



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

22<sup>nd</sup> 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 2,612 cases have been notified in the 7 days to 21<sup>st</sup> April 2021, which is a 7% decrease from last week when 2,814 cases were notified in the 7 days to 14<sup>th</sup> April.
- As of 21<sup>st</sup> April, the 14-day incidence rate per 100,000 population has decreased to 113; this compares with 132 on the same day last week. The 7-day incidence per 100,000 population has decreased to 55, from 59 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 fewer cases in the last 7 days compared with the preceding 7 days.
- The 5-day rolling average of daily cases has decreased from 388 a week ago to 376 on 21<sup>st</sup> April.
- Incidence is stable or decreasing across all age groups. The sharp decrease in incidence in those aged 75 years and older is likely due, at least in part, to the protective effect of vaccination.
- Of cases notified in the past 14 days, 73% have occurred in people under 45 years of age; and 6% were aged 65 years and older. The median age for cases notified in the same period is 32 years.
- While 14-day incidence rates remain high across the country, 12 counties have a 7-day incidence as a percentage of the 14-day rate of greater than 50%, indicating more cases notified in these counties in the last 7 days compared with the previous 7 days.
- Of the 5,402 cases reported in the last 14 days, 3.1% (165) were healthcare workers.
- The best estimate of the reproduction number (R) is close to or just below 1.0, with high levels of uncertainty in its estimation (range 0.7-1.1). The rate of growth of the disease is continuing at 0% to -2%.
- There were 106,029 tests undertaken in the last week (as of 21<sup>st</sup> April). The 7-day average test positivity rate has increased slightly to 2.8% on 14<sup>th</sup> April, which is up from 2.7% 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 19<sup>th</sup> April.
- According to Contact Management Programme data, only 4 counties have a community positivity rate (excluding acute, serial, and mass testing in response to outbreaks) greater than 10%. 21 counties have a community positivity rate greater than 5%.
- According to Contact Management Programme data from 5<sup>th</sup>-11<sup>th</sup> April, where results were available for Test 1, 21.9% (878/4,014) were positive. Household close contact positivity rate has increased to 31.6% since last week.
- According to Contact Management Programme data from 29<sup>th</sup> March-4<sup>th</sup> April, where results were available for Test 2, 3.8% (146/3,858) were positive. Household close contact positivity rate was 9.1%.
- There were 176 confirmed COVID-19 cases in hospital this morning, compared with 184 on 15<sup>th</sup> April. There have been 19 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 48 confirmed cases in critical care, compared with 51 on 15<sup>th</sup> April. There have been 5 admissions in the previous 24 hours.

- To date, there have been 47 deaths notified with a date of death in April. This compares with 224 and 866 deaths notified (to date) with a date of death in March and February, respectively. Of the 47 deaths in April to date, 13 have thus far been associated with hospital outbreaks and 3 have been associated with nursing home outbreaks.
- In total, 68 cases of B.1.351 (variant first identified in South Africa) have been confirmed by whole genome sequencing.
- 27 confirmed cases of P.1 (variant first identified from Brazil) have been identified in Ireland to date.
- Other variants of note/under investigation that have been confirmed in Ireland to date: 17 B.1.525 cases, 15 P.2 cases, 6 B.1.526 cases, 3 B.1.617, 2 B.1.429, and 2 B.1.1.7 with E484K mutation.

Outbreaks and associated cases are based on those notified up to midnight on 17<sup>th</sup> April 2021. Week 15 refers to 11<sup>th</sup> April – 17<sup>th</sup> April 2021 and data are restricted to cases and outbreaks notified since 22<sup>nd</sup> November 2020.

#### Healthcare setting outbreaks:

- There were 5 new outbreaks notified in acute hospitals in week 15 of 2021. At the end of week 15, there were 26 open clusters, a 13% decrease on week 14.
- There was 1 new cluster notified in a nursing home in week 15 (although the linked cases were identified prior to week 15); this compares with no new outbreaks in week 14. There were no new clusters notified in community hospitals/long-stay units in week 15.
- At the end of week 15, there were 11 open clusters associated with nursing homes compared with 21 in the previous week; this represents a decrease of just under 50%.
- There were 8 open outbreaks in community hospitals and long-stay units in week 15.
- There were 41 open clusters associated with all residential institutions at the end of week 15. There were no new outbreaks in this setting notified in week 15.
- At the end of week 15, in specific residential institution settings:
  - There were 15 open outbreaks in centres for disabilities, compared with 22 in week 14.
  - There were 2 open outbreaks in mental health facilities, compared with 3 at the end of week 14.
  - There were 4 open outbreaks in Children's / TUSLA residential centres, compared with 5 the previous week.

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

- There were 14 new outbreaks reported in vulnerable populations in week 15.
  - There were 10 new outbreaks associated with the Irish Traveller community notified in week 15, which is the same as in week 14; there were 151 open outbreaks at the end of week 15.
  - There was 1 outbreak in the Roma community in week 15, with 13 open outbreaks.
  - There were 2 new outbreaks in Direct Provision Centres in week 15, compared with none in week 14. There were 9 open outbreaks by the end of week 15.
  - There was 1 outbreak notified in homeless facilities in week 15. There were 7 open outbreaks by the end of week 15.

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

- There were 11 outbreaks newly notified in childcare facilities, with 70 open outbreaks remaining by the end of week 15. There were 26 new cases notified in these settings in week 15.
- There were 5 outbreaks newly notified associated with school children and/or staff in week 15, with 10 new cases notified in this week. This compared with 14 outbreaks in the previous week.
- There were 2 new outbreaks associated with university/college/third level settings/students in week 15, with 20 outbreaks remaining open by the end of week 15.
- Based on the latest data on testing in schools over the period of 11<sup>th</sup>-17<sup>th</sup> April 2021 (week 15), 535 tests were completed in 31 primary schools resulting in a 2.2% positivity rate and 206 tests were completed in 18 post-primary facilities resulting in a 0.5% positivity rate. In total, 127 tests were carried out in special education settings with a 1.6% positivity rate. In total, 869 tests were completed in 42 childcare facilities resulting in a 4.0% 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 16 workplace outbreaks reported in week 15 across a variety of settings, a decrease from 18 identified in week 14. Of these, 7 outbreaks were in commercial settings, 3 were in construction settings, 3 were related to food production settings, 1 in manufacturing, 1 in an office-based setting, and 1 in another workplace setting.

In summary, the epidemiological situation in Ireland remains concerning but is currently stable or improving. Disease incidence, while still high, is stable although there is a level of uncertainty given case counts in recent days especially given the 617 cases notified today, along with any potential impact over the coming weeks due to the easing of measures that occurred from 12<sup>th</sup> April. Incidence is stable or decreasing across all age groups. Of further note, community test positivity has plateaued at an elevated level over the last three weeks.

The numbers of confirmed cases in hospital, confirmed cases in ICU, and deaths are stable or decreasing. While some indicators of mobility have been increasing, levels of close contacts in the population have continued to hold constant. Reproduction number (R) is uncertain but is currently estimated as close to 1, with a range of 0.9-1.1. Rate of decline in case counts is at 0 to -2% per day. We have observed the significant impact of vaccination in protecting healthcare workers and older persons in long-term residential care facilities and we are beginning to see the early effects in those aged 75 years and older in the community. While there is strong evidence of the protective effect from vaccination in those who have been immunised, the population is largely not yet protected. As such, the situation remains fragile and any increase in close contact represents a significant risk.

#### **Initial discussion on the future strategy and approach to public health measures**

The NPHET also had an initial discussion on the future strategy and approach to public health measures for the coming months, taking into account a broad spectrum of relevant considerations, including current national epidemiological trends and ongoing progress with the vaccination programme. The NPHET will conclude its deliberations next week ahead of a planned review of public health measures by Government before 4<sup>th</sup> May.

#### **Visitation to Long-Term Residential Care Settings (LTRCFs)**

The NPHET endorsed the HSE's (AMRIC) latest *"COVID-19 Guidance on visits to Long-Term Residential Care Facilities (LTRCFs): 20th April 2021"* to facilitate the further easing of visiting restrictions in the context of COVID-19 vaccine uptake in such settings.

The guidance document aims to support providers in fulfilling their obligations by giving guidance to management, staff, residents, and relatives to balance the risk of COVID-19 while facilitating visitation. The guidance, therefore, provides 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 revised visitation guidance continues to build on learning from the positive impact of the vaccine rollout nationally and internationally and will provide enhanced opportunity for visiting in nursing homes and other LTRCFs as we continue to see the benefits from the vaccine rollout across the community.

Most nursing home and other LTRCF residents are now fully vaccinated against COVID-19 and, in recognition of this and the increasing evidence of the protection conferred by full vaccination, new guidance has been developed that further expands the scope of visiting. Although the situation in nursing homes and other LTRCFs has greatly improved, there is a continued risk of introduction of infection, even with a high level of vaccination. There is a particular concern about the possibility of introducing a new variant, against which the vaccine may be less effective. Therefore, caution remains appropriate.

Notwithstanding the above, the experience of recent months gives confidence that visiting can now be managed safely at all Government Framework levels. Therefore, the level of visiting in the guidance is no longer directly linked to the level of the Framework of Restrictive Measures in effect. In continuing the incremental approach towards a more normalised situation, visiting is now being framed as routine visiting rather than visiting on general compassionate circumstances. The level of visiting is, however, dependent on the level of vaccination amongst residents in an LTRCF, risk assessment, and the HSE's (AMRIC) guidance.

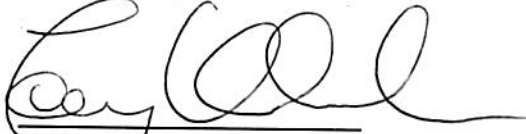
Key changes to the guidance include:

- Routine indoor visiting in the absence of a high level of vaccination of residents (to 2 visits by 1 person per week).
- Routine indoor visiting in the presence of a high level of vaccination of residents (to 4 visits by 2 people per week).
- Increased frequency of routine visiting in the context of an outbreak when appropriate control measures are in place and the situation has stabilised (to 1 visit by 1 person per week).

The guidance will come into effect on 4<sup>th</sup> May, thereby allowing LTRCFs, residents, and their families and friends time to prepare for the change.

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,

A handwritten signature in black ink, appearing to read 'Tony Hoohan', written over a horizontal line.

Dr Tony Hoohan  
Chief Medical Officer  
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