



Rialtas na hÉireann  
Government of Ireland

# High Level Task Force on COVID-19 Vaccination

## 8 June 2021 Meeting

**Updates, decisions and actions from meeting**

**High Level Task Force on COVID-19 Vaccination**

**Tuesday 8 June 2021 14:00**

Updates, decisions and actions arising from meeting

**1. Attendees**

<b>A. Members in attendance</b>	<b>B. Additional attendees in support</b>
Prof Brian MacCraith, Task Force Chair	Kate Waterhouse, Task Force Secretariat
Prof Karina Butler, Chair, NIAC	Dr Lucy Jessop, SRO WS2, Director, NIO
Liz Canavan, Chair, SOG on COVID-19	Paul Flanagan, SRO WS3
Fergal Goodman, Assistant Secretary, Health Protection Division, DOH	David Walsh, SRO WS4
Dr Colm Henry, Chief Clinical Officer, HSE	Dr John Cuddihy, SRO WS5
Rachel Kenna, Chief Nursing Officer, DOH	David Leach, SRO WS7
Barry Lowry, Chief Information Officer, OGCIO	Michael Lohan, Divisional Manager Life Sciences, Talent, Transformation and Innovation, IDA
Derek McCormack, Expert on Cold Chain Logistics	Damien McCallion, National Director, HSE
Dermot Mulligan, Assistant Secretary, Innovation and Investment Division, DETE	Anna Conlon, Special Advisor
Dr Nuala O'Connor, ICGP	Deirdre Gillane, Special Advisor
Paul Quinn, Government CPO and CEO, OGP	Brian Murphy, Special Advisor
Paul Reid, Chief Executive Officer, HSE	Michael Butler (PWC), Programme Office
Derek Tierney, Programme Director	Michael McDaid (PWC), Programme Office
<b>B. Additional attendees in support</b>	Yvonne Mowlds (PWC), Programme Office
Sean Bresnan, National Director of Procurement, HSE	Fiona Smith (PWC), Programme Office
Dr Lorraine Doherty, Clinical Director Health Protection, HSE	Prof Philip Nolan (partial attendance)
Deirdre Watters, Head of Communications, DOH	
Eileen Hearne, Government Information Service	

**Apologies:** Dalton Philips, Chief Executive Officer, DAA; Lorraine Nolan, Chief Executive, HPRA; Martin Shanahan, Chief Executive Officer, IDA; Deirdre McNamara, General Manager, Quality & Patient Safety, Acute Hospitals Division, HSE.

## 2. Updates, decisions and approvals by Task Force

At the meeting, the Task Force:

- Noted the continued lack of access to GP data but that the significant milestone of 3 million doses administered had been reached in the last few days, with 55% of adults having received Dose 1 and ca. 26% fully vaccinated.
- Noted that the action on IEMAG modelling of the vaccination programme impact will be completed with a presentation at this meeting, tracking GP vaccine usage is ongoing, and the issue of the role and timing of pharmacist inclusion in the programme has been concluded.
- Heard a communications update: GIS and HSE public information campaigns continue to run, including #ForUsAll and registration of those aged 40-44; communications are being planned for a new element of the programme (Janssen for those over 50 through pharmacies); booklets are being delivered nationwide; promotion of material is ongoing for specific groups and a collective of young science communicators on social media in partnership with DoH continues to focus on vaccine myth busting/addressing hesitancy. News coverage last week included rollout to those aged 40-44; vaccine dose intervals; milestone programme statistics (nearly 3m doses administered); continued phased reopening; and the Digital COVID Certificate. Research continues to show positive vaccine uptake attitudes and that vaccine acceptance has risen in all age groups since January. RTE will air a documentary on the vaccine programme in the coming days.
- Heard a programme update: while GP data is still unavailable, ca. 3m vaccines were administered to 7 June (ca. 53% of adults - Dose 1; ca. 25% fully vaccinated) and ca. 270K vaccinations were administered last week; the HSE has implemented plans operationalising earlier NIAC guidance on AZ dose interval (16 to 12 weeks), pregnancy pathway and use of Janssen in over-50s, and will implement latest recommendation on AZ dose interval (12 to 8 weeks); ca. 160K 40-44 year olds have registered online since 2 June; Community Pharmacies are likely to be operational w/c 14 June; and the EMA has raised awareness of clinical care recommendations on suspected thrombosis with thrombocytopenia syndrome following administration of AZ and Janssen vaccines. The programme for w/c 7 June includes plans to deliver 250-270K vaccines, including 85K to high-risk, very high-risk and vulnerable groups (cohorts 4, 7, 9a) and 175K across the age cohorts, to operationalise NIAC advice on moving AZ dose interval from 12 to 8 weeks, and to extend vaccination of socially vulnerable groups to the Irish Prison Service. Noted that current issues include adjustment of AZ dose interval, impact of the cyber-attack on monitoring and surveillance, and the potential impact on resources required to contribute to inter-departmental work underway on the Digital COVID Certificate.
- Reviewed a programme status report, noting that supply certainty and availability continues to be the biggest challenge including to planning, and that to encourage uptake in younger cohorts, young science commentators are being used. Noted that work remains ongoing across all workstreams, including under WS4 where

administration to new fHCWs in cohort 2 continues but has been significantly impacted by the cyber-attack, vaccination of cohort 3 house-bound patients is continuing as is vaccination of cohorts 4 and 7, including the now well-established pregnancy pathway, and vaccination of socially vulnerable groups, which will now include the Irish Prison Service; and under WS6 where work continues to focus on maintaining stability and continuity despite diversion of resources to support restoration of HSE systems.

- Discussed Integrated Operational Planning, noting work on plans to implement NIAC advice on moving the AZ interval from 12 to 8 weeks,; a VC overview – 38 in operation with plans for an additional site and some site relocation, work ongoing to assess sustainability of current sites, over 877K vaccines administered in VCs to 2 June and 49% of vaccines to date administered in 7 large urban centres; a workforce overview, with continued high levels of recruitment; and an overview of age groups vaccinated/‘waiters’, showing continued high registration in all open age groups – a team continues to work on ensuring all those that register receive a vaccine. The HLTF also heard an update on Community Pharmacy rollout plans, including for the administration of Janssen to those over 50 and administration of mRNA vaccines to support VCs, and on HSELive, noting that 12-14K calls continue to be received every day though increasing numbers register online as lower age cohorts are reached - most calls relate to appointments and an increase in volume is expected when administration of AZ Dose 2 begins, that service quality is high and continually monitored for ways to improve, and that support is still being provided by Revenue and DSP.
- Discussed vaccine supply and forecast, including at EU level; domestic supply forecasts for Q2 and Q3 remain largely the same; looking ahead at June, there is clarity on Pfizer deliveries for the next two weeks, while the AZ delivery split for the last two weeks remains unclear and the Janssen delivery for next week is very small.
- Discussed medium-term issues, including progress on the Digital COVID Certificate, and heard a briefing on IEMAG modelling, which included an overview of the IEMAG model on vaccine supply, administration and effectiveness. The presentation also included an overview of incidence across age groups over time, showing a marked decrease in those aged 65 and older due to the effect of vaccination, modelled estimates of the risk of symptomatic infection and severe disease with different assumptions on vaccine effectiveness, and an overview of variant risk (Alpha, Delta) in the context of the medium-term/future trajectory, which is very uncertain due to unknown factors, including the transmissibility of variants, vaccine effectiveness and susceptibility/transmissibility.
- Reviewed operational performance, including the scorecard, which continues to show very high levels of efficiency based on estimated GP data, now includes data on the time taken from registration to scheduling by age cohort, and shows an increase in non-attendance levels for the latest period to 3 June – this is being analysed further. Also heard an update on the programme impact (WS5) and

reviewed data showing the differences in age-specific incidence, with significant decreases across the vaccinated cohorts and a marked rise in those aged 19-24.

- Noted, in summary, the ongoing variability of supply, the ongoing work to operationalise NIAC recommendations on AZ dose interval, and the vaccination impact.
- Agreed that the next meeting of the HLTF will take place on Monday, 14 June.