National Public Health Emergency Team – COVID-19

Meeting Note – Standing meeting

Date and Time	Thursday 15th April 2021, (Meeting 84) at 11:45am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Ronan Glynn, Deputy Chief Medical Officer, DOH
Members via videoconference[1]	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 Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA Prof Colm Bergin, Consultant in Infectious Diseases, St James's Hospital Dr Siobhán Ní 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 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; Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Dr Anna-Rose Prior, Consultant Microbiologist, Tallaght University Hospital Dr Martin Cormican, HSE National Antimicrobial Resistance and Infection Control (AMRIC) Dr John Cuddihy, Interim Director, HSE HPSC
'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 Mr Ronan O'Kelly, Health Analytics Division, DOH Dr Desmond Hickey, Deputy Chief Medical Officer, DOH Dr Louise Hendrick, Specialist Registrar in Public Health Medicine, 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	Dr Cillian de Gascun, Laboratory Director, NVRL

[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 Dr Cillian de Gascun.

c) Minutes of previous meetings

There were no minutes circulated for adoption at this meeting.

d) Matters Arising

There were no matters arising at the meeting.

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:

- 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 7th April. The 7-day incidence per 100,000 population has decreased to 59, from 73 on the 7th April.
- 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, 8th – 14th April compared with the preceding 7 days, 1st – 7th April.
- 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 on 6th April.
- Incidence has decreased 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, 1st – 14th April, 74% have occurred in people under 45 years of age; and 6% were aged over 65 years. 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, 8th – 14th April, compared with the previous 7 days, 1st – 7th April.
- Of the 5,837 cases reported in the last 14 days, 1st – 14th April, 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%. 20 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.

- According to Contact Management Programme data from 22nd 28th March, where results were available for Test 2, 3.4% (175/5,076) were positive. The household close contact positivity rate was 9.1%.
- As of the morning of 15th April, there were 184 confirmed COVID-19 cases in hospital, compared with 226 on 8th April. There were 22 newly confirmed cases in hospital in the 24 hours preceding the morning of 15th April.
- As of the 15th April, there were 51 confirmed cases in critical care, compared with 55 on 1st April. There were 3 admissions in the 24 hours preceding the morning of 15th April.
- As of 15th April, there have been 29 deaths notified with a date of death in April. This compares with 218 and 850 deaths notified (to 15th April) with a date of death in March and February, respectively. Of the 29 deaths in April up to 15th April, 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.
- 22 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.

The outbreak data below are based on outbreaks and associated cases 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.

The Acting Chair thanked the DOH, the HPSC, and the IEMAG for their respective updates and invited the NPHET Members to consider same.

The NPHET noted that 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 years 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. 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, while improving, remains volatile and high-risk.

The following additional points were made by the Members:

- The NPHET noted that based on previous experience, it is not unreasonable to expect an increase in cases in the coming days as schools reopen and mobility increases. This will continue to be monitored closely.
- The HSE informed the NPHET that Infection Prevention and Control (IPC) guidance has been reviewed and updated on an ongoing basis to address any potential risks that may emerge due to VOCs.
- Members expressed concern regarding the reported clusters of VOCs that have no known link to international travel. This will continue to be monitored closely with public health intervention as appropriate.
- The NPHET noted that the emergence of new variants is to be expected as the virus mutates and that this could happen domestically as well as internationally. The NPHET underlined that the emergence of new variants can best be minimised by continuing with efforts to achieve a low incidence rate.
- The NPHET emphasised that, although the impact of vaccination is becoming more evident, the reduction in morbidity and mortality rates that has been observed can be mainly attributed to the decreased burden of disease in the community resulting from the public health measures that remain in place.
- The NPHET noted that the ECDC would be publishing guidance in the coming days on the benefits of full vaccine against COVID-19.

- It was queried whether routine Ct values would be supplied with positive results going forward. The Chair of the AMRIC noted that *"Guidance on the management of weak positive (high Ct value) PCR results in the setting of testing individuals for SARS-CoV-2, V1.3.14.04.2021"* would be published on the evening of 15th April. The reporting of the interpretation of the Ct value as indicative of low-level RNA, rather than absolute Ct values, by laboratories is supported by ISCM due to potential significant variation of Ct values across different test platforms and assays. However, at present there is no mechanism for laboratories to communicate, in a standardised and automated manner, that RNA has been detected at a low level. Communication and appropriate follow up of this information is particularly challenging for laboratories outside of the hospital setting.

The Acting Chair thanked the Members for the contributions and expressed the hope that the epidemiological picture will continue on a positive trajectory, noting the importance of keeping incidence as low as possible, especially given the recent emergence and identification of a number of variants of concern.

3. Review of Existing Policy

a) Review of Serial Testing in Nursing Homes

The HSE presented *"Recommendations of the National Testing Strategy Group on the Future Approach to Serial Testing in Nursing Homes / Long Term Residential Care Facilities (LTRCFs) for Older Persons – 15th April 2021"*, for decision.

The paper recommended the criteria for discontinuation of serial testing in nursing homes in the context of COVID-19 vaccination of residents and staff in such settings.

The Acting Chair thanked the HSE for its presentation and invited the NPHET Members to provide their observations on the recommendations set out in the paper. The following key points were raised:

- As the paper focussed on nursing homes and LTRCFs for older persons, it was queried whether the criteria presented could extend to all LTRCFs, excluding acute mental health facilities. The HSE responded that the criteria are sufficiently robust for application in other LTRCFs, excluding acute mental health facilities, noting that it is important to acknowledge that other such settings are at varying stages in their vaccination programmes.
- It was noted that vaccine efficacy studies are underway. The importance of these studies for planning and implementation going forward was emphasised.

The Acting Chair suggested that the alignment of vaccination uptake thresholds for both LTRCF visitation and discontinuation of serial testing to 80% would greatly simplify implementation and related communications work for both, while still retaining a conservative threshold (and assuming that the other criteria for discontinuation are met). Members supported amending the recommendation concerning the vaccination uptake threshold within LTRCFs to **80%,** from the 90% threshold cited in the paper.

The Acting Chair thanked the AMRIC for its paper. The NPHET 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).

The HSE confirmed that updated visitation guidance for LTRCFs has been drafted with a view to presenting this guidance to the NPHET for approval at its next meeting. The HSE outlined that, pending the NPHET's approval of this guidance, further engagement will be required with relevant stakeholders to ensure that the guidance is consistently operationalised across all LTRCFs.

1. **Action: The criteria for discontinuation of serial testing in Nursing Homes in the first instance, followed by other Long-Term Residential Care Facilities (LTRCFs), were agreed 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:

a. **80% of residents and 80% of staff are ≥14 days post COVID-19 vaccination i.e. ≥14 days post their second dose of a two-dose vaccine;**
b. **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);**
c. **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.

The NPHET further clarified that the above-cited decision does not apply to acute mental health facilities, including the Central Mental Hospital.

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.

4. HIQA Expert Advisory Group

No matters arose for discussion under this item.

5. Future Policy

a) Vaccination

The HPSC presented its draft report *"COVID-19 Vaccination Uptake in Ireland - Weekly Report"*, for discussion. The HPSC stressed that the report was in its first iteration and based on data taken from the HSE COVID-19 Vaccination Management System (CoVax) system.

Summary data on vaccination uptake up to midnight 13th April 2021 includes:

- Number of doses administered by vaccine brand;
- Number of doses administered by gender;
- Number of doses administered by age.

The HPSC outlined that further work is required with the OGCIO and other stakeholders to ensure that more detailed information on vaccination uptake can be provided on an ongoing basis.

The Acting Chair thanked the HPSC for presenting its draft work on vaccination uptake, acknowledging the HPSC's caveat that further work is required to enhance these data. Contributions were invited from the NPHET Members. Key points made were as follows:

- The NPHET commended the HPSC for the significant work undertaken in a short period of time.
- The NPHET queried whether the CoVax system has the capability to ensure that individuals invited by multiple sites for vaccination are captured as a single case within the CoVax system. This capability is important to ensure that individuals classified as 'Did Not Attend' (DNA) can legitimately be categorised as such. The HPSC confirmed that the CoVax system, through which all individuals will register for their vaccination, will have the ability to capture this information.

The Acting Chair thanked the Members for their contributions and signalled that a further update on the COVID-19 Vaccination Programme would be welcomed at the NPHET's next meeting, along with any further updates from the European Medicines Agency (EMA).

i. Vaccine Safety Update

The HPRA provided a verbal update on the national reporting experience for COVID-19 vaccines. The next report will be published on the HPRA website on 22nd April, and monthly thereafter.

The HPRA also updated the NPHET regarding the European Medicines Agency (EMA) statements for Comirnaty, Vaxzevria (formerly COVID-19 Vaccine AstraZeneca) and COVID-19 Vaccine Janssen. These updates will be available on the EMA website on 15th April.

The NPHET Members raised a number of issues in relation to vaccination:

- It was noted that a defined care pathway is in place for individuals who present with severe adverse side-effects post-vaccination. This will ensure that any adverse events are identified promptly and that affected individuals can receive care from appropriate specialists as required.
- The ICGP raised the issue of anecdotal reports where fully vaccinated individuals had been admitted/transferred to nursing homes, where both staff and residents were fully vaccinated, yet were still required to complete 14-days in self-isolation. The NPHET affirmed the need for vigilance on this issue to ensure that care and protection for residents of Long-Term Residential Care Facilities (LTRCFs) from COVID-19 was being managed appropriately, noting that the practices described by the ICGP overstepped current IPC guidance for LTRCFs.

The Acting Chair thanked the HPRA for its update and the NPHET noted same.

6. Communication Update

The DOH and the HSE presented *"NPHET Communications Update – 15th April 2021"*, for noting.

With regard to the Vaccine Quantitative Tracker, the nationally representative sample of 2,400 people conducted on behalf of the DOH by Amárach Research on 12th April revealed that:

- 51% of the population know someone in their immediate social circle who has had COVID-19.
- 86% (70% definite, 16% probable) say they will get the COVID-19 vaccine when it is offered.
- 42% say they have concerns around the vaccine - 33% are worried about side effects of the vaccine, 21% worried about the long-term effects on health.
- GPs are the most trusted source of information on the vaccine for 75% of the population, followed by the HSE (50%), DOH (48%), and Pharmacists (42%)

The Quantitative Tracker shows:

- The level of worry is at 5.8/10, which has fallen for the third week in a row.
- Concern for the health of family and friends, the economy, health system overload and prolonged restrictions are now the highest source of worry.
- The majority, 57% (an increase from 44% the following week) now believe that the worst of the pandemic is behind us, 19% believe it is happening now, and 9% believe it is ahead of us.
- 36% think Ireland is returning to normal too slowly, 43% think it is at about the right pace. 21% think it is too quick.
- People are disengaging from COVID related news.

The latest Social Activity Measure (ESRI/DOT) for the week commencing 9th April reveals that:

- Mobility remains relatively stable, but there has been an increase in visits to workplaces. There was a small but significant increase in workplace attendance in March compared with February - 33% of all respondents had visited their workplace the previous week, up from 30%.
- The number of people who met from other households continues to increase, and almost 1 in 5 people have a close contact interaction on any given day.
- Fewer precautions are being taken during household visits. Despite a general decline in overall household visits, visits for social reasons have remained stable. 1 in 10 people report hosting visitors or visiting another household the previous day. Risk factors associated with transmission of COVID-19 during these visits are becoming more prevalent.

- People who are more worried and people who judge preventing the spread of COVID-19 to be more important than the burden of restrictions meet fewer people from other households and are less likely to have a close contact. Although a large majority remain worried and favour preventing the spread of the virus, both variables continue to decline since January.

The Qualitative Tracker for the weeks ending 28th March and 4th April provided feedback from focus groups amongst young farmers, working parents, and young adults 19 – 35 years old, as well as two in depth interviews with a new mum and a district nurse working for the HSE.

The HSE updated the NPHET on the HSE vaccine communications campaign that is currently underway. There is also engagement with advocacy groups for Cohorts 4 and 7. It was further noted that 'Ring your GP' has been removed from communications, given that the online vaccine registration portal is now live. The paper noted the future campaigns that are in development.

The Acting Chair thanked the DOH and HSE and the NPHET 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

No matters were raised under AOB at this meeting. The Acting Chair briefly noted that developments regarding open access to testing are expected over the coming weeks; the HSE will provide an update on same at the appropriate time. Furthermore, a paper on vaccine efficacy studies will be formally brought to the NPHET in the coming weeks, following engagement with the HPSC.

c) Date of next meeting

The next meeting of the NPHET will take place Thursday 22nd April 2021, at 10:00am via video conferencing.