



Rialtas na hÉireann
Government of Ireland

High Level Task Force on COVID-19 Vaccination

24 May 2021 Meeting

Updates, decisions and actions from meeting



High Level Task Force on COVID-19 Vaccination

Monday 24 May 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	Dr Lorraine Doherty, Clinical Director Health Protection, HSE
Fergal Goodman, Assistant Secretary, Health Protection Division, DOH	Gerry O'Brien, Director, Health Protection, DOH
Rachel Kenna, Chief Nursing Officer, DOH	Deirdre Watters, Head of Communications, DOH
Barry Lowry, Chief Information Officer, OGCIO	Dr Lucy Jessop, SRO WS2, Director, NIO
Derek McCormack, Expert on Cold Chain Logistics	Paul Flanagan, SRO WS3
Dermot Mulligan, Assistant Secretary, Innovation and Investment Division, DETE	David Walsh, SRO WS4
Lorraine Nolan, Chief Executive, HPRA	Dr John Cuddihy, SRO WS5
Dr Nuala O'Connor, ICGP	David Leach, SRO WS7
Dalton Philips, Chief Executive Officer, DAA	Eileen Hearne, Government Information Service
Paul Reid, Chief Executive Officer, HSE	Damien McCallion, National Director, HSE
Martin Shanahan, Chief Executive Officer, IDA	Anna Conlon, Special Advisor
Derek Tierney, Programme Director	Brian Murphy, Special Advisor
	Keiran Barbalich (PWC), Programme Office
	Michael McDaid (PWC), Programme Office
	Yvonne Mowlds (PWC), Programme Office
	Fiona Smith (PWC), Programme Office

Apologies: Paul Quinn, Government CPO and CEO, OGP

2. Updates, decisions and approvals by Task Force

At the meeting, the Task Force:

- Noted a very difficult week for the HSE and Department of Health in the wake of the recent cyber-attacks, as well as the continuity of the vaccination programme and its biggest week to date in spite of challenges, which include access to performance data; over 300K vaccines were administered and the programme is on track to reach 2.5m vaccinations administered within the coming days. The TF also noted that the programme will change significantly in Q3, and concerns about the Indian variant.
- Reviewed open actions, included changes to resource modelling based on operational experience, vaccine waste minimisation at point of use, and registration, uptake and DNA data as part of the operational reporting model; and discussed the role and timing of pharmacist involvement, which now requires adjustment in light of the latest NIAC guidance.
- Heard a communications update: Public Information Campaigns include the ongoing national and local radio and digital campaign, HSE #ForUsAll campaign, and registration of 45-49 year olds, with plans to target specific groups through community/digital radio and translations to multiple languages, and for national distribution of HSE booklets from June; vaccine-related traffic to gov.ie and the HSE is down again this week. News coverage last week included opening of the portal for those aged 45-49; vaccine clinics for socially vulnerable, at-risk groups and those in pregnancy; speculation on NIAC recommendations; vaccines and the Indian variant; and milestone statistics on the vaccination programme (2.4m doses; 45% adults one dose/15% fully vaccinated). Research continues to show positive vaccine uptake attitudes - the first ESRI Social Activity Measure vaccine module was published last week. Unavailability of vaccine data is a challenge in the wake of the cyber-attacks.
- Heard a programme update:
 - Over 2.3m vaccines administered to 23 May, with up to 45% of adults having received Dose 1 and up to 16% fully vaccinated; continued momentum with this being the biggest week for the vaccination programme to date with ca. 300K vaccinations administered; online registration opened for those aged 45-49 on 19 May; CMO letter incorporating NIAC guidance was submitted to the Minister for Health; the EMA's CHMP has recommended a change to the approved storage conditions for the Pfizer vaccine; and the HPRA published its update #7 on 13 May.
 - Discussed the recent cyber (ransomware) attack across the HSE; the programme's focus has been on maintaining stability and continuity of operations, with impacted areas including: training system off-line – contingency being developed; PCRS data (GPs) reporting paused; lack of access to e-mail; GP referral pathway deferred; and redeployment of some staff.
 - Noted that the programme for w/c 25 May includes plans to deliver 260-280K vaccines across eight cohorts/sub-cohorts, and that HSE decisions on the most recent NIAC guidance are expected mid-week.

- Reviewed a programme status report, noting that key risks include supply, IT system, associated cyber-attack impacts, potential subsequent waves of COVID-19 (variants), and that work remains ongoing across all workstreams: an overview of work under WS2 and WS3 was provided including an update on discussions at the EU Vaccine Steering Board; vaccinations are ongoing for cohorts 2 (implementation of NIAC advice on 12-week interval; impact of cyber-attack on vaccination of new fHCWs), 3 (NAS working 7-day week for house-bound patients), 4, 5 (37 VCs in operation, daily capacity ca. 30K vaccines) and 7 (including pregnancy pathway - began last week); vaccination of socially vulnerable groups - pathway for people in Traveller and Roma communities commenced 20 May and is under ongoing review (WS4); and WS6 has been impacted significantly by the cyber-attack but the focus remains on maintaining stability and continuity of the COVAX system (WS6).
- Heard an update from WS4 on tracking vaccine usage across VCs, the TrackVax project, which includes 2 months of data from eight sites in Wave 1 and six more in Wave 2; data was reported by vaccine type and discard reason, and can be disaggregated by site; overall waste minimisation efforts are proving effective; work is also ongoing on monitoring vaccine usage across the GP network and feedback should be available in the coming weeks.
- Discussed Integrated Operational Planning, including:
 - NIAC guidance summary points; pregnancy pathway now in place with varied takeup; AZ dose interval will remain as is for those who have already received dose 1, and will change to 12 weeks per new NIAC guidance w/c 24 May - uncertainty around AZ supply remains; NIAC guidance is that for those under 50, mRNA vaccines are recommended, while those for whom a second does may not be feasible can be offered Janssen, as can healthy 40-49 year olds after a rigorous informed consent process if it can be made available at an earlier time than they would get a mRNA vaccine, but they should not be disadvantaged if they choose not to avail of Janssen – AZ option will not be available as supply is needed for second doses; Janssen supply for June is uncertain. Consideration is ongoing on operationalisation of NIAC guidance with particular focus on the complexities of consent and choice considerations therein
 - Programme Plan Q2/Q3, with a number of considerations including the challenges in running three parallel VALs in May/June/July, including: it was noted that from mid-July, current NIAC advice means that Pfizer and Moderna will be those vaccines used, given current progress through age cohorts; while Pfizer supply increases in June, it reduces again significantly in July; and the recent cyber-attack may impact the timing of pharmacist integration into the programme. Scenario planning is ongoing and the TF reviewed draft cohort planning and model output on vaccinations by VAL.
 - Overview of VCs: 37 are operational with UCD planned to open soon; 750,000 people that registered on the public portal have been vaccinated in VCs; more than 30K vaccines are being administered daily; ca. 1,300 vaccinators are in place, recruitment is ongoing and recruitment of students has launched.

- Discussed vaccine supply and forecast, including at EU level, noting that four vaccines remain under rolling review by the EMA (Sinovac, Novavax, CureVac and Sputnik V), that no new application for authorisation has yet been made and no new vaccines are expected in Ireland’s vaccination programme during its next phase; on domestic supply, AZ’s May delivery will be lower than previously expected, and there is considerable uncertainty around Janssen supply for Q2; schedules for the next 6 weeks remain largely indicative, though Pfizer’s largest delivery to date w/c 31 May is confirmed (284,310).
- Discussed two medium-term issues:
 - 1) The EU Digital COVID Certificate on which agreement has been reached at EU level and for which the regulations are being put in place; EU plans are for it to be operable from 1 July with a 6-week settling-in period – a policy paper on DCC will go to Government later this week, while technological preparations have been impacted by the cyber-attack and redeployment of personnel; options for inclusion of evidence on recovery from COVID and COVID test details are being considered.
 - 2) COVID variants, including a Public Health England (PHE) report on vaccine effectiveness against the B.1.1.7 (UK) and B.1.617.2 (Indian) variant, which, albeit with a tiny dataset, shows the increase in Pfizer and AZ effectiveness against the Indian variant after a second dose, and the need to carefully consider vaccine intervals in the context of variants.
- Reviewed operational performance, including the scorecard, which incorporates assumptions on GP data due to the impact on data of the cyber-attack; a rolling 7-day view of vaccine administration; uptake by 10-year age group, showing nearly 100% registration and vaccination of 70+ age group; almost 85% registration of those aged 50-59 of whom over 64% have started vaccination; and registration of nearly 23% of those aged 40-49 (registration started last week); and the percentage of age groups vaccinated to date.
- Noted, in summary, Integrated Operational Planning and the Q2 plan; the most recent NIAC guidance; the HSE response to the recent cyber-attack; and concerns around the Indian variant.
- Agreed that the next meeting of the HLTF will take place on 31 May at which point a decision will be taken on the timing of the following week’s meeting (bank holiday).

New actions agreed by Task Force – 24 May

#	Action	Owner
1	Data on GP vaccine waste minimisation at point of use to be presented to HLTF	Sean Bresnan, Dr Lucy Jessop