



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

15th 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 2,814 cases have been notified in the 7 days to 14th April 2021, which is a 20% decrease from last week when 3,506 cases were notified in the 7 days to 7th April.
- As of 14th April, the 14-day incidence rate per 100,000 population has decreased to 132; this compares with 152 on the same day last week. The 7-day incidence per 100,000 population has decreased to 59, from 73 on the same day last week.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 45%, 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 2021 to 388 on 14th April. The 5-day average has decreased from 430 a week ago.
- Incidence has decreased across all age groups. The sharp decrease in incidence in those aged 75 and older is likely due, at least in part, to the protective effect of vaccination.
- Of cases notified in the past 14 days, 74% have occurred in people under 45 years of age; and 6% 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, 16 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 5,837 cases reported in the last 14 days, 2.3% (136) were healthcare workers.
- The best estimate of the reproduction number (R) is likely below 1.0 with high levels of uncertainty in its estimation (range 0.7-1.0). The rate of growth of the disease is continuing at -2% to -4%.
- There were 109,572 tests undertaken in the last week (as of 14th April). The 7-day average test positivity rate has decreased to 2.7% on 14th April, which is down from 2.9% 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 8.3% over the 7 days to 12th April.
- According to Contact Management Programme data, only one county has a community positivity rate (excluding acute, serial and mass testing in response to outbreaks) greater than 10%. Twenty counties have a community positivity rate greater than 5%.
- According to Contact Management Programme data from 29th March - 4th April, where results were available for Test 1, 15.0% (1,061/7,097) were positive. Household close contact positivity rate has decreased to 26.9% since last week.

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- According to Contact Management Programme data from 22nd-28th March, where results were available for Test 2, 3.4% (175/5,076) were positive. Household close contact positivity rate was 9.1%.
- There were 184 confirmed COVID-19 cases in hospital this morning, compared with 226 on 8th April. There have been 22 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 51 confirmed cases in critical care, compared with 55 on 1st April. There have been 3 admissions in the previous 24 hours.
- To date, there have been 29 deaths notified with a date of death in April. This compares with 218 and 850 deaths notified (to date) with a date of death in March and February, respectively. Of the 29 deaths in April to date, 6 have thus far been associated with hospital outbreaks and 3 have been associated with nursing home outbreaks.
- In total, 46 cases of B.1.351 (variant first reported in South Africa) have been confirmed by whole genome sequencing.
- Twenty-two confirmed cases of P.1 (variant first reported from Brazil) have been identified in Ireland to date.
- 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.

Outbreaks and associated cases are based on those notified up to up to midnight on 10th April. Week 14 refers to 4th April – 10th April 2021 and data are restricted to cases and outbreaks notified since 29th November 2020.

Healthcare setting outbreaks:

- There were 5 new outbreaks notified in acute hospitals in week 14 of 2021; However, 2 of these were late notifications. At the end of week 14, there were 30 open clusters, a 21% decrease on week 13.
- There were no new clusters notified in nursing homes/community hospitals in week 14, this compares with 2 new outbreaks in these settings in week 13.
- At the end of week 13, there were 21 open clusters associated with nursing homes compared with 41 in the previous week; this represents a decrease of just under 50%.
- There are 11 open outbreaks in community hospitals and long-stay units.
- There were 54 open clusters associated with all residential institutions at the end of week 14, with 4 new outbreaks notified in week 14. Of these, 1 occurred in homeless facilities.
- Within other residential settings at the end of week 14:
 - there was 1 new outbreak in centres for disabilities; there were 22 open outbreaks in centres for disabilities compared with 36 in week 13.
 - there was 1 new outbreak reported in mental health facilities and there were 3 open outbreaks in these settings at the end of week 14.
 - there was 1 new outbreak reported in Children's / TUSLA residential centres, with 5 open outbreaks at the end of the week.

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

- There were 12 new outbreaks reported in vulnerable populations in week 14.
 - There was an increase in the number of Irish Traveller outbreaks with 10 new outbreaks in week 14 compared with 7 new outbreaks in week 13; there were 163 open outbreaks at the end of week 14.
 - There was 1 outbreak in the Roma community in week 14 with 13 open outbreaks.
 - There have been no new outbreaks in direct provision centres, prisons, or facilities for people with addictions in week 14.

- There has been 1 outbreak in Homeless facilities in week 14, compared with 12 outbreaks in the previous week. There were 9 open outbreaks by the end of week 14.

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

- There were 10 outbreaks newly notified in childcare facilities, with 69 open outbreaks remaining by the end of week 14. There were 24 new cases notified in these settings in week 14.
- There were 14 outbreaks newly notified associated with school children (+/- staff) in week 14, with 16 new cases notified in this week. This compared with 44 outbreaks in the previous week.
- There was 1 new outbreak associated with University/college/third level settings/students in week 14, with 40 outbreaks remaining open by the end of week 14.
- Based on the latest data on testing in schools over the period of 4th-10th April 2021 (Week 14), 1,669 tests were completed in 19 primary schools resulting in a 1.9% positivity rate and 291 tests were completed in 169 post-primary facilities resulting in a 0.3% positivity rate. In total, 40 tests were carried out in special education settings with a 2.5% positivity rate. In total, 1,168 tests were completed in 80 childcare facilities resulting in a 3.9% positivity rate.
- The number of cases detected, positivity rates, and numbers of cases associated with outbreaks in schools remain low despite intense oversight and 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 18 workplace outbreaks reported in week 14 across a variety of settings, which is a 25% decrease on the number of outbreaks identified in week 13 (24). Of these, 9 outbreaks were in commercial settings, 2 were in construction settings, 2 were related to food production settings, 2 in manufacturing, 1 in an office-based setting, 1 in Defence/Justice/Emergency services and 1 in another setting.

In summary, the epidemiological situation in Ireland remains concerning but is improving. Disease incidence, while still high, continues to reduce. Incidence has decreased across all age groups, noting that the recent sharp reduction in those aged 75 and older is likely due, at least in part, to the protective effect of vaccination. The recent significant increase in testing, especially in children, during the latter part of March and into April has been associated with a marked decrease in overall test positivity. Community test positivity has been stable over the last week.

The number of confirmed cases in hospital, confirmed cases in ICU, and deaths have continued to reduce. Levels of close contact in the population remain remarkably constant. Reproduction number (R) is currently estimated at 0.7-1.0, and while highly uncertain, is likely to be below 1.0. Rate of decline in cases is -2 to -4% per day. While there is strong evidence of the protective effect of vaccination in those vaccinated, a large proportion of the population is not protected. As such, the epidemiological situation remains volatile and high-risk.

The NPHET also considered and endorsed the criteria for discontinuation of serial testing in Nursing Homes in the first instance, followed by other Long-Term Residential Care Facilities (LTRCFs), with any subsequent re-entry to the programme to be made on the basis of a formal Public Health Risk Assessment (PHRA).

General serial testing can stop in a LTRCF when the LTRCF can confirm:

- 80% of residents and 80% of staff are 14 days post COVID-19 vaccination i.e. post their second dose;
- No COVID-19 cases were detected in the LTRCF during the last cycle of serial testing (i.e. in the last 4 weeks/2 'not detected' tests);
- There is no open outbreak in the last 28 days in the LTRCF.

Where general serial testing is continued, staff who are ≥ 14 days post their second dose of vaccine should be exempted from testing.

Standardised implementation of the above criteria should proceed following structured HSE engagement with key stakeholders and individual providers in addition to the provision of written guidance to all individual providers through the HIQA Portal for designated centres, the Mental Health Commission and directly by the HSE to non-designated centres.

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 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