week 8, this compares with 12 outbreaks in these settings in week 7.
- There are currently 136 open clusters associated with nursing homes; there have been 629 deaths and 5,064 confirmed cases linked to these outbreaks. Of these cases, 40% of confirmed cases are related to healthcare workers.
- There are 23 open outbreaks in community hospitals and long stay units; there have been 38 deaths and 572 confirmed cases linked to these outbreaks with 51% of these cases recorded as healthcare workers.
- There were 19 new outbreaks in residential institutions in Week 8.
- There are currently 141 open clusters associated with residential institutions; there have been 19 linked deaths and 1,063 linked confirmed cases to these outbreaks.
- Within these residential institutions, there were 11 outbreaks notified in centres for disabilities in week 8;
 there were 92 open outbreaks in centres for disabilities at the end of week 8.

Outbreaks associated with educational settings and childcare facilities

- There were 79 new outbreaks notified during week 8 in settings associated with education and childcare facilities.
- There were 15 outbreaks newly notified in childcare facilities in week 8 with 49 new linked cases. There
 were 77 open outbreaks in these settings at the end of week 8.
- There were 61 outbreaks newly notified outbreaks associated with third level institutions/students in week
 7 with 73 open outbreaks associated with these settings. The majority of these outbreaks were notified in the West region and represent clusters under investigation over recent weeks (54).
- There were 3 outbreaks associated with school children and or school staff in week 8 with 33 open outbreaks. One of the newly notified outbreaks in week 8 represents a late notification from December 2020.

Vulnerable groups, Travelling Community, Direct Provision & Prison Outbreaks:

There were 30 new outbreaks reported in vulnerable populations in week 8.

- There remains a high number of Irish Traveller outbreaks with 23 new outbreaks and 74 linked cases in week 8 compared with 22 new outbreaks in week 7; there were 142 open outbreaks in the Irish Traveller community at the end of week 8. This represents an 18% increase on the number of open outbreaks on the previous week.
- There were 2 outbreaks reported in the Roma Community during week 8.
- There have been 4 new outbreaks in direct provision centres in week 8. At the end of week 8 there were
 25 open outbreaks in direct provision centres.

Workplace outbreaks

- There were 37 workplace outbreaks reported in week 8 across a variety of settings, which is 12% higher than the number of outbreaks identified in week 7 (33). There were 10 in commercial settings, 7 related to food production settings, 5 in manufacturing settings, and 2 related to the construction industry. In addition, 8 outbreaks related to Defence, Justice and other Emergency services.
- There were 223 open outbreaks in workplaces up to the end of week 8.

In summary, the epidemiological situation in Ireland is improving but remains very finely balanced. While we are seeing continued, slower, yet constant progress against all indicators of disease, incidence remains high. Community test positivity remains high but appears to be reducing.

Health and social care services continue to experience significant pressure from the current wave of infection. The number of confirmed cases in hospital and ICU is still high but continues to reduce. The number of cases in long-term residential care settings has decreased rapidly over recent weeks, more so than would be expected given the level of disease in the wider community. Deaths associated with outbreaks in these setting also appear to be decreasing, with these trends supporting the emerging evidence of the protective effect of vaccination. Data related to length of stay in hospital/critical care and admission probability by age were reviewed and indicate no significant differences across the disease waves since the outset of the pandemic.

Indicators of mobility across the population are low but continue to drift upwards. This is a cause for concern.

While there had been some recent increase in the average number of close contacts per adult confirmed case, this indicator remains stable at approximately 2.6. We are maintaining a steady suppression of transmission. The effect of resumed testing of asymptomatic close contacts was observed in the form of increased case ascertainment during weeks 6 and 7; noting this, the data can be considered compatible with a constant rate of decline in rates of infection of between 10% and 20% per week over the last month, approximately. Case numbers are now decreasing more slowly at -2% to -4% per day and halving time at 18-36 days, with this rate of decline stable for two weeks. The best estimate of R is currently 0.6-0.9 and appears to be stable or decreasing.

In addition, at today's meeting, the NPHET examined and adopted the recommendations set out within the HIQA's paper, "Reduction of the minimum age for the application of mask wearing requirements and recommendations: 3rd March", noting no change to the current guidelines. The NPHET confirmed that this advice should be kept under review and should continue to be informed by national and international surveillance data and relevant evidence from the literature. The NPHET further advised that it should be clearly communicated to the public that evolving evidence regarding transmission may result in changes to the current recommendations on face mask use in the community.

The NPHET also received an update on the ESRI-Department of the Taoiseach Social Activity Measure. This behavioural study gives an insight into how people are coping with the prolonged period of restrictions. It was noted in particular that:

- While people are finding it challenging, the large majority (79%) believe that preventing the spread of COVID-19 is more important than the burden of restrictions.
- The data also show systematic misperceptions about social activity. Presently, half the adult population report that they have not met up with anyone outside their household over the previous 48-hour period, with less than one quarter meeting up with three or more people. Yet these more socially active people believe that they are meeting fewer people than average.

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.

Your sincerely,

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