## National Public Health Emergency Team – COVID-19
### Meeting Note – Standing meeting

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<thead>
<tr>
<th>Date and Time</th>
<th>Wednesday 26th May 2021, (Meeting 88) at 11:00am</th>
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<tbody>
<tr>
<td>Location</td>
<td>Department of Health, Miesian Plaza, Dublin 2</td>
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<tr>
<td>Chair</td>
<td>Dr Tony Holohan, Chief Medical Officer, DOH</td>
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### Members via videoconference

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<tr>
<td>Dr Kevin Kelleher</td>
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<tr>
<td>Prof Mark Ferguson</td>
<td>Director General, Science Foundation Ireland, and Chief Scientific Adviser</td>
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<tr>
<td>Mr Greg Dempsey</td>
<td>Deputy Secretary, Governance and Performance Division, DOH</td>
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<tr>
<td>Dr Darina O’Flanagan</td>
<td>Special Advisor to the NPHET</td>
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<tr>
<td>Dr Breda Smyth</td>
<td>Public Health Specialist, HSE</td>
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<tr>
<td>Dr Kathleen MacLellan</td>
<td>Assistant Secretary, Social Care Division, DOH</td>
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<tr>
<td>Ms Deirdre Watters</td>
<td>Communications Unit, DOH</td>
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<tr>
<td>Dr Colm Henry</td>
<td>Chief Clinical Officer, HSE</td>
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<tr>
<td>Dr Elaine Breslin</td>
<td>Clinical Assessment Manager, HPRA</td>
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<tr>
<td>Dr Liam Woods</td>
<td>National Director, Acute Operations, HSE</td>
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<tr>
<td>Dr Catherine Fleming</td>
<td>Consultant in Infectious Diseases, University of Galway</td>
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<tr>
<td>Ms Fidelma Browne</td>
<td>Head of Programmes and Campaigns, HSE Communications</td>
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<tr>
<td>Prof Mary Horgan</td>
<td>President, RCPI</td>
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<tr>
<td>Prof Karina Butler</td>
<td>Chair of the National Immunisation Advisory Committee (NIAC)</td>
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<tr>
<td>Dr Siobhán O’Sullivan</td>
<td>Chief Bioethics Officer, DOH</td>
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<tr>
<td>Mr Colm Desmond</td>
<td>Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy</td>
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<tr>
<td>Ms Fidelma Browne</td>
<td>Head of Programmes and Campaigns, HSE Communications</td>
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<tr>
<td>Dr Anna-Rose Prior</td>
<td>Consultant Microbiologist, Tallaght University Hospital</td>
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<tr>
<td>Dr John Cuddihy</td>
<td>Interim Director, HSE HPSC</td>
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### ‘In Attendance’

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<tr>
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<tr>
<td>Ms Laura Casey</td>
<td>NPHET Policy Unit, DOH</td>
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<tr>
<td>Ms Ruth Barrett</td>
<td>NPHET Policy Unit, DOH</td>
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<tr>
<td>Dr Trish Markham</td>
<td>HSE (Alternate for Tom McGuinness)</td>
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<tr>
<td>Mr Gerry O’ Brien</td>
<td>Acting Director, Health Protection Division</td>
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<tr>
<td>Mr Ronan O’Kelly</td>
<td>Health Analytics Division, DOH</td>
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<tr>
<td>Dr Desmond Hickey</td>
<td>Deputy Chief Medical Officer, DOH</td>
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<tr>
<td>Dr Louise Hendrick</td>
<td>Specialist Registrar in Public Health Medicine, DOH</td>
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<tr>
<td>Ms Sarah Glavey</td>
<td>Health Protection Coordination &amp; Support Unit, DOH</td>
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<tr>
<td>Ms Aoife Gillivan</td>
<td>Communications Unit, DOH</td>
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<tr>
<td>Ms Sheona Gilsenan</td>
<td>Senior Health Data Analyst R&amp;D &amp; Health Analytics Division, DOH</td>
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### Secretariat

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<tr>
<td>Ms Ruth Brandon</td>
<td>Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Hawkes, Ms Fiona Tynan, Mr Liam Robinson, DOH</td>
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### Apologies

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<tr>
<td>Dr Ronan Glynn</td>
<td>Deputy Chief Medical Officer, DOH</td>
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<tr>
<td>Prof Philip Nolan</td>
<td>President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG)</td>
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1 References to the HSE in NPHET minutes relates to the staff of the HSE present at NPHET meetings and not the HSE Board which is the HSE in law unless otherwise stated.
1. Welcome and Introductions

a) Conflict of interest
Verbal pause and none declared.

b) Apologies
Apologies were received from Dr Ronan Glynn and Prof Philip Nolan.

c) Minutes of previous meetings
The minutes of 22nd and 28th April had been circulated to the NPHET in advance of the meeting. These were agreed subject to minor amendments and formally adopted by the NPHET.

d) Matters Arising
No matters were raised.

In terms of the overall focus of the meeting, the Chair outlined that there are two broad areas for consideration. Firstly, the NPHET needed to consider whether the current epidemiological situation allowed for the progression to the next phase of easing of measures in June. Secondly, the NPHET needed to consider recommendations that could be made in relation to measures that have not yet been timetabled for the post-June period. This will be discussed under Item 5, informed by the epidemiological assessment under Item 2.

2. Epidemiological Assessment

In advance of the presentation of epidemiological data, the NPHET Members were advised to note that due to the ongoing disruption to the HSE's IT systems, data reporting from a number of COVID-19 surveillance systems remained 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. The NPHET was advised that these data should be considered provisional and are subject to change. It was confirmed that as soon as all COVID-19 surveillance systems are restored, COVID-19 cases for this period will be collated and validated on CIDR.

a) Evaluation of Epidemiological data: (incorporating National Data Update, Modelling Report, and International Update)

The DOH, the HPSC, and the IEMAG provided an overview of the latest epidemiological data regarding confirmed cases, including the current information on hospitalisation, critical care, mortality, sampling, testing, and contact tracing. The data presented were as follows:

- 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 (19th - 25th May) compared with the preceding 7 days (12th - 18th May).
- 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 (12th – 25th May), 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 (12th – 25th May), 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.
• As of the morning of 25th May, there were 99 confirmed COVID-19 cases in hospital, compared with 111 on 13th May. There have been 7 newly confirmed cases in hospital in the 24 hours preceding the morning of 25th May.
• As of 25th May, 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 (variant 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.
  o There was 1 outbreak reported in Irish Traveller Community in week 20.
  o There were 2 new outbreaks in Direct Provision centres.
  o 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.

The NPHET concluded that, 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 overall epidemiological position is currently 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. The protection provided by vaccination is changing the relative risk profile at a population level and can be expected to continue to do so substantially over the coming months. 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.

The DOH presented the most recent modelling projections developed by the IEMAG and underlined that 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 was noted that:
• 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:
• The current plan for re-opening in June 2021, with an emphasis on outdoor activity, remains low-to-medium risk.
• 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.
• 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.

The Chair thanked the DOH, HPSC, and IEMAG for their inputs and invited the NPHET Members for their observations. Key points made were as follows:
• The HSE advised the NPHET that when a new case is notified, a risk assessment is carried out to assess the possibility that it could be a variant of concern, with particular focus on any links to travel. If the assessment concludes that the presence of a VOC is possible an advanced public health response is enacted. The HSE also advised that updated guidance on the B.1.617 variant has been issued to the health services and published on the HPSC website.
The NPHET queried how long it takes for the presence of a variant of concern to be confirmed in a case. The HSE advised that it can take up to 14 days before sequencing results are returned and that this is in line with international best practice.

The NVRL emphasised that, although whole genome sequencing is carried out in 30% of cases, public health measures are the most important factor in controlling the spread of new VOCs.

The DOH confirmed that the majority of B.1.617.2 cases are associated with travel or with close contacts of those who have travelled.

The HSE informed the NPHET that recent ECDC discussions have emphasised that countries need to further progress their vaccination programmes and that there needs to be a continuing focus on NPIs regardless of vaccination status of the population. An updated ECDC Rapid Risk Assessment will be published circa 10th June. The EMA are also expected to make recommendations on the vaccination of adolescents in the coming days.

The HPSC apprised the NPHET of Germany’s plans to approve the vaccination of children who are 12 years and older from the 7th June.

The Chair thanked the Members for their observations, noting their importance to the planned discussion under item 5(b).

3. Review of Existing Policy
No matters arose for discussion under this item.

4. HIQA Expert Advisory Group

a) Interventions in the community setting, prior to diagnosis of COVID-19, to prevent or minimise progression to severe disease

The Chair noted that the HIQA’s paper “Interventions in the community setting, prior to diagnosis of COVID-19, to prevent or minimise progression to severe disease - 12th May 2021” had been presented at the last meeting of the NPHET on 13th May for information, with a decision to be taken on its findings at the current meeting.

On the basis that Members had been given an opportunity to reflect on the paper’s findings, the Chair proposed the paper for endorsement, provided that Members did not wish to contribute any additional observations on the paper’s conclusions.

No further comments were raised on the paper and the NPHET endorsed its recommendations.

Action: The NPHET endorsed the HIQA’s advice on “COVID-19 - Interventions and health-related factors that prevent infection or minimise progression to severe disease, 12th May”, 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.

b) International Review of Immunity and Risk of Reinfection

The HIQA presented the paper “Duration of immunity (protection from reinfection) following SARS-CoV-2 infection - 25th May 2021”, for decision.

The HIQA provided a summary of the findings of its evidence synthesis, and outlined advice to the NPHET as follows:

- Current public health policies assume a period of presumptive immunity of six months post-infection with SARS-CoV-2.
- The updated evidence summary identified nineteen large cohort studies involving over 640,000 previously infected individuals, including six studies with over ten months’ follow-up. Across studies, the
risk of SARS-CoV-2 reinfection was consistently found to be low. No study reported an increase in reinfection risk over time. More limited data were identified in relation to the immune response to SARS-CoV-2 infection. The identified studies suggest that immune memory develops in most or all people that have been infected with SARS-CoV-2 and lasts for at least nine months.

- In light of these findings, consideration should be given to 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.
- Our understanding of the impact of new variants on natural immunity is evolving rapidly and should be kept under review. Future policy changes should be informed by the international evidence in addition to national surveillance data.

The Chair thanked the HIQA for this update.

Members stressed the importance of clear communication and dissemination of the guidance provided for in the HIQA’s paper across all relevant sectors to ensure consistency in its implementation and to foster a clear understanding of its operational implications.

The Chair noted this observation and proposed the HIQA’s findings for endorsement. The findings were endorsed by the NPHET.

**Action:** The NPHET endorsed the HIQA’s advice on “Duration of immunity (protection from reinfection) following SARS-CoV-2 infection, 25th May”, extending the period of presumptive immunity from six to nine months post-infection. Any such changes to policy will be clearly communicated and consistently applied. The impact of new variants on natural immunity will be kept under review.

c) *International Review on Mass Gatherings*

The Chair thanked the HIQA for its paper “Public health measures to limit the transmission of SARS-CoV-2 at mass gatherings - 25th May 2021” and noted that it had been circulated to Members in advance of the meeting and will inform the discussion on the resumption of mass gatherings under Item 5a.

5. **Future Policy**

a) *Future Measures*

The Chair introduced this agenda item by noting the broadly optimistic epidemiological outlook, modelling projections, and the ongoing successful rollout of the Vaccination Programme.

The Chair also noted that, going forward, the country will be transitioning from a regulation-based approach to a guidance-based approach. Notwithstanding the current stable situation, the Chair emphasised that ongoing monitoring will be essential in terms of both the national and international situation, especially in relation to variants. The Chair then invited the DOH to give a short presentation to Members to facilitate and guide the discussion.

The DOH noted the two key decision points for decision, as follows:

- Based on the current epidemiological situation, can the already announced measures for June proceed?
- Can further measures be proposed for July and August (subject to there being no significant deterioration in the epidemiological situation)?

With regard to the first question, the DOH reminded the NPHET Members of the measures scheduled for easing on 2nd and 7th June, which will focus on the outdoors with some limited indoor activities permitted. The DOH noted the four indicators contained within the Government Plan, which must be considered before the easing of restrictive measures can progress: disease incidence, hospitalisations, vaccination progress (especially among vulnerable groups), and variants of concern.
In terms of broad considerations, it was noted that protection provided by vaccination is already changing the relative risk profile of the disease 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 significantly over the course of July. There is also continued strong public compliance with public health measures.

Notwithstanding the overall relatively positive position, it was noted that there remains a number of key uncertainties and risks, including that:

- 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.

In summary, the DOH proposed that the NPHET give consideration to the continuation of gradual, step-wise reopening over the period June to August. Given the current stable position, it was proposed that two additional measures be considered for June – the reopening of cinemas and an increase in the numbers permitted at outdoor organised events to the levels permitted under Level 2 of the Framework for Restrictive Measures (the Framework).

The DOH also outlined a summary of the remaining measures for consideration, proposing, should the epidemiological assessment at the time allow, a gradual easing of remaining measures over July and August.

The Chair proceeded to invite Members to give their views on the proposals presented. The key points made during the ensuing discussion are outlined below:

- It was generally acknowledged that the risk profile had changed, and COVID-19 was now causing less harm in terms of severe illness and hospitalisations.
- It was raised that while indoor services and activities may become increasingly available, the NPHET should continue to advise and encourage socialisation outdoors, especially for those who are yet to be vaccinated.
- It was emphasised that all advice should be accompanied by the necessary caveats regarding risks and uncertainties, particularly the risk from emerging VOCs.
- Ventilation is a useful protective measure in indoor settings in association with other measures and this should be emphasised.
- Concern was expressed for young adults who have not yet been vaccinated but will be more likely to increasingly engage in social activities. Many Members expressed that they are cognisant and mindful of how difficult the pandemic has been for this age cohort, in particular, the secondary harms that restrictions have caused.
- People are carrying out their own risk assessments and are making informed decisions. Messaging should assist those who have not yet been vaccinated to make decisions on safe activities. It was suggested that a ‘traffic light’ approach to guidance could be helpful in this situation.
- The percentages projected to be protected by vaccination was queried. It was clarified that the modelling for population level of protection takes into account the lag time between vaccination and protection.

With due consideration of the prevailing epidemiological situation, uncertainties, and risks discussed throughout the meeting, the NPHET agreed that, on balance, there is scope to proceed with the easing of measures in June and to plan for a further relaxation of public health restrictions over July and August, but 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.

The NPHET agreed 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 advised 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.

Given the continuing uncertainties and risks, it was noted that the following will continue to be important aspects of the ongoing response:

- Sectoral authorities should ensure guidance is reviewed and refreshed to support the safe reopening of sectors and compliance is monitored and enforced on an ongoing basis.
- Continuation of non-pharmaceutical interventions, including robust testing and contract tracing and local public health responses.
- Continuing individual and collective adherence and buy-in to measures and practice of basic behaviours.
- Caution should continue to be exercised by those who are unvaccinated, and they should seek to limit their interactions with others who are also unvaccinated and avoid crowded indoor situations, especially if they are at risk of severe impacts of COVID-19.

The NPHET expressed thanks to the DOH for the work carried out in preparing the proposals for decision, which Members noted as being measured and proportionate. The Chair thanked the NPHET Members for their contributions and confirmed that this advice would be conveyed to Government following the meeting.

Action: 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 (subject to public health assessment at the time), as follows:
   - **No sooner than 5th July**
     - 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.
   - **No sooner than 2nd August**
     - 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.

b) Vaccination

i. Vaccination Programme Update

The HSE presented the paper “COVID-19 Vaccination Programme Report, Week Ending 21st May 2021”, for noting. The key updates were as follows:

- 2,310,674 vaccines administered to 23rd May (excluding vaccines administered by GPs from 14th May onwards, estimated to be 100,000-130,000).
- Over 1,695,000 people have now received the first dose of their vaccine and over 574,000 have received their second dose (as of 23rd May).
- The HSE is continuing to see positive outcomes for those people vaccinated with reduction in mortality, outbreaks, and disease prevalence amongst those vaccinated, with particular focus on the most vulnerable groups.
- The highest daily number of vaccinations given was recorded on 13th May at over 56,000; lack of GP data obscures true daily numbers since.
- Front line healthcare workers are substantially complete for Dose 1. The HSE has introduced a new process for new staff and student placements. 267,907 Dose 1 vaccines administered as of 23rd May. Dose 2 is also well advanced.
- Over 813,000 vaccines have been administered by GPs to the over 70s as of 23rd May, including over 461,000 first doses and over 352,000 second doses (excluding vaccines administered by GPs from 14th May onwards). The HSE has substantially completed all Dose 1s for the over 70s.
- Medically vulnerable: Dose 1 for very high-risk to be substantially complete in late May with only a small number of hospitals to conclude (Dose 1: 275,000). Target for high-risk people to be completed by early June (Dose 1: 20,000). This excludes any vaccines administered by GPs from 14th May onwards.
- A referral pathway has been developed for medically vulnerable people where their GPs are no longer participating in the Vaccination Programme. Implementation of this has been delayed due to the cyberattack.
- For the 60-69 age group, vaccination continued through the Vaccination Centres, with over 323,000 Dose 1 completed as of 23rd May.
- The 50-59 age group commenced vaccination in early May through the Vaccination Centres, with over 236,000 Dose 1 completed as of 23rd May. The expectation is to broadly complete all those registered by the end of next week (6th June). People continue to register in this age group which is a positive signal.
- The 45-49 age group commenced registration on the on-line system on 19th May; over 70,000 registered for that age group on that date alone.
- Another re-planning exercise is concluding based on recent NIAC advice. This included new advice on the use of AstraZeneca (Vaxzevria) and Janssen and a pregnancy pathway. This has a significant impact on the future use of AstraZeneca (Vaxzevria) and Janssen. This is also incorporating the future use of GPs and Pharmacies.
- In line with NIAC guidance, a pregnancy vaccination pathway commenced last week (between 17th to 23rd May) with those 34 weeks+ being prioritised initially.
- Uptake remains strong overall for the Vaccination Programme for those age groups receiving Dose 1, with 98% for the 85+ years, 97% for ages 70-85 years and 88% for 60-69 age cohort.

With regard to vulnerable groups, the HSE highlighted that there is ongoing active engagement with hard-to-reach communities to support as high an uptake in the Vaccine Programme as possible and the approach will be adapted as required to support this objective. The HSE noted that discussions have been held with
advocacy groups for the Roma community and significant uptake issues have been identified. Discussions have also been held with advocacy bodies for the Irish Traveller Community, with a clear preference for people to be vaccinated through mainstream channels where possible. In addition, any members of the Traveller Community who are medically vulnerable are being vaccinated through either GPs or Vaccination Centres.

The NPHET thanked the HSE for this update and noted same.

**ii. Vaccine Safety Update**
The HPRA provided a verbal update on the national reporting experience for COVID-19 vaccines, noting that no new signals have been identified from national reports since the last update to NPHET.

Regarding the EU monitoring experience, the HPRA highlighted ongoing evaluation of potential signals for vaccines, and changes to the product information for the AstraZeneca (Vaxzevria) vaccine.

The HPRA Safety Update Report was published on 20th May and provided to the NPHET for this meeting. The next report will be published on the HPRA website on 17th June and will be provided to the NPHET in advance.

The HPRA also provided an update on initial positive results from the heterologous prime-boost vaccine strategy trials (CombiVacS, Spain and Com-COV, UK).

The HPRA indicated that the EMA evaluation of Comirnaty in 12–15-year-olds is looking positive, and an EMA decision is imminent. The ethical concerns about vaccinating adolescents when international adult healthcare workers are not vaccinated were acknowledged, and Members noted that this concern would need to be balanced with considerations regarding infection and transmission in this age group.

The NPHET thanked the HPRA for this update and noted same.

6. Communications Update
The DOH briefly updated the NPHET on COVID-19 Communications, summarised as follows:

- 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.

The Chair thanked the DOH for this update.

7. Meeting Close
a) Agreed actions
The key actions arising from the meeting were examined by the NPHET, clarified, and agreed.

b) AOB
The NPHET acknowledged the considerable work undertaken by HSE and DOH colleagues to mitigate, to the greatest extent possible, the impact of the recent ransomware attack on the State’s IT systems.

c) Date of next meeting
The next meeting of the NPHET will take place Thursday, 17th June 2021, at 10:00am via video conferencing.