



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

13th May 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 2,957 cases have been notified in the 7 days to 12th May 2021, which is an 8% decrease from the last NPHE meeting on 28th April when 3,205 cases were notified in the 7 days to 27th April.
- As of 12th May, the 14-day incidence rate per 100,000 population has increased to 130; this compares with 122 at the last NPHE meeting on 28th April. The 7-day incidence per 100,000 population has decreased to 62, from 67 at the last NPHE meeting.
- 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 was 426 on 12th May, compared with 437 on 27th April.
- Incidence decreased across almost all age groups in the last week, most notably in those aged 13-18 years, 19-24 years, and 75 years and older. While incidence increased in those aged 13-18 years when schools reopened (associated with a much larger increase in referral for testing), it has now stabilised and reduced; there has been a moderate recent increase in incidence in children aged 5-12 years, which has also stabilised, and little change in incidence in children aged 0-4 years.
- Of cases notified in the past 14 days, 77% have occurred in people under 45 years of age; and 3% were aged 65 years and older. The median age for cases notified in the same period is 29 years. Incidence in those aged 65 and older is now significantly below the population average. This is likely due in the first instance to reduced social mixing in this group, and now an emerging vaccine effect in the older age cohorts.
- 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 6,175 cases reported in the last 14 days, 2.3% (139) were healthcare workers.
- The Reproduction number (R) is just below 1.0 (range 0.8-1.0), with moderate levels of uncertainty in its estimation. The rate of growth of the disease is currently at 0% to -2%.
- There were 130,697 tests undertaken in the last week (as of 12th May). The 7-day average test positivity rate has decreased to 2.4% on 12th May, a decrease from 2.8% to 27th April as observed at the last NPHE meeting.

- Excluding acute, serial, and mass testing in response to outbreaks, the community test positivity rate has decreased since the last NPHET meeting; the rate was 6.7% over the 7 days to 10th May.
- According to Contact Management Programme data (excluding acute, serial, and mass testing in response to outbreaks), 13 counties have a community positivity rate greater than 5%.
- According to Contact Management Programme data from 26th April – 2nd May, where results were available for Test 1, 11.9% (1,053/8,874) were positive. Household close contact positivity rate was 25.5%.
- According to Contact Management Programme data from 19th-25th April, where results were available for Test 2, 4.1% (169/4,105) were positive. Household close contact positivity rate was 11.0%.
- There were 111 confirmed COVID-19 cases in hospital this morning, compared with 153 on 28th April. There have been 11 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 36 confirmed cases in critical care, compared with 45 on 28th April. There have been 2 admissions in the previous 24 hours.
- To date, there have been 11 deaths notified with a date of death in May. This compares with 85 and 238 deaths notified (to date) with a date of death in April and March, respectively. Of the 11 deaths in May to date, 1 has thus far been associated with a hospital outbreak and 1 has been associated with a nursing home outbreak.
- In total, 72 cases of B.1.351 (variant first identified in South Africa) have been confirmed by whole genome sequencing.
- 28 confirmed cases of P.1 (variant first identified in Brazil) have been identified in Ireland to date.
- 34 confirmed cases of B.1.617.2 (variant first identified in India) have been identified in Ireland to date. This variant has been designated a variant of concern.
- Other variants of note/under investigation that have been confirmed in Ireland to date: 127 B.1.1.318, 33 B.1.525 cases, 15 P.2 cases, 7 B.1.526 cases, 9 B.1.617.1, 6 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 8th May 2021. Week 18 refers to 2nd – 8th May 2021, and data are restricted to cases and outbreaks notified since 29th November 2020.

Healthcare setting outbreaks:

- There was 1 new outbreak notified in acute hospitals in week 18 of 2021. At the end of week 18, there were 14 open clusters, an 18% decrease on week 17.
- There was 1 new cluster notified in nursing homes/community hospitals in week 18, this compares with no new outbreaks in these settings in week 17.
- At the end of week 18, there were 5 open clusters associated with nursing homes, which is the same as the previous week;
- There were no open outbreaks in community hospitals and long stay units.
- There were 25 open clusters associated with residential institutions at the end of week 18, with 3 new outbreaks notified in week 18. The 3 outbreaks notified in week 18 associated with residential institutions related to vulnerable groups and are described in further detail below.
- Within other residential settings at the end of week 18:
 - There were 5 open outbreaks in centres for disabilities.
 - There was 1 open outbreak in a mental health facility.
 - There was 1 open outbreak in a Children's / TUSLA residential centre.
 - There was 1 open outbreak in an 'other type' residential facility.

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

- There were 10 new outbreaks reported in vulnerable populations in week 18, compared with 21 in the previous week.
 - There was a decrease in the number of outbreaks in the Irish Traveller Community with 6 new outbreaks in week 18, compared with 16 new outbreaks in week 17; there were 139 open outbreaks at the end of week 18.
 - There was 1 new outbreak in the Roma community in week 18, with 8 open outbreaks.
 - There was 1 new outbreak each in direct provision centres, prisons, or facilities for people with addictions in week 18.
 - There were no new outbreaks in Homeless facilities in week 18, compared with 4 outbreaks in the previous week. There were 6 open outbreaks by the end of week 18.

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

- There were 7 outbreaks newly notified in childcare facilities, with 65 open outbreaks remaining by the end of week 18. There were 33 new cases notified in these settings in this week.
- There were 61 outbreaks newly notified associated with school children and/or staff in week 18, with 109 new cases notified in this week. This compared with 29 outbreaks in the previous week.
- There were 2 new outbreaks in University/college/third-level students in week 18, with 14 outbreaks remaining open by the end of week 18.
- Based on the latest data on testing in schools over the period of 2nd– 8th May 2021 (week 18), 4,191 tests were completed in 194 primary schools resulting in a 2.3% positivity rate, and 3,327 tests were completed in 101 post-primary facilities resulting in a 0.9% positivity rate. In total, 64 tests were carried out in 7 special education settings with a 3.1% positivity rate and 1,070 tests were completed in 74 childcare facilities resulting in a 4.2% positivity rate.
- The number of cases detected, positivity rates, and numbers of cases associated with outbreaks in schools remains 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 17 workplace outbreaks reported in week 18 across a variety of settings, which is an 11% decrease on the number of outbreaks identified in week 17 (19)
- In total, 6 outbreaks were in commercial settings, 3 were in construction settings, 3 were in office-based settings, 3 were related to food production settings, 1 in manufacturing, and 1 in another workplace setting.

Travel outbreaks:

- There were 9 travel-related outbreaks reported in week 18, which is an increase on the number of outbreaks identified in week 17 (7). There were 68 open outbreaks by the end of this week.

In summary, the epidemiological situation in Ireland remains concerning but is currently stable. Disease incidence is high, but stable, with significant variability and uncertainty. Incidence decreased across almost all age groups in the last week, most notably in those aged 13-18 years, 19-24 years, and 75 years and older. Recent transient increases in incidence in children and adolescents now appear to be stabilising. Community test positivity remains elevated but is reducing. GP test referrals for those aged 18 years and under, having increased through April and into early May, decreased again over recent days.

The numbers of confirmed cases in hospital and ICU continue to decrease slowly. The numbers of deaths related to COVID-19 are static or reducing slowly. Markers of population mobility have continued to increase, noting the impact of the May bank holiday on recent trends. The mean number

of close contacts per adult confirmed case is relatively stable (approximately 2.7). The Reproduction number (R) is just below 1.0 (range 0.8-1.0), with moderate levels of uncertainty in its estimation. The Growth rate in daily case numbers is currently estimated at 0% to -2% per day.

While we have noted a clear impact of vaccination in long-term residential care, healthcare workers, and those aged 75 years and older in the community, and there is currently a broadly positive epidemiological outlook, Ireland remains vulnerable in the coming weeks as the wider population is not yet protected through vaccination. As such, the situation remains uncertain, and we need to continue to follow the basic precautions while keeping close contacts low in order to minimise risk of transmission.

The NPHET agreed to hold its next meeting on 27th May. This meeting will focus primarily on our epidemiological readiness to progress the planned further easing of public health measures in June. Consideration will also be given at this meeting to remaining measures not included in the phased reopening over May and June.

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 Holohan', written over a horizontal line.

Dr Tony Holohan
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