



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

08th April 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 3,506 cases have been notified in the 7 days to 7th April, which is a 6% decrease from last week when 3,736 cases were notified in the 7 days up to 31st March.
- As of 7th April, the 14-day incidence rate per 100,000 population has decreased to 152; this compares with 161 on the same day last week. The 7-day incidence per 100,000 population has decreased to 73, from 78 on the same day last week.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 48%, 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 2021 to 430 on 6th April. The 5-day average has decreased from 509 a week ago.
- Incidence rates are decreasing across most age groups, with recent stabilisation of incidence amongst children.
- Of cases notified in the past 14 days, 73% have occurred in people under 45 years of age; and 7% were aged over 65. The median age for cases notified in the same period is 32 years.
- While 14-day incidence rates remain high across the country, 19 counties have a 7-day incidence as a percentage of the 14-day rate of less than 50%, indicating fewer cases notified in these counties in the last 7 days compared with the previous 7 days.
- Of the 7,220 cases reported in the last 14 days, 2.2% (160) were healthcare workers.
- The best estimate of the reproduction number (R) is close to, or just below, 1.0 (range 0.7-1.1). The rate of growth of the disease is continuing at 0% to -2%. R is uncertain and difficult to estimate at this time.
- There were 110,994 tests undertaken in the last week (as of 7th April). The 7-day average test positivity rate has decreased to 2.9% on 7th April, which is down from 3.3% on the same day last week.
- Excluding acute, serial and mass testing in response to outbreaks, the community test positivity rate has remained stable over the last week; the rate was at 8.4% over the 7 days to 5th April.
- According to Contact Management Programme data, 8 counties have community positivity rates (excluding acute, serial and mass testing in response to outbreaks) greater than 10%.
- According to Contact Management Programme data from 22nd -28th March, where results were available for Test 1, 14.8% (1,475/9,935) were positive. Household close contact positivity rate remains at 31%.

- According to Contact Management Programme data from 15th-21st March, where results were available for Test 2, 3.9% (181/4,670) were positive. Household close contact positivity rate was 9.6%.
- A range of data suggest that mobility is increasing, although caution is warranted in interpretation of compliance with population measures, especially given the influence of the Easter period.
- There were 226 confirmed COVID-19 cases in hospital this morning, compared with 274 on 1st April. There have been 11 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 55 confirmed cases in critical care, compared with 63 on 1st April. There have been 2 admissions in the previous 24 hours.
- To date, there have been 205 deaths notified with a date of death in March. This compares with 819 and 1,351 deaths notified (to date) with a date of death in February and January, respectively. Of the 205 deaths in March to date, 40 have thus far been associated with hospital outbreaks and 35 have been associated with nursing home outbreaks. There have been 10 deaths notified in April to date.
- In total, 43 cases of B.1.351 (variant first reported in South Africa) have been confirmed by whole genome sequencing. An increase of 12 since the last NPHET meeting on 29th March.
- Nineteen confirmed cases of P.1 (variant first reported from Brazil) have been identified in Ireland to date. This is an increase of 7 since the last NPHET meeting on 29th March.
- Other variants of note/under investigation that have been confirmed in Ireland to date: 16 B.1.525 cases, 5 B.1.526 cases, 14 P.2 cases, and 2 B.1.1.7 with E484K mutation.

The outbreak data below are based on outbreaks and associated cases notified since 29th November 2020. Week 13 refers to 28th March – 3rd April 2021. It should be noted that a significant number of outbreaks in week 13 (66) were late notifications of outbreaks from before 1st March 2021.

Healthcare setting outbreaks

- There were 10 new outbreaks notified in acute hospitals in week 13 of 2021; As of the end of week 13, there were 38 open outbreaks in these settings.
- There was 1 new outbreak notified in nursing homes/community hospitals in week 13, this compares with 2 new outbreaks in these settings in week 12.
- At the end of week 13, there were 41 open outbreaks associated with nursing homes compared with 54 in the previous week.
- There are 12 open outbreaks in community hospitals and long stay units compared with 17 at the end of week 12.
- There were 81 open outbreaks associated with all residential settings at the end of week 13, with 14 new outbreaks notified in week 13. Of these, 12 occurred in homeless facilities and are further detailed in the vulnerable groups section.
- Within other long-term residential settings at the end of week 13;
 - There were no new outbreaks in centres for disabilities; there were 36 open outbreaks in centres for disabilities compared with 47 in week 12.
 - There were no new outbreaks reported in mental health facilities and there were 4 open outbreaks in these settings at the end of week 13.
 - There were no new outbreaks reported in Children's / TUSLA residential centres with 4 open outbreaks at the end of the week.
 - There was one outbreak reported in 'other' residential settings.

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

- There were 25 new outbreaks reported in vulnerable populations in week 13.
- There was a decrease in the number of outbreaks in the Irish Traveller community, with 7 new outbreaks in week 13 compared with 21 new outbreaks in week 12; there were 165 open outbreaks at the end of week 13.
- There were 6 outbreaks in the Roma community in week 13 with 12 open outbreaks.
- There have been no new outbreaks in direct provision centres, prisons or facilities for people with addictions in week 13.
- There have been 12 outbreaks in homeless facilities in week 13, compared with 1 outbreak the previous week. There were 13 open outbreaks by the end of week 13.

Outbreaks associated with school children, universities/colleges and childcare facilities

- There were 17 outbreaks newly notified associated with childcare facilities, with 86 open outbreaks remaining by the end of week 13. There were 67 new cases notified in these settings in week 13.
- There were 44 outbreaks newly notified associated with school children and/or school staff in week 13, with 74 new cases notified in this week. This compared with 48 outbreaks in this setting in the previous week.
- There were no new outbreaks in university/college/third-level students in week 13, with 56 outbreaks remaining open by the end of week 13.
- Based on the latest data on testing in schools over the period of 21st–27th March 2021 (Week 12), 5,427 tests were completed in 193 primary schools (a 73% increase on week 11). This resulted in a 1.7% positivity rate; 872 tests were completed in 51 post-primary facilities, resulting in a 2.5% positivity rate; and 239 tests were carried out in special education settings with a 4.2% positivity rate. Overall mass testing in the schools setting returned a positivity rate of 1.9%.
- The number of cases detected, positivity rates, and numbers of cases associated with outbreaks in schools remain low despite intense oversight and increased testing. It is important to note that detection of a case or declaration of an outbreak in a school does not imply that transmission has occurred in the school setting.

Workplace outbreaks

- There were 23 workplace outbreaks reported in week 13 across a variety of settings, which is a 92% increase on the number of outbreaks identified in week 12 (12).
- When broken down by category, 10 outbreaks were in commercial settings, 4 were in construction settings, 4 were related to food production settings, 3 were in manufacturing settings, 1 was in an office-based setting and 1 was in another setting.

In summary, the epidemiological situation in Ireland appears to be stable or potentially improving. Disease incidence, while still high, is stable or decreasing. However, it is noted that there is currently significant uncertainty due to the potential effect of the Easter period on factors such as patterns of test referrals along with a range of other disease indicators.

A review of the relevant epidemiological data in relation to children is reassuring and indicates that the recent return to in-person education has been associated with moderate and transient increases in incidence amongst children, mostly explained by changes in testing due to high levels of vigilance and oversight leading to increased case ascertainment.

The numbers of confirmed cases in hospital and ICU have continued to reduce. Indicators of population mobility including attendance in workplaces have risen over recent weeks, acknowledging, however, the need for some caution in interpretation of these indicators in respect of population adherence to the public health measures due to the influence of the Easter period. The reproduction number (R) is uncertain and estimated to be close to, or just below 1 (range 0.7-1.1), with rate of decline in case numbers at zero to -2% per day. The level of close contact in the population remains constant, with the average number of close contacts per adult confirmed case at 2.6. The epidemiological situation as described is stable but with significant uncertainty attached and will continue to be closely monitored by the NPHET over the coming days and weeks.

With respect to international travel, mandatory quarantine, and the management of variants of concern (VOC), the NPHET reiterated its ongoing significant concerns regarding the potential risks posed by the importation of VOCs and, in noting legal advice available to the Government which advises that a mandatory hotel quarantine regime should be targeted towards the highest risk States, endorses the methodological approach taken by the Expert Advisory Travel Group (EAGT) with regard to the designation of States as highest risk, and recommends that:

- A. measures be taken to ensure that those travelling from non-designated States, and who are subject to home quarantine, are adhering to that quarantine and are availing of a PCR test at Day 5, post arrival in Ireland;
- B. the HSE and the HIQA to examine whether a single test at Day 5 post arrival in Ireland remains the most appropriate approach to testing for those travelling from non-designated States, who are subject to home quarantine;
- C. whole genome sequencing be undertaken on all confirmed cases linked to travel, whether from non-designated or designated States;
- D. any necessary resources are identified and directed towards supporting the robust implementation of the updated public health guidance with regard to the management of probable or confirmed cases and contacts linked to variants of concern;
- E. with regard to non-EU States, in line with a recommendation of the EAGT, that ongoing consideration be given to the adoption of the approach set out in European Union (EU) Recommendation 2020/912 on the temporary restriction on non-essential travel into the EU.

Regarding emerging evidence on vaccine and naturally induced immunity the NPHET requested that the HPSC review contact tracing guidance with regard to designation of close contacts. With respect to this emerging evidence, the NPHET further noted that while its favourable in terms of the period of presumptive immunity following natural infection of SARS-CoV-2, there is not yet sufficient evidence to extend this beyond the current period of 6 months. The NPHET also endorsed revised recommendations relating to vaccination and occupational health guidance for healthcare workers. The NPHET also endorsed recommendations relating to healthcare personnel who do not avail of COVID-19 vaccination and agreed that an "intervention ladder" approach utilising the principle of the least restrictive alternative to further encourage vaccine uptake and reduce hesitancy should be adopted.

The NPHET reviewed and endorsed the advice latest advice of the HSE's National Clinical Programme for Paediatrics and Neonatology Review Group concerning the COVID-19 assessment and decision-making pathway for primary school children, noting no substantive change to existing guidance. The NPHET also reviewed evidence relating to the potential reduction of the minimum age for the application of mask wearing requirements and recommendations, again noting no substantive change to the existing guidance.

The NPHET, of course, remains available to provide any further advice and recommendations that may be of assistance to you and Government in relation to ongoing decision-making processes in respect of the COVID-19 pandemic. As always, I would be happy to discuss further, should you wish.

Yours sincerely,



Dr Rohan 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