An Roinn Sláinte
Department of Health
Office of the Chief Medical Officer

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

26th 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 (NPHET). The NPHET reviewed the latest epidemiological data, and the following key points were noted.

Please note that due to the ongoing disruption to the HSE's IT systems, data reporting from a number of COVID-19 surveillance systems is currently limited. To ensure the continued surveillance and reporting of COVID-19 cases in the wake of the cyber-attack on the HSE's systems, an alternative approach to reporting daily COVID-19 case numbers was introduced on 15th May 2021. Case numbers were reported based on the number of positive results from laboratories adjusted for any duplication. Further work was undertaken to develop a more robust process for daily case numbers and from 25th May daily case numbers are based on a data extract from the Covid Care Tracker. The HSE Covid Care Tracker (CCT) is the IT system that records the data collected at telephone interviews with COVID-19 cases and their close contacts. The number of cases is based on this improved process and relates to cases reported on the CCT over the same period of time. These data should be considered provisional and are subject to change. As soon as all COVID-19 surveillance systems are restored, COVID-19 cases for this period will be collated and validated on CIDR.

- A total of 3,100 cases have been reported in the 7 days to 25th May 2021, which is a 5% increase from the last NPHET meeting on 13th May when 2,957 cases were notified in the 7 days to 12th May.
- As of 25th May, the 14-day incidence rate per 100,000 population has decreased slightly to 128; this compares with 130 at the last NPHET meeting on 13th May.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 51%, demonstrating that there have been slightly more cases in the last 7 days compared with the preceding 7 days.
- The 5-day rolling average of daily cases was 419 on 25th May, which is similar to that of 12th May (426).
- Of cases notified in the past 14 days, 79% 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 27 years.
- Of the 6,085 cases reported in the last 14 days, 3.0% (185) were healthcare workers.
- Over the 7-day period 18th – 24th May, there have been approximately 104,491 laboratory tests completed (this excludes testing through acutes pathway). The positivity rate for tests completed in community and private settings was 2.9%.
- From the 18th – 24th May, there were 65,841 community test referrals. This weekly total has increased by 32% since the same time period the previous week (11th – 17th May; 49,787 total test referrals). From the 16th – 22nd May, the group with the largest number of test referrals is the 5-13 years age group, which makes up 23.5% of all test referrals.
- During the same time period, of those tested with close contacts, the average number of close contacts per case was 3.6. Please note this includes close contacts aged under 18 years.
- There were 99 confirmed COVID-19 cases in hospital this morning, compared with 111 on 13th May. There have been 7 newly confirmed cases in hospital in the 24 hours preceding this morning.

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- There are currently 41 confirmed cases in critical care, compared with 36 on 13th May. There has been 1 admission in the previous 24 hours.
- Recent COVID-19 GP Community Tracker (GP Buddy/TCD/ICGP) data indicate a stable trend in terms of the average number of patients contacting respondent GPs that were deemed to be clinically likely to have COVID-19.
- 89 confirmed cases of B.1.617.2 (variant first identified in India) have been identified in Ireland to date. B.1.617 (all three lineages) has been designated as a variant of concern in Ireland.
- 39 confirmed cases of B.1.617.1 (first identified in India) have been identified in Ireland to date.
- 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.
- Other variants of note/under investigation that have been confirmed in Ireland to date: 181 B.1.1.318, 54 B.1.525 cases, 15 P.2 cases, 8 B.1.526 cases, 6 B.1.429, and 2 B.1.1.7 with E484K mutation.

Outbreaks and associated cases are based on those reported up to midnight on 22nd May (week 20). Week 20 refers to 16th – 22nd May 2021. Due to the cyber-attack on system networks, data are limited to an aggregate summary of outbreaks reported to the HPSC by regional Departments of Public Health.

Aggregate data on 142 outbreaks were reported to the HPSC by regional Departments of Public Health for week 20 2021.

Healthcare setting outbreaks:

- There were no new outbreaks reported in nursing homes, community hospital/long-stay units or acute hospitals in week 20 2021.
- There were no new outbreaks reported associated with other healthcare settings (Centres for disabilities, Mental Health facilities, Children's/TUSLA residential centres and "other residential") by the end of week 20.

Vulnerable Groups, Irish Traveller Community, Direct Provision & Prison Outbreaks:

- There were 3 new outbreaks reported in vulnerable populations in week 20.
  - There was 1 outbreak reported in Irish Traveller Community in week 20.
  - There were 2 new outbreaks in Direct Provision centres.
  - There were no reported outbreaks in Homeless facilities, Roma Community, prisons, or facilities for people with addictions in week 20.

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

- There were 9 outbreaks reported in childcare facilities.
- There were 59 outbreaks reported associated with school children (+/- staff) in week 20.
- There were 3 outbreaks in University/college/third level students in week 20.

Workplace outbreaks:

- There were 36 workplace outbreaks reported in week 20 across a variety of settings.
- In total, 4 outbreaks were in construction settings, 3 were related to food production settings, and 28 outbreaks were in other workplaces that did not have a setting defined.

While there has been significant disruption to the usual disease surveillance processes due to the impact of the recent cyber-attack on the HSE, a range of key data remain available and serve to provide a broad understanding of the current disease profile. The epidemiological situation in Ireland remains concerning but is currently stable. Disease incidence is high but stable. In addition, test positivity rates in public health laboratories have been stable at less than 4% since early April.

The number of confirmed cases in hospital has remained stable. The number of admissions and newly confirmed cases in hospital per day is also steady at 10-15 per day. The number of patients in ICU with confirmed SARS-CoV-2 infection has increased slightly, however, the number requiring invasive ventilation has fallen. The overall number of close contacts reported by the Contact Management Programme during the week ending 23rd May increased by 11% on the previous week, while a smaller increase (4%) was observed over the same time period

in respect of the number of complex contact episodes. Markers of population mobility have continued to increase since the last NPHET meeting.

In summary, the epidemiological picture gives a broadly optimistic outlook in relation to the disease, but we remain vulnerable in the coming weeks as a large proportion of the population is not yet protected by vaccination.

Overview of Modelling Projections

It remains challenging to model the likely course of SARS-CoV-2 infection, and significant COVID-19 disease, over the coming months. The possible scenarios generated by models vary widely depending upon the assumptions made, with continuing key uncertainties in relation to the relative transmissibility of the B.1.1.7 variant, the level of vaccine effectiveness, and the potential role of children and adolescents in transmitting infection.

However, in assessing risks, and the likely trajectory of the disease, it is important to note:

- The cautious but progressive de-escalation of public health restrictions in recent months has not been associated with any significant increase in incidence of infection, with case counts remaining relatively stable at 400-500 per day, numbers in hospital and ICU declining slowly, and a significant decrease in mortality.
- The Vaccination Programme is proceeding at or ahead of schedule with high uptake. Furthermore, there is early evidence of high levels of vaccine effectiveness in the prevention of symptomatic infection, and early evidence of a greater effectiveness in preventing severe disease and death.
- The incidence of infection is currently tracking at or below the model scenarios generated in late April 2021 for progressive reopening in May and June 2021, giving increased confidence that the planned easing of public health restrictions in June 2021 remains low- to medium-risk.

Overall, there are a number of key conclusions from current modelling projections:

1. The current plan for re-opening in June 2021, with an emphasis on outdoor activity, remains low-to-medium risk.
2. The medium-term position, with greater indoor social contact, is very uncertain and depends heavily on assumptions regarding the increased transmissibility of the B.1.1.7 variant.
3. Ongoing assessment of the risk will be possible over the course of June as further data emerges on the effect of the de-escalations on 10th May and 7th June 2021, and further international data emerges on vaccine effectiveness and transmission patterns.

Overall Assessment and Advice

The overall epidemiological position remains stable, and the recent relaxation of measures has not yet resulted in any noticeable increase in incidence of infection. In addition, there continues to be very significant progress made by the Vaccination Programme, with high uptake. As referenced in my letter of 28th April, the protection provided by vaccination is already changing the relative risk profile at a population level and will continue to do so substantially over the coming months. In particular, the level of population protection is expected to increase over the course of July.

We are also continuing to see strong public compliance with public health measures. The latest data from the ESRI Social Activity Monitor, commissioned by the Department of the Taoiseach, shows sustained compliance with public health advice, with 45% of the population reporting meeting nobody over the previous 48-hour period, a trend that has changed very slowly over time. While there has been an increase in reported close contacts, almost all of the increase is driven by people aged over 60 years, as vaccinated people begin to re-engage in social activity. From Amárach survey data, a majority of 54% think Ireland is trying to return to normal 'at about the right pace', while 24% think the pace is too slow, and 23% think it is too fast.

However, notwithstanding the current positive position, there remains a number of key uncertainties and risks, including:

- Case numbers and incidence remain relatively high.
- A significant proportion of the population, albeit at low risk to the severe impacts of COVID-19, will remain unvaccinated over the months of June and July.

- The transmissibility and overall impact of variants remains uncertain, particularly in relation to the B.1.617.2 variant.
- Individual and community level compliance and buy-in to public health measures and responsiveness to changes in the profile of the disease has remained high but cannot be taken for granted.
- While the situation appears promising, there are still uncertainties in relation to the uptake, effectiveness, and impact on transmissibility and disease severity of available vaccines.

As previously advised, in light of these uncertainties, no assurance can be given that the disease profile will remain similar to that experienced over recent weeks. While modelling projections continue to suggest that the easing of measures proposed in June, with a focus on outdoor activities, can be considered low-to-medium risk, there are greater uncertainties in relation to the medium-term position and the impact of a greater level of indoor social mixing across the population. Depending on the relative transmissibility of the B.1.1.7 variant, modelling projections show that there is still a risk of a further spike in case numbers, with a corresponding increase in hospitalisations.

The NPHET, therefore, advises that while there is, on balance, scope to continue with the relaxation of public health restrictions, this must be on a cautious and phased basis with sufficient time between phases to assess impact. This will be critical to ensuring the protection of the gains made over recent months, the protection of those most vulnerable, and the protection of our core priorities of protecting health and social care, education, and childcare.

Specifically, the NPHET advises that:

1. The measures announced by Government for June on 29th April can proceed.
2. The following additional measures can be implemented from 7th June:
    - The numbers permitted at outdoor organised events can increase to the levels permitted under Level 2 of the Framework for Restrictive Measures (the Framework). This provides for a maximum of 100 attendees for the majority of venues and a maximum of 200 attendees for outdoor stadia/other fixed outdoor venues with a minimum accredited capacity of 5,000.
    - Cinemas can reopen.
3. Measures are further eased in July and August, as follows:

    <u>No sooner than 5th July</u>
    - A further increase in the numbers permitted at outdoor events to the levels permitted under Level 1 of the Framework. This provides for a maximum of 200 attendees for the majority of venues and a maximum of 500 attendees for outdoor stadia/other fixed outdoor venues with a minimum accredited capacity of 5,000.
    - Recommencement of indoor events in line with Level 2 of the Framework, permitting a maximum of 50 attendees at the majority of venues and 100 in larger venues.
    - Return of indoor services in restaurants and bars.
    - Return of indoor sports and exercise activities.
    - Increased numbers permitted to meet indoors in private homes in line with Level 2 of the Framework.
    - Increase in the number of guests at wedding receptions/celebrations to 50.

    <u>No sooner than 2nd August</u>
    - A further increase in the numbers permitted at outdoor events as follows: a maximum of 500 attendees for the majority of venues and a maximum of 5,000 attendees or 25% of venue capacity (whichever is the lower number) for outdoor stadia/other fixed outdoor venues with a minimum accredited capacity of 5,000.
    - A further increase in the numbers permitted at indoor events in line with Level 1 of the Framework, permitting a maximum of 100 attendees at the majority of venues and 200 in larger venues.
    - Increase in the number of guests at weddings to 100.
    - 50% capacity restriction on public transport can be removed, continuing protective measures to be determined by the relevant authorities.

The NPHET advises that there should be at least a four-week period between each phase of measures, i.e., measures in July should not be implemented prior to 5th July. The NPHET also advises that a progression to each phase of measures will be fully contingent on the epidemiological situation at the time. A full assessment of the position in advance of each phase will be necessary before measures can be implemented. The NPHET will continue to closely monitor the situation, including in relation to variants of concern, over the coming days and weeks.

The proposals outlined above represent a significant return to economic and societal activities over the summer months. It will be important that there continues to be the high level of adherence to public health measures and advice and continued practice of basic preventative behaviours that have been an enduring feature of our collective response throughout the pandemic. It will also be essential that all sectors, businesses, and organisations ensure that sectoral guidance and communications are reviewed and refreshed where necessary to support the safe reopening of sectors and that compliance is monitored and enforced on an ongoing basis. In particular, we know that crowded indoor environments with poor ventilation pose a significant risk in relation to COVID-19 and all protective measures must be taken to mitigate the risks in these settings.

Finally, despite the progressive relaxation of measures at a population level, caution should continue to be exercised by those that are not fully vaccinated and they should seek to limit their indoor interactions with people who are also unvaccinated and avoid crowded indoor situations, especially if they are at risk of severe impacts of COVID-19.

You may wish to note that officials in the Department of Health are providing public health advice to a memorandum for consideration at Cabinet on Friday 28th May in respect of international travel.

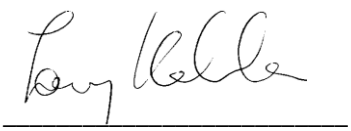
HIQA Advice

The NPHET also endorsed the HIQA's advice on COVID-19 interventions and health-related factors that prevent infection or minimise progression to severe disease, noting that availing of the COVID-19 vaccine, when offered it, continues to be the most effective measure to prevent serious illness. Public health messaging on the benefits of engaging in healthy behaviours should continue. Public health messaging should also endeavour to empower individuals to take ownership of their own health, while recognising that due to health inequalities not everyone has the same opportunity or capacity to be healthy. Public health initiatives should therefore continue to focus on addressing any such inequalities.

The NPHET further endorsed the HIQA's advice on duration of immunity (protection from reinfection) following SARS-CoV-2 infection, extending the period of presumptive immunity from six to nine months post-infection. Any such changes to policy should be clearly communicated and consistently applied. The impact of new variants on natural immunity will be kept under review.

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 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