

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.

18th 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 (NPHE). The NPHE reviewed the latest epidemiological data and the following key points were noted:

- A total of 3,646 cases have been notified in the 7 days to 17th March, which is a 6% increase on the previous 7 days in which there were 3,427 cases.
- As of 17th March, the 14-day incidence rate per 100,000 population has decreased to 148; this compares with 163 on 10th March. However, the 7-day incidence per 100,000 population has increased to 77 from 72 last week.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 52%, demonstrating that there have been more 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 481 on 17th March. The 5-day average is almost the same as a week ago when it was 488.
- Incidence rates increased in those aged 5-64 years between week 9 and week 10 (week ending 14th March), in particular, increases were seen in those aged 5-12 years, 13-18 years, 19-24 years, and 25-39 years. This refers to the incidence in the population excluding healthcare workers and long-term residential care (LTRC) settings.
- Of cases notified in the past 14 days, 72% have occurred in people under 45 years of age; and 9% of cases notified were aged over 65. The median age for cases notified in the same period is 31 years.
- While 14-day incidence rates remain high across the country, 15 counties have a 7-day incidence as a percentage of the 14-day rate more than 50%, indicating more cases notified in the last 7 days compared with the previous 7 days.
- Of the 7,048 cases reported in the last 14 days, 3% (242) were healthcare workers.
- The best estimate of the reproduction number (R) is 0.8–1.1. The rate of decline of the disease is continuing at 0% to -3%. R and growth rate are uncertain and difficult to estimate at this time.
- There were 99,088 tests undertaken in the last week. The 7-day average test positivity rate has remained stable at 3.8% on 17th March, which is a slight increase from 3.7% on 10th March.
- Excluding acute, serial and mass testing in response to outbreaks, the community test positivity rate has remained stable over the last week; the rate remains high at 12% over the 7 days to 15th March, which is the same as the rate observed on 8th March.
- According to contact management programme data, 15 counties have community positivity rates (excluding acute, serial and mass testing in response to outbreaks) greater than 10%. Over the seven-day period, 9th-15th March, demand for testing in the community increased by 9.2%, the first time there has been an increase in 5 weeks.
- According to contact management programme data from 1st -7th March, where results were available for Test 1, 21.6% (1,051/4,871) were positive. Household close contact positivity rate was 34%.

- According to contact management programme data from 22nd-28th February, where results were available for Test 2, 5.4% (150/2,770) were positive. Household close contact positivity rate was 7.9%.
- There were 345 confirmed COVID-19 cases in hospital this morning, compared with 366 on 11th March; this is a 6% decrease since the last NPHET meeting. There have been 24 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 82 confirmed cases in critical care, compared with 92 on 10th March. There have been 4 admissions in the previous 24 hours.
- To date, there have been 103 deaths notified with a date of death in March. This compares with 780 and 1,356 deaths notified (to date) with a date of death in February and January, respectively. Of the 103 deaths in March, 17 have thus far been associated with hospital outbreaks and 23 have been associated with nursing home outbreaks.
- In total, 24 cases of B.1.351 (variant first reported in South Africa) have been confirmed by whole genome sequencing. Of these, eight were newly identified in the last week.
- Seven confirmed cases of P.1 (variant first reported from Brazil) have been identified in Ireland to date. Of these, three were newly identified in the last week.
- Other variants of note/under investigation confirmed in Ireland to date: 11 confirmed B.1.525 cases, 5 confirmed B.1.526 cases, and 12 confirmed P.2 cases.

It should be noted that in week 9 (7th March – 13th March 2021), a significant number of outbreaks (95), were reported that related to cases notified before February. The majority of these related to private household outbreaks. The outbreak data below are based on outbreaks and associated cases notified since 22nd November 2020.

Healthcare setting outbreaks:

- There were 12 new clusters notified in hospitals in week 10 of 2021 (5 were late notifications). Week 10 2021 is the week ending 13th March 2021.
- As of the week ending 13th March, 86 hospital outbreaks remained open. There have been 2,515 cases and 354 deaths linked to hospitals outbreaks created in this period.
- There were 3 clusters notified in nursing homes/community hospitals in week 10 (one of these was a late notification), this compares with 2 outbreaks in these settings in week 9.
- Of all nursing home outbreaks at the end of week 10, 92 remained open. There have been 7,229 cases and 843 deaths linked to nursing home outbreaks created in this period.
- Of all community hospital outbreaks created in the same period, 18 remained open. There have been 613 cases and 38 deaths linked to community hospital outbreaks created in this period.
- There were 5 new outbreaks in residential institutions in week 10.
- There are currently 122 open clusters associated with residential institutions with 12 new outbreaks notified in week 10 (two of these were late notifications); within these residential institutions at the end of week 10:
 - There was 1 new outbreak in centres for disabilities; this was a late notification of an outbreak; there were 71 open outbreaks in centres for disabilities;
 - There were no new outbreaks reported in mental health facilities and there were 15 open outbreaks in these settings at the end of week 10.
 - There were 2 new outbreaks reported in Children's / TUSLA residential centres with 8 open outbreaks at the end of the week.

Outbreaks associated with educational settings and childcare facilities:

- There were 17 new outbreaks notified during week 10 in settings associated with education and childcare facilities or students.
- There were 8 outbreaks notified associated with school children and/or school staff in week 10 with 21 linked cases. There were 19 open outbreaks in school settings at the end of week 10. Number of cases detected, positivity rates, and numbers of cases associated with outbreaks in schools remain low.
- There were 8 outbreaks newly notified in childcare facilities in week 10 with 31 new linked cases. There were 52 open outbreaks in these settings at the end of week 10.
- There was 1 newly notified outbreak associated with third level students in week 10 with 86 open outbreaks associated with this group.

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

- There were 22 new outbreaks reported in vulnerable populations in week 10.

- There remains a high number of Irish Traveller outbreaks with 15 new outbreaks and 103 linked cases in week 10, compared with 30 new outbreaks in week 9; there were 136 open outbreaks in the Irish Traveller community at the end of week 10. This represents an 5% increase on the number of open outbreaks on the previous week.
- There was 1 new outbreak in a direct provision centre in week 10. At the end of week 10 there were 8 open outbreaks in direct provision centres.
- There were 5 outbreaks notified in homeless facilities in week 10. Currently, there are 78 open outbreaks in these settings.

Workplace outbreaks:

- There were 14 workplace outbreaks reported in week 10 across a variety of settings. There were 10 in commercial settings, 1 related to food production settings, 1 in manufacturing settings, 1 in 'other workplace' and 1 in an office.
- There were 150 open outbreaks in workplaces up to the end of week 10.

In summary, the epidemiological situation in Ireland remains particularly fragile due to a recent stalling of the progress that had been ongoing since the beginning of the year. Disease incidence and test positivity have plateaued at a high level over recent days. No clear pattern has yet emerged in relation to age-specific incidence trends, noting particular fluctuations in those aged under 40. Test referrals from general practitioners have increased over the last week and community test positivity remains elevated and static. Fifteen counties continue to have community test positivity rates at, or in excess of, 10%, which is the same as a week ago. Of these, three counties have positivity rates greater than 15%.

The number of confirmed cases in hospital and ICU remains above the highest levels seen in wave 2. Indicators of population mobility have risen over recent weeks and will continue to be kept under close review. Daily case counts may have plateaued, highlighting the precariousness of the current situation, particularly in the context of the highly dominant and significantly more transmissible B.1.1.7 variant. Reproduction number is uncertain and estimated to be close to 1 (range 0.8-1.1). Rate of decline is now estimated to be at 0 to -3%. The epidemiological situation as described remains finely balanced and will continue to be closely monitored by the NPHET over the coming days.

Following a review of the international epidemiological profile, the NPHET Members provided their respective expert views on possible appropriate future measures, taking into account a broad spectrum of relevant considerations, including current national epidemiological trends and ongoing pressure on the healthcare system. The NPHET will continue its deliberation in this regard ahead of a planned review of public health measures by Government on 5th April.

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 Rorán 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

