### National Public Health Emergency Team – COVID-19

#### Meeting Note – Standing meeting

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<tr>
<th>Date and Time</th>
<th>Thursday 11th March 2021, (Meeting 80) 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 Ronan Glynn, Deputy Chief Medical Officer, DOH</td>
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**Members via videoconference**
- 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
- Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA
- Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital
- Dr Siobhán Ni Bhriain, 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
- Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH
- Dr Lorraine Doherty, National Clinical Director Health Protection, HSE
- Dr Colette Bonner, Deputy Chief Medical Officer, DOH
- Ms Yvonne O’Neill, National Director, Community Operations, HSE
- Mr Phelim Quinn, Chief Executive Officer, HIQA
- Prof Mark Ferguson, Director General, Science Foundation Ireland, and Chief Scientific Adviser to the Government of Ireland, SFI
- Mr Greg Dempsey, Deputy Secretary, Governance and Performance Division, DOH
- 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
- Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion)
- Mr Liam Woods, National Director, Acute Operations, HSE
- Dr Catherine Fleming, Consultant in Infectious Diseases, University of Galway
- Ms Fidelma Browne, Head of Programmes and Campaigns, HSE Communications
- 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 Anna-Rose Prior, Consultant Microbiologist, Tallaght University Hospital
- Dr Martin Cormican, HSE National Antimicrobial Resistance and Infection Control (AMRIC)

**‘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 Aoife Gillivan, Communications Unit, DOH
- Dr Desmond Hickey, Deputy Chief Medical Officer, DOH
- Dr Louise Hendrick, Specialist Registrar in Public Health Medicine, DOH
- Ms Pauline White, Statistics & Analytics Unit, DOH
- Ms Sarah Glavey, Health Protection Coordination & Support Unit, DOH
- Ms Sheona Gilsenan, Senior Health Data Analyst R&D & Health Analytics Division, DOH

**Secretariat**
- Ms Ruth Brandon, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Hawkes, Ms Fiona Tynan, Mr Liam Robinson, DOH

**Apologies**
- Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, 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
      Apologies were received from Mr Colm Desmond.
   c) Minutes of previous meetings
      The minutes of the 18th February 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 Acting Chair informed the NPHET that the Sub-group on Ventilation will transfer to report to a subgroup of the Senior Official’s Group within the Department of the Taoiseach. Given the technical and sector-specific nature of the Sub-group’s work, the cross-government Senior Officials Group (SOG) on COVID-19, which has representation from relevant Government Departments and Agencies, and which is chaired by the Department of the Taoiseach, is a more appropriate forum for receiving updates from the Sub-group. This approach will support appropriate sectoral tailoring of advice, while maintaining overall consistency across sectors.

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:
      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 3,427 cases have been notified in the 7 days to 10th March, which is a 21% decrease on the previous 7 days to 3rd March in which there were 4,531 cases.
      - As of 10th March, the 7- and 14-day incidence rates per 100,000 population have decreased to 72 and 163, respectively; these compare with rates of 91 and 199 on 3rd March.
      - 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, from 4th-10th March, compared with the preceding 7 days, from 25th February-3rd March.
      - The 5-day rolling average of daily cases has decreased from a peak of 6,861 on 10th January to 488 on 10th March. The 5-day average has decreased by 17% since the last NPHET meeting (591) on 4th March.
      - Incidence across age groups in the community is decreasing except in those aged 65-74 years (+4%). The decrease in incidence is relatively evenly spread across other age groups with reductions of 20-30%, except in those aged 85+ years, where incidence has halved in the latest week. This refers to the incidence in the population excluding healthcare workers and long-term residential care facility (LTRCF) settings only.
      - Of cases notified in the past 14 days, 69% have occurred in people under 45 years of age; 9% of cases notified were aged over 65 years. The median age for cases notified in the same period is 32 years. Among those aged under 45 years, the highest incidence is in those aged 19-24 years.
      - 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 greater than 50%, indicating fewer cases notified in the last 7 days, from 4th-10th March, compared with the preceding 7 days from, 25th February-3rd March.
• Of the 7,739 cases reported in the last 14 days, 25th February-10th March, 5% (330) were healthcare workers.
• The best estimate of the reproduction number (R) is 0.6–1.0. The rate of decline of the disease is continuing at 0% to -5%. R and rate of decline are uncertain and difficult to estimate at this time.
• There were 97,184 tests undertaken in the last week, from data reported 4th–10th March. The 7-day average test positivity rate has decreased to 3.7% on 10th March from 4.2% on 3rd March.
• Excluding acute, serial, and mass testing in response to outbreaks, the community test positivity rate has decreased slightly over the last week; the rate remains high at 12% over the 7 days to 10th March, which compares with 13% on 3rd 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%.
• There were 359 confirmed COVID-19 cases in hospital on 11th March, compared with 460 on 4th March; this is a 22% decrease since the last NPHET meeting on 4th March. There have been 32 newly confirmed cases in hospital in the 24 hours to this morning, 11th March.
• There are currently 87 confirmed cases at 11:30 am on 11th March in critical care, compared with 107 on 4th March. There were 3 admissions in the previous 24 hours.
• To date, there have been 59 deaths notified with a date of death in March. This compares with 762 and 1,352 deaths notified (to date) with a date of death in February and January, respectively. Of the 59 deaths in March, 9 have thus far been associated with hospital outbreaks and 15 have been associated with nursing home outbreaks.
• In total, 19 cases of B.1.351 (variant first reported in South Africa) have been confirmed by whole genome sequencing. Of these, 4 were newly identified in the last week.
• 6 confirmed cases of P.1 (variant first reported from Brazil) have been identified in Ireland to date. Of these, 3 were newly identified in the last week, from 4th–10th March.
• Other variants of note/under investigation confirmed in Ireland to date: 7 confirmed B.1.525 cases, 5 confirmed B.1.526 cases, and 11 confirmed P.2 cases.

It should be noted that in week 9, (28th February – 6th March 2021), a significant number of outbreaks (141) were added that related to cases notified before February. The majority of these related to private household outbreaks. The data presented below are based on outbreaks and associated cases notified since 22nd November 2020.

Healthcare setting outbreaks:
• There were 5 new clusters notified in hospitals in week 9 of 2021 (that is the week ending midnight 6th March).
• As of the week ending 6th March, 94 hospital outbreaks remained open.
• There were 3 clusters notified in nursing homes/community hospitals in week 9 (including 1 late notification), this compares with 6 outbreaks in these settings in week 8.
• Of all nursing home outbreaks at the end of week 9, 104 remained open.
• Of all community hospital outbreaks created in the same period from 22nd November 2020 to March 6th, 20 remained open.
• There were 3 new outbreaks notified in other residential institutions during week 9.
• Of residential institution outbreaks created in the same period, 103 remained open at the end of week 9.

Outbreaks associated with educational settings and childcare facilities:
• There were 25 new outbreaks notified during week 9 in settings associated with education and childcare facilities or students.
• There were 10 outbreaks newly notified in childcare facilities in week 9 with 34 new linked cases. There were 73 open outbreaks in these settings at the end of week 9.
There were 15 newly notified outbreaks associated with third level students in week 9 with 86 open outbreaks associated with this group. The majority of these outbreaks were notified in the West (13).

There were no outbreaks notified associated with school children and or school staff in week 9.

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

- There were 37 new outbreaks reported in vulnerable populations in week 9.
- There remains a high number of Irish Traveller outbreaks with 30 new outbreaks and 119 linked cases in week 9, compared with 23 new outbreaks in week 8; there were 130 open outbreaks in the Irish Traveller community at the end of week 9. This represents an 17% decrease on the number of open outbreaks on the previous week.
- There was 1 outbreak reported in the Roma Community during week 9.
- There was 1 new outbreak in a direct provision centre in week 9. At the end of week 9 there were 9 open outbreaks in direct provision centres.
- There were 4 outbreaks notified in homeless facilities in week 9 (includes 1 late notification). Currently, there are 7 open outbreaks in these settings.
- There was 1 new outbreak in a prison in week 9. At the end of week 9, there were 3 open outbreaks in prisons.

**Workplace outbreaks:**

- There were 19 workplace outbreaks reported in week 9 across a variety of settings, which is 49% lower than the number of outbreaks identified in week 8 (37). There were 6 in commercial settings, 4 related to food production settings, 3 in manufacturing settings, 3 related to the construction industry, 2 in ‘other workplace’ and 1 in an office.
- There were 208 open outbreaks in workplaces up to the end of week 9.

The Chair of the IEMAG cautioned that, while the rate of transmission remains suppressed, the situation is precarious. Indicators of the growth rate are uncertain and difficult to estimate at this time, signaling the need for caution over the coming days and weeks.

The HPSC confirmed that the National SARS-CoV-2 Surveillance and Whole Genome Sequencing Programme Steering Group has commenced its work and that a first surveillance report is due to be brought to NPHET on Thursday 18th March.

The Acting Chair thanked the DOH, HPSC, and the IEMAG for their inputs and invited observations from the NPHET Members. Key points were as follows:

**Mobility**

- The NPHET observed that indicators of mobility continue to drift upwards, although it acknowledged that their interpretation in relation to compliance is limited by the increase in mobility expected on foot of the recent commencement of the phased reopening of schools. Nevertheless, there is concern that rising mobility, particularly in relation to workplace attendance, may be associated with increased viral transmission in the coming weeks.
- The NPHET noted that increased mobility often pre-empts a surge in cases. Therefore, it is imperative that all efforts are made to reduce non-essential travel, with particular focus on those travelling for work as data indicates that the number of people working from home is steadily decreasing.

**Healthcare Services**

- The NPHET noted that, although supported by the unwavering commitment of its frontline workers and wider support staff, the health and social care system continues to experience significant pressure in response to the current wave of infection, with ongoing profound curtailment of capacity to deliver a range of scheduled and routine non-COVID care services.
- It was reported that Intensive Care Units in some hospitals have seen increased activity recently, with some reporting up to 3 admissions per day.
• The NPHET discussed the possibility of using Whole Genome Sequencing to investigate if some of the variance in outbreak severity and occurrence that exists between hospitals is due to a prevalence of one variant over another.

• Members stressed that considerable efforts need to be made to protect and build up non-COVID care capacity in the healthcare system, while acknowledging that healthcare staff are seriously fatigued and that significant progress still needs to be achieved in reducing case numbers.

• The NPHET supported the approach of increasing testing in areas of high positivity. Further to this, Members emphasised the need to expand testing in areas where VOCs are detected, particularly if no direct link to travel had been established.

• Some Members enquired whether open access, self-referral processes for COVID-19 testing should be considered.

• The significant contribution of the GPs to the management of the pandemic was acknowledged, while recognising the pressures they are under to deliver both COVID-19 related services and non-COVID care, alongside the vaccine rollout.

Vaccination

• The NPHET noted that while there is evidence of protective effect from the vaccination of healthcare workers and those living in long-term residential care, the anticipated impact of immunisation on the risk profile of the remaining susceptible population will take a number of months to materialise. It was noted that for those aged 70 years and over, administration of their second vaccine dose is not expected to be completed until mid-May, highlighting the ongoing vulnerability of this group over the coming months.

Public Health Measures

• The NPHET noted that reducing case numbers to low levels before any large-scale easing of restrictions will be vital to the successful reopening of society. Achieving a low case count will allow greater capacity to respond appropriately to cases and outbreaks.

• The NPHET noted that it is important to issue clear messaging about the current epidemiological situation which although much improved, is still extremely serious with incidence levels much higher than those that were deemed safe to reopen society, following previous waves.

• The Chair of the IEMAG advised that even as case numbers are reduced to lower levels, there must be a persistent effort to keep R below 1 by reducing social contact or cases will quickly begin to rise again.

The NPHET noted, in summary, that the epidemiological situation in Ireland has continued to improve but progress remains fragile. While there has been continued, slow improvement in most disease indicators, incidence across all age groups remains at a much higher level than that observed in late November/early December 2020. In addition, test referrals from general practitioners, which had previously been reducing, indicate a static trend over the last week. The elevated secondary attack rate of the dominant B.1.1.7 variant, continues to present significant challenges to transmission control, with recent data indicating approximately 1 in 4 close contacts overall, and one in three in the household setting, have returned a positive result.

The Acting Chair thanked the NPHET Members for their contributions and made the following points:

• The system for monitoring vaccine status and impact should be linked to the Computerised Infectious Disease Reporting (CIDR) system as soon as possible.

• International advice is for an extremely cautious approach to the removal of restrictions at this time.

The Acting Chair noted that a preliminary discussion on the future measures for responding to COVID-19 will take place at the next meeting of the NPHET on 18th March.

3. Review of Existing Policy

a) Guidance on visitations to Nursing Homes

The paper proposed a cautious, incremental increase in visiting at Levels 3, 4 and 5 of the Framework of Restrictive Measures, providing for meaningful contact between residents and their families and friends, with changes placing greater emphasis on the harm associated with visiting restrictions and the rights of residents to maintain meaningful contacts, while also stressing that vigilant, general infection prevention and control (IPC) measures and risk assessment requirements are to remain in place. The paper contained the following key changes:

- Increased frequency of visiting on general compassionate grounds at Levels 3, 4 and 5 of the Framework in the context of a high level of vaccination of residents and staff (to 2 visits with 1 person per week).
- Removal of the limit on duration of visits to 1 hour (unless a limit is required for operational reasons).
- Clarification that residents who have recovered from COVID-19 should be regarded as equivalent to vaccinated residents for 6 months after diagnosis.
- For IPC reasons, all visitors will be asked to wear a surgical mask.

The following points were raised during the ensuing discussion:

- A user-friendly version of the guidance should be drafted so that residents and their families/friends are aware of, and understand, the changes to the current guidance. Many Members noted the importance of providing residents with easy access to the necessary information.
- The importance of continuing to work in conjunction with international colleagues on this issue.
- Messaging should clearly articulate that use of the term ‘compassionate’ is broad and not limited to end-of-life or exceptional situations.
- There must be a recognition of the rights of residents to have access to visitors, while also being cognisant of the rights of others who share their living space.
- It was queried whether it could be recommended that vaccination be offered to people being admitted to LTRCFs prior to entry in order to maintain the high levels specified in the guidance. It was agreed that this will be considered.

The NPHET noted that the guidance will come into effect by 22nd March, thereby allowing LTRCFs, residents, and their families and friends time to prepare for the change. The DOH also confirmed that a user-friendly document will be developed for residents and families/friends to accompany the guidance. The AMRIC will also consider vaccination requirements for admission to LTRCFs in due course.

The NPHET confirmed its intention to further review the visiting guidance in April, with a view to assessing whether LTRCF visiting restrictions in the context of the Framework of Restrictive Measures can be further eased, with due regard to relevant national and international evidence, available data on the roll-out and uptake of the COVID-19 vaccine in such settings, and the level of disease in the community.

**Action:** The NPHET endorsed the HSE’s (AMRIC) latest “COVID-19 guidance on visits to Long-Term Residential Care Facilities (LTRCFs)”, noting that operationalisation of same will take a week (22nd March). The NPHET further confirmed its intention to review this guidance in April, with a view to assessing whether LTRCFs visiting restrictions in the context of the Framework of Restrictive Measures can be further eased, with due regard to relevant national and international evidence, available data on the roll-out and uptake of the COVID-19 vaccine in such settings, and the level of disease in the community.

**b) National Testing Group recommendations on Serial Testing in Nursing Homes**

The HPSC presented the paper “Interim Recommendations of the National Testing Strategy Group on the Future Approach to Serial Testing in Nursing Homes”, for decision.

The HPSC outlined that this report was provided in the context of the roll-out of the COVID-19 vaccination programme in the sector. The overall conclusion of the group that it is not possible at this stage to make specific recommendations on changes to serial testing in nursing homes as a number of concerns remain to be addressed. These include the provision of clear information on the vaccination status of nursing home
staff and data on the possible occurrence of COVID-19 infections post-vaccination. The positivity rate for serial testing in nursing homes, which currently stands at 0.5% (similar to that seen at the end of Summer 2020), also remains a concern.

Recommendations:
1. The group recommends no change to the serial testing programme in nursing homes at this time. This will be kept under review.
2. All cases of COVID-19 occurring in fully vaccinated individuals need a PCR test and isolates sent for whole genome sequencing.

The Acting Chair thanked the HPSC for its work and invited the NPHET Members to contribute their views. Key points made were as follows:

- Some Members reflected on the merit of continuing serial testing in LTRCFs, noting the significant cost and resource allocation implications. This is particularly important to keep under review given the difficulty in measuring the contribution of this intervention to preventing further transmission. The roll-out of vaccination may mean that serial testing is of reduced benefit going forward.

- There was consensus among Members that, while it is hoped the serial testing programme in LTRCFs can be gradually scaled down, it would be inappropriate to discontinue the programme in its current form without further clarity on the concerns raised in the National Testing Strategy Group’s report. This is particularly important given the severe impact that COVID-19 has had on individuals in this sector, where outbreaks have occurred.

- Members acknowledged that as the serial testing programme begins to downscale at a future point, alternative forms of surveillance will need to continue (e.g. similar to the sentinel GP scheme in the influenza surveillance programme, a sentinel network of LTRCFs could be identified; this could operate in parallel with the national Wastewater Surveillance Programme, and the national SARS CoV-2 Surveillance Programme, both currently being established by the HPSC).

- Some members enquired about the potential role of antigen testing in aiding safer visitation. The HSE undertook to further consider the use of alternative testing strategies or surveillance approaches that could applied in these settings in the future.

- Members reflected on the significant benefits that the serial testing programme in nursing homes brought as part of Ireland’s response to the COVID-19 pandemic. It was noted that when the European Centre for Disease Control (ECDC) first recommended the introduction of serial testing in nursing homes, Ireland was one of the first countries to operationalise this recommendation. The ongoing and longstanding importance of the serial testing programme in the nursing home sector, which has allowed for early identification of staff who are asymptomatic, has enabled agile interventions across public and private facilities at various stages throughout the pandemic.

The NPHET endorsed the interim recommendations of the HSE’s (HPSC) National Testing Strategy Group on the future approach to serial testing in long-term residential care facilities (LTRCFs), with a view to reviewing the matter in April.

The Acting Chair thanked the NPHET Members for their contributions.

Action: The NPHET endorsed the recommendations of the HSE’s (HPSC) National Testing Strategy Group on the future approach to Serial Testing in LTRCFs; there should be no change to the serial testing programme in LTRCFs at this time. The NPHET further confirmed its intention to review the matter in April, with a view to not solely considering whether the serial testing programme should continue, but also, whether there are alternative testing strategies or surveillance approaches that could be more usefully applied in these settings moving forward.

c) Update on Critical Care

The DOH and the HSE presented “Update on Critical Care: 11th March 2021”, for noting.
The paper noted that the situation in critical care units has improved since the update provided to the NPHET on 11th February. However, most units are still having to provide critical care across two areas to accommodate COVID and non-COVID care, with associated increased staffing requirements. Nationally, critical care occupancy is within funded baseline capacity, but it should be noted that there is inter-unit variability with some units still in surge, particularly in the Greater Dublin area.

The levels of disease in the community have continued to decrease, which is very welcome. The effects of this can be seen in a slow but sustained reduction in the number of ICU admissions. A continued focus on preventing resurgence of disease in the community, with resultant impact on health and healthcare requirements, remains the key to reducing demand, alleviating pressure on critical care units and enabling the resumption of scheduled care.

Alongside the immediate service demands, the implementation of the Strategic Plan for Critical Care, supported this year by very significant new development funding of €52m, is a priority for 2021. The HSE has recently established a Critical Care Acute Operations implementation structure. This will allow for a strong, central focus on the implementation of the Strategic Plan for Critical Care and will coordinate and continue the many initiatives underway to develop and strengthen critical care responses for critically ill COVID-19 and non-COVID patients.

The NPHET acknowledged the excellent efforts of HSE colleagues nationally, across hospitals and in the community in managing the critical care surge of recent weeks. It is clear that the intensive focus on increasing critical care surge capacity was successful and our hospitals were not overwhelmed. However, the need to redeploy staff to support critical care surge led to a significant curtailment of the delivery of scheduled care. Alongside that, hospital staff have been working in an incredibly pressured and difficult environment for many months now and it is anticipated that that environment will remain for some time to come, given the need to address backlogs of scheduled care.

While the situation in critical care units still requires strong, ongoing management and oversight, it is important to focus on long-term improvements in critical care capacity as well. The establishment of the implementation structure for the Strategic Plan for Critical Care is welcome in this regard and will allow for oversight of the expansion of critical care capacity to 321 this year and to 446 in the long-term, with simultaneous investment in education initiatives and support services.

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

4. HIQA Expert Advisory Group
The HIQA confirmed that there were no papers for the NPHET’s consideration under this item.

5. Future Policy
   a) Vaccination
      i. HPRA Vaccine Safety Update
The HPRA provided a brief verbal update on suspected side effects to COVID-19 vaccines reported nationally.

The HPRA also reported on an evolving situation in relation to COVID-19 Vaccine AstraZeneca. The health authorities in Austria suspended a batch of the COVID-19 Vaccine AstraZeneca, as a precautionary measure, following a small number of reports of thromboembolic events. Denmark subsequently suspended their AstraZeneca vaccination programme for two weeks, to allow investigation of thromboembolic events. The EMA has not recommended any action to suspend use of the AstraZeneca vaccine at this time and is currently reviewing the data. The current position is that there is no indication that vaccination caused the conditions described in recent reports. This matter is being closely monitored by the HPRA together with the EMA and other EU national regulators.
The Acting Chair thanked the HPRA for its update and agreed that the situation should continue to be monitored closely by the HPRA, the EMA, and other EU national regulators as appropriate.

6. Communication Update
   a) Communication Update

The DOH and the HSE presented “Communications Update: 11th March 2021”, for noting.

The quantitative tracker up to 8th March reveals:
- The level of worry at 6.0/10, has fallen back to levels last seen in early December, with concern for the health of family and friends now the highest source of worry.
- The majority, 48%, now believe the worst of the pandemic is behind us, 30% believe it is happening now and 8% believe it is ahead of us.
- 43% think Ireland is returning to normal at about the right pace or too quick (26%); 32% think the pace too slow.
- People are disengaging from COVID-19 related news.

The latest Social Activity Measure for the week commencing 8th February reveals:
- There was a small increase in mobility without an increase in social activity, possibly linked to an improvement in weather.
- Similar to two weeks previously, nearly 1 in 5 had ‘close contact’ with a person from outside their household during the previous day. A majority of these close contact interactions in workplaces were attributable to essential workers (86%) but some were in non-essential workplaces (14%).
- Parents with children under the age of 18 years were more likely to meet others from outside the household and to have had close contacts.

The ‘Quantitative Tracker – Vaccine Module’ demonstrates that:
- 51% of the population know someone in their immediate social circle who has had COVID-19;
- 87% (72% definite, 15% probable) say they will receive the COVID vaccine when it is offered to them;
- 33% say they have concerns around the vaccine - 25% are worried about side effects of the vaccine, 20% worried about the long-term effects on health;
- GPs are the most trusted source of information on the vaccine for 76% of the population, followed by the HSE (55%) and Dept of Health (52%).

The update further included the campaigns that are currently underway and the campaigns in development.

The NPHET noted that the above insights will form a very useful part of the NPHET’s considerations over the coming weeks.

The Acting Chair thanked the DOH and the HSE for this update and noted same.

7. Meeting Close
   a) Agreed actions

The key actions arising from the meeting were examined by the NPHET, clarified, and agreed.

b) AOB

A number of items were raised under other business:
- The NPHET noted that 11th March marks one year since the COVID-19 pandemic was declared. For their immense dedication, willingness to respond, and service to the public over the course of the past year, the NPHET Members expressed their gratitude to healthcare workers and staff across all levels of the health service, from community care to primary care, and right through to critical care.
• The NPHET noted cases of COVID Placentitis, which have been reported since its last meeting. The Acting Chair confirmed that this issue is being closely monitored by the Institute of Obstetricians and Gynaecologists (ICOG) and the HSE’s National Women and Infant’s Health Programme (NWIHP).
• The NPHET noted recently published guidance by the US Centre for Disease Control (CDC) regarding the positive implications of vaccination for tailored public health measures and committed to considering this guidance as part of its upcoming deliberations on the issue.

c) Date of next meeting
The next meeting of the NPHET will take place Thursday 18th March 2021, at 10:00am via video conferencing.