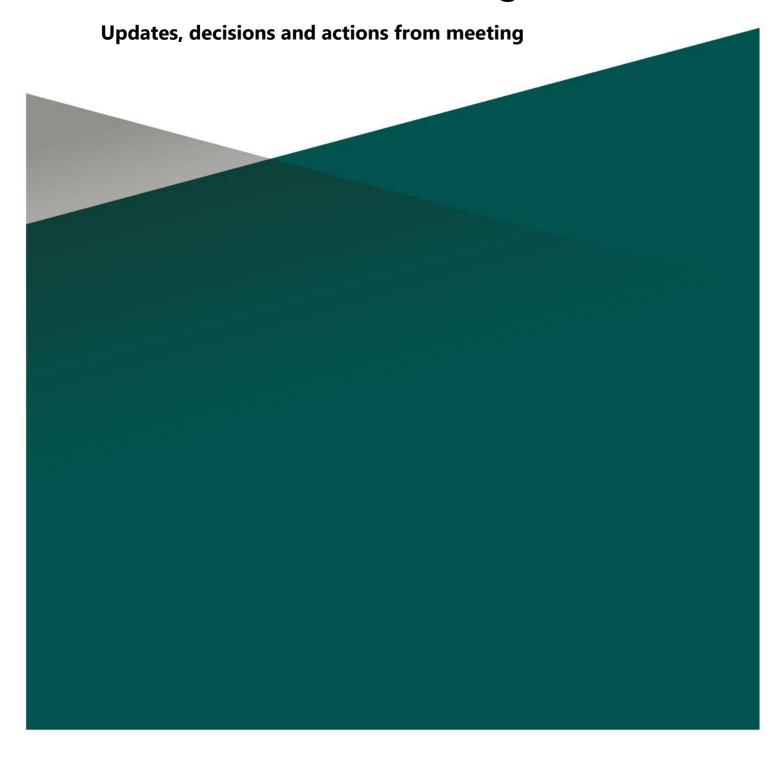


High Level Task Force on COVID-19 Vaccination

29 March 2021 Meeting



High Level Task Force on COVID-19 Vaccination Monday 29 March 2021 14:00

Updates, decisions and actions arising from meeting

1. Attendees

A. Members in attendance	B. Additional attendees in support	
Prof Brian MacCraith, Task Force Chair	Kate Waterhouse, Task Force Secretariat	
Prof Karina Butler, Chair, NIAC	Sean Bresnan, National Director of Procurement, HSE	
Liz Canavan, Chair, SOG on COVID-19	Elizabeth Headon, Programme Communications	
Fergal Goodman, Assistant Secretary, Health Protection Division, DOH	Gerry O'Brien, Director, Health Protection, DOH	
Dr Colm Henry, Chief Clinical Officer, HSE	Deirdre Watters, Head of Communications, DOH	
Rachel Kenna, Chief Nursing Officer, DOH	Dr Lucy Jessop, SRO WS2, Director, NIO, HSE	
Barry Lowry, Chief Information Officer, OGCIO	Paul Flanagan, SRO WS3	
Derek McCormack, Expert on Cold Chain Logistics	David Walsh, SRO WS4	
Dermot Mulligan, Assistant Secretary, Innovation and Investment Division, DETE	Dr John Cuddihy, SRO WS5	
Dr Nuala O'Connor, ICGP	Fran Thompson, SRO WS6	
Lorraine Nolan, Chief Executive, HPRA	David Leach, SRO WS7	
Dalton Philips, Chief Executive Officer, DAA	Eileen Hearne, Government Information Service	
Paul Quinn, Government CPO and CEO, OGP Damien McCallion, National Director, HSE		
Paul Reid, Chief Executive Officer, HSE	Deirdre McNamara, General Manager, Quality & Patient Safety, Acute Hospitals Division, HSE	
Martin Shanahan, Chief Executive Officer, IDA	Keiran Barbalich (PWC), Programme Office	
Derek Tierney, Programme Director	Michael McDaid (PWC), Programme Office	
	Yvonne Mowlds (PWC), Programme Office	
	Fiona Smith (PWC), Programme Office	

Apologies: Dr Ronan Glynn, Acting CMO, DOH; Dr Lorraine Doherty, Clinical Director Health Protection, HSE

2. Updates, decisions and approvals by Task Force

At the meeting, the Task Force:

- Noted this week's context of media prominence in relation to a number of issues (on today's agenda); reaching end Q1 with significant milestones achieved (over 800,000 vaccines administered; 120,000 vaccines administered in 7-day period); and plans for Q2, with vaccination to be part of tomorrow's Cabinet considerations on COVID-19.
- Reviewed open actions and near-term issues in progress, including waste
 minimisation at point of use (report and metric), which will be ready for presentation
 shortly; workforce reporting dashboard; role of pharmacists in the vaccination
 programme; and confirmation of cohort population sizes. Two near-term issues are
 due for discussion by Government tomorrow: approach to vaccinating minority
 communities and vulnerable groups; and policy/operational considerations and
 composition assessment of future cohorts and administering to cohorts in parallel.
- Heard a communications update: on the Public Information Campaign, extensive work was done for the recommencement of AZ, including significant communications with stakeholders; communications to cohort 4 are ongoing and moving to calling over-75s. Research shows that a 5% dip in sentiment following AZ suspension had recovered within a week, and a RedC poll for the Business Post found two-thirds of people willing to receive AZ, but also that 67% believe Government is not doing a good job on the rollout (up from 47% in January). News coverage focussed on vaccinations out of sequence, especially the Beacon Hospital, reflecting earlier findings that fairness is the public's top rollout priority; and covered positive US trial data for AZ; EU discussions on supply; resumption of visits to nursing homes; a focus on vaccine 'bonus'; increased attention on individuals' time-frames; and vocal groups making case for accelerated vaccination. Minister Donnelly is due in the Seanad on 29 March, and 7 April marks the 100th day of vaccinations.
- Heard a programme update: over 800,000 doses administered; dose 1 for cohort 1 substantially complete; substantial completion of dose 1 for cohort 2 impacted by AZ pause fHCW portal now closed and finalisation of those registered this week; completion of dose 1 for cohort 3 on track for mid-April ca. .25m vaccines administered to over 70s by GPs (26 Mar). Identification of those in cohort 4 remains challenging without national disease registries dose 1 for ca.200,000-230,000 people expected to be substantially completed by end-April. Administration to housebound patients is continuing. NIAC has updated its Immunisation Guidelines (26 Mar) and HPRA has published its fifth safety bulletin (25 Mar)
- Discussed current issues new agenda item:
 - Compliance with Vaccine Allocation Strategy: clear guidance had been provided to all vaccination centres (VCs), including on doses and backup lists; steps taken in relation to recent publicly reported issues at the Beacon hospital were discussed.
 - o Issue of potential 'double scheduling': WS6 SRO gave IT update.

- Confirmation of delivery channels and information provision to cohort 4: detailed planning session this evening, including on communications and timelines; communications have gone to hospitals; complexity due to number of conditions and sub-groups, and lack of registries.
- Perceived complexity of vaccinator recruitment process: review of concerns took place - improvements identified and implemented, including frontloading of process; insertion of FAQs into CPL system with essential information highlighted, and engagement with key groups.
- Discussed upcoming planned activity for w/c 29 March: planned distribution of 95-105,000 vaccines; ongoing work with IMO on role and support of GPs for later cohorts; continued planning for later cohorts.
- Reviewed a programme status report, noting key risks, and heard an update on the workstreams: ongoing engagement with manufacturers, with mock delivery from Janssen scheduled, all vaccine deliveries received this week, planning with national cold-chain service for ramp-up finalised (WS2); Janssen notification of planned 55m doses to EU, ongoing discussions in EU re Pfizer allocation, EMA approved new manufacturing sites and more flexible storage conditions for Pfizer (WS3); and portal for fHCWs closed now testing public portal, GP integration, and pilot planned for pharma system (WS6).
- Heard a presentation on WS5: Monitoring and Evaluation of COVID-19 Vaccination Programme: work is ongoing to enable reporting on uptake; implementation of effectiveness studies is being progressed; work is ongoing to provide data for effectiveness studies and impact surveillance, and on data transfer and data quality; twice-weekly reporting is in place to ECDC surveillance system. The objectives were outlined for impact monitoring (measure and compare direct (vaccinated) and indirect (unvaccinated) effects of programme) and vaccine effectiveness (VE) studies (estimate overall and product-specific COVID-19 vaccine effectiveness; break down by category), and an overview given of VE studies to date, showing significant impact in reducing outbreaks and deaths in LTCFs, and cases in HCWs. Next steps were outlined in relation to data integration and reporting.
- Heard an update on integrated operational planning, including a forecast of up to 864,000 vaccines in April (cohorts 3, 4 and 7 via GPs, hospital groups and CHO teams some discussions ongoing; up to 30 VCs used from April for cohorts 5, 6 and some of 9 (hard to reach/vulnerable) 14 already operational); and a forecast of 1.1 million vaccines in May via GPs and VCs. A detailed plan and timeline for cohorts 1-7 was reviewed as well as a weekly rollout plan for cohorts 4-7 to end-May, with doses administered increasing weekly. The complexity of certain cohorts and the need for fluidity was reaffirmed, and an update given on the status of VCs.
- Reviewed a presentation on workforce (current and new): 3,230 applications received through the national recruitment campaign for vaccinators; 238 candidates have confirmed start dates; 330 people across a range of professions have completed all training components. Workforce requirements (vaccinators/other) for VCs in

April/May were outlined; clear capacity targets have been set for each VC and sufficient staff will be in place. The next phase (June and beyond) will necessitate a greater workforce, and HR planning will remain ongoing and a focus of the HLTF.

- Discussed vaccine supply and forecast, confirming the figure of 1.187 million doses for Q1; and noting that Janssen has increased the size of its first delivery and brought its timing forward, and that future supply will vary significantly by week.
- Noted that most medium-term issues are for periodic review; discussed vaccination
 certification, noting that policy discussions are ongoing at European level; that policy
 here is being progressed through the SOG on COVID-19, which will provide a paper
 on policy considerations for Government; and that the OGCIO is engaging with WS6
 to ensure the technology will be available and adaptable to any policy decision.
- Heard an update on the operational performance scorecard, noting that Cumulative Administration Efficiency remains very high with over 90% of available vaccines administered within four days.
- Noted, in summary, milestones reached in Q1, detailed planning for Q2, progress on the integrated delivery plan for future cohorts, ongoing focus on VCs and workforce, and updates on vaccination certification. The HLTF thanked Elizabeth Headon for her work in Programme Communications as she returns to her former role.
- Agreed the next meeting of the HLTF will take place on 6 April at 2pm, bank holiday notwithstanding.

New actions agreed by Task Force – 29 March

#	Action	Owner
1	None	None