

# **Title: NPHET Advice on Future Measures**

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**Organisation: Department of Health**

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Action required:

- For noting
- For discussion
- For decision

Approved for future publication: **YES**

## 1. Introduction

Current public health restrictive measures are in place until the 5<sup>th</sup> April. Government will meet in advance of this date to review the level of restrictions. NPHE had an initial discussion on 18<sup>th</sup> March in relation to the advice it will provide to Government to inform its considerations. This discussion has informed the draft proposals for NPHE consideration outlined below.

## 2. Advice in relation to public health measures

### Current Position

Current Level 5 measures were introduced on 6<sup>th</sup> January. These measures were extended by Government on the 26<sup>th</sup> January until the 5<sup>th</sup> March and again on the 23<sup>rd</sup> February until the 5<sup>th</sup> April.

In its revised strategy, *COVID-19 Resilience and Recovery 2021– The Path Ahead*, Government set out its overall approach to the management of COVID-19 for the period ahead. The stated **objectives of the Plan** are:

- To make steady progress, starting with childcare and schools, while avoiding a further wave of disease and re-imposition of restrictions.
- To protect the most vulnerable by an efficient rollout of the vaccination programme.
- To remain vigilant and agile regarding the uncertainties in the face of new variants and to capitalise on emerging evidence on available vaccines.
- To lay the foundations for the full recovery of social life, public services and the economy.

The Plan notes that:

- **Any easing of measures should be slow and gradual**, with **sufficient time between phases** to assess impact and to respond if the epidemiological situation changes.
- **Limited reopening in March/April** with a focus on suppressing the disease to provide more options in the medium/longer term.
- Any reopening will take account of emerging international and national evidence and experience and will have **a specific focus on supporting mental health and wellbeing**.
- Any further easing of restrictions after 5th April will **need a further 3-4 week period** to allow for assessment of the impact of changes.

The Plan sets out **four conditions for any significant easing of measures**:

- Disease prevalence brought to much lower levels that can be managed and controlled by public health and R at or below 1.
- Hospital and critical care occupancy are reduced to low levels to protect the health service and allow for the safe resumption of non-Covid care.
- Ongoing and steady progress on the vaccination programme such that the most vulnerable are protected through vaccination.
- Emerging information on variants of concern.

The Plan sets out a number of areas for initial consideration if **the situation improves sufficiently**:

- Some easing of restrictions on outdoor activities and meetings beyond one other household.
- Consideration of extending the current 5km limit.
- Staggered start of easing of other areas of activity with a focus on outdoor activities including sport and some areas of construction.

The following measures have already been taken/are planned across priority services:

- All primary school classes fully resumed as of 22<sup>nd</sup> March
- 5th & 6th year secondary school classes resumed, remaining years to resume on 12th April
- ECCE early learning services resumed, remaining childcare to resume on 29th March

- Restrictions on nursing home visits eased on 22nd March
- Non-Covid care to recommence on phased basis

**Key Considerations:**

The NPHET in making its recommendation should have due regard to the following informing considerations, drawing on the discussion from the 18<sup>th</sup> March:

- **Ireland’s epidemiological situation remains volatile and uncertain.** Levels of infection remain high and case numbers have not reduced to a level which can be fully managed and controlled by public health. R is now estimated to be at or above 1 and combined with the current high baseline of incidence and a more transmissible virus, **the risk of a fourth wave of infection is very high** if measures are relaxed too quickly.
- **Levels of infections are substantially higher than in May/June 2020** when restrictions were initially eased after the first wave. They are also much higher than when measures were eased at the end of November following the second wave of infection and again in mid-December when NPHET recommended the reintroduction of Level 5 measures.

Date of measures	18/05/20 Phase 1	08/06/20 Phase 2	29/06/20 Phase 3	25/11/20	18/12/20	NOW (26/03/21)
14 day incidence	54	13	3	105	101	158
7 day incidence	24	3.4	1.7	45	58	85
5 day average	183	23	13	274	416	552
Number in hospital	386	122	22	269	206	317
Numbers in ICU	55	34	12	36	34	67

- **Furthermore, the virus has changed.** Approximately 90% of infections in Ireland are now of the B.1.1.7 variant and this changes things fundamentally. This variant is more transmissible, and we have seen how much harder it is to control. Close contact testing data shows that the positivity rate for all close contacts has nearly doubled compared to late 2020. In particular, the levels of transmission within households has increased, with more than one third of household contacts contracting the virus. It is important to recognise the enormous commitment and effort by the population over recent months to continue to suppress this much more transmissible variant.
- Our focus must remain on **protecting the gains of the last three months and protecting core national priorities** until vaccination can offer more widespread protection. The **potential impact that a fourth wave of infection would have now is considered very high** as the numbers fully protected from vaccination remain low and the health care system is already under considerable strain. As has been the experience in the past, it becomes very difficult to protect the most vulnerable and priority public services when community transmission is widespread. [See separate modelling paper for detail.
- Our **health system remains extremely fragile and the health care workforce is exhausted** following the most recent wave of infection. The number of COVID-19 patients in hospital and critical care remains high and at levels greater than the peak of the second wave in the case of ICU. Approximately 50% of those hospitalised and 70% of those in ICU since the beginning of the pandemic are under 70 years old, meaning that despite the rollout of vaccines to the most vulnerable groups, we can expect to see a continuing high level of admission to hospital if incidence remains high.

- The third wave of infection also caused extensive disruption to the delivery of non-Covid care including the deferment of all but essential time-critical elective care in hospitals and pausing/reduction of some community services in order to meet the highest priority needs in residential, community and home delivered services<sup>1</sup>. We are now just beginning the process of **reopening non-Covid health and social care services**. The HSE’s “Safe Return to Health Services Plan” outlines a three phased plan for the proposed restoration of services. The document is clear that, due to the challenges of a Covid-19 environment, there are limits on the level of activity that can be provided. Any resurgence in COVID-19 will cause inevitable further disruption to non-Covid services.
- There is emerging evidence of the **longer-term effects of infection with Sars-CoV-2**<sup>2</sup>. While there is a wide variability of type and severity of symptomatology, most studies show that fatigue, cough, headache, sleep disturbance and joint/muscle pain are the most predominant symptoms. While the evidence base is limited to date, one recent prospective study in hospitalised patients points towards residual effects in hospitalised patients lasting for more than 3 months in more than 70% of those studied and an unpublished Irish study of HCWs suggests residual symptomatology in 80% of Covid +ve HCWs after 3 months (studies may be limited by responder bias). A drop in quality of life including greater difficulty doing usual activities and increases in anxiety, depression and pain is reported. It is also reported that outcomes are significantly worse in working age females than males. The long-term impact of post-COVID syndromes on the working age population is not well understood but it may be very significant.
- **Levels of fatigue with restrictions are understandably growing** but evidence from behavioural studies show that **a majority of people remain supportive of the overall approach and compliant with measures and advice**<sup>3</sup>. While recent data show people are staying at home less and there has been an increase in social activities and social contacts, these trends are generally driven by a minority with the vast majority not engaging in these activities. These studies also identify the following as factors that most drive compliance with restrictions – (1) levels of worry, (2) perceived coherence of restrictions and (3) relative importance attached to preventing spread of the virus versus the burden of restrictions (i.e. fatigue alone isn’t a driver but relative willingness to act in the public interest is). Data also highlights a decline in wellbeing during the recent third wave, in particular among younger adults. The population appears to expect a slow reopening, with a majority expecting some easing in April but expecting it to be at least over 9 months before all restrictions are eased. A majority still believe the general approach to reopening is appropriate or should be more cautious, but there is a growing minority that believe it should be quicker.
- While at this moment the pandemic may feel interminable as we have collectively withstood the past three months in Level 5 restrictions, **the situation will improve significantly in the months ahead**. Vaccines will play a critical role in protecting the population against COVID-19 and vaccine roll-out will ramp up considerably from April. Considerable progress has already been made across the first four priority groups and based on current delivery schedules 8 out of 10 adults in Ireland will have at least one dose of vaccine available to them by the end of June. This gives real hope that **there can be a much more widespread easing of measures during the summer months**. However, **vaccine coverage is still low**, with just 3.9% of the population having received two doses to date (as of 23<sup>rd</sup> March) and it will be some time before the initial priority groups will be fully protected.
- **Clear and consistent communications** have been a core focus of the pandemic response from the outset and will continue to be central to the ongoing response. It is vital that the

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<sup>1</sup> Update on Non-Covid Care, Department of Health and HSE, 29 March 2021

<sup>2</sup> Long Covid: What is Known to Date - A briefing Paper for NPHET, Dr. Siobhán Ní Bhriain, March 2020

<sup>3</sup> Summary of Behavioural Evidence – March 2021, Behavioural Research Unit, ESRI

overall approach continues to be clear, coherent, and consistent, underpinned by evidence and gives the population a sense of hope.

- Ireland's plateauing case numbers take place against a backdrop of a **deteriorating situation across the EU**. Significant restrictive measures remain in place in the majority of EU countries and a number of countries have moved in recent days/weeks to increase restrictions as the continent responds to a new wave of infections<sup>4</sup>.
- Most recent **international guidance** from the ECDC<sup>5</sup> and WHO continues to urge caution and calls for a continuation of the public health measures that have been deployed over the last year until incidence levels have been reduced to the lowest levels possible and vaccination has reached a critical mass and has been shown to work.

### **Overall Assessment and Draft Advice**

In summary, the **four conditions set by Government to enable a significant easing of measures have not been met:**

- Disease incidence remains high and R is now estimated to be at or above 1.
- The numbers in hospital and critical care remain high.
- While vaccination across the first four priority groups is well advanced, as it stands, it will be some time before vulnerable groups are fully protected through vaccination – e.g. end May for the over 70s.
- Variants of concern and further potential mutations of the virus continue to pose a significant threat. The numbers of cases of variants of concern remains low but is growing. The impact of these variants on transmission, severity of disease and vaccine efficacy remains uncertain.

It is therefore proposed that the approach must continue to be one of **extreme caution** if we are to avoid a new wave of infection and protect the gains of recent months, which has come at huge sacrifice to everyone, until there is a greater proportion of the population protected through vaccination. As advised in March, the NPHET recommends a cautious, slow and phased approach, with sufficient time between any easing of measures to assess impact and to respond if the epidemiological situation changes, so as to protect core priorities and reopened services.

First and foremost, we must do everything possible to protect our core priorities:

- **Protect the most vulnerable:** These groups have been prioritised for vaccination. Vaccination has completed for the vast majority of group 1 (people aged 65 years and older who are residents of long-term care facilities), is nearing completion for group 2 (frontline healthcare workers), will complete for group 3 (people aged 70 and older) in mid-May and has commenced for group 4 (people aged 16-69 with a medical condition that puts them at very high risk of severe disease and death) - all dependent on supply forecasts being met. Until these programmes have completed, it is critical that the disease is kept under control.
- **Protect the health service:** The health service remains extremely fragile. There continues to be high levels of COVID-19 patients in hospitals and ICU, health care workers are exhausted and non-Covid services continue to be severely impacted. The only way to prevent further

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<sup>4</sup> Public health measures and strategies to limit the spread of COVID-19: an international review, HIQA 22 March 2021

<sup>5</sup> SARS-CoV-2 - increased circulation of variants of concern and vaccine rollout in the EU/EEA, 14th update, ECDC, 15 February 2021a

pressure on the system and to enable the resumption of non-Covid services is by keeping the disease under control.

- **Protect education and childcare services:** In-school education and childcare resumed on a phased basis since the start of March. Childcare services will fully resume on the 29<sup>th</sup> March, while remaining classes in second level are due to return on the 12<sup>th</sup> April. Our focus must remain on ensuring and protecting the full resumption of these services in recognition of the enormous cross societal impact of such services and their impact on youth mental health and wellbeing. This will be subject to ongoing review. It will be critical that there is a concerted effort across sectors and society generally to work together to ensure that the reopening of schools on the 12<sup>th</sup> April results in the minimum possible upward pressure on the reproduction number; this will require, in particular, a renewed focus on the importance of working from home and the avoidance of inter-household mixing outside of the school environment.

#### **DRAFT PROPOSAL**

Balancing the precarious epidemiological situation and modelling projections v. the acknowledgement of the enormous impact that this protracted period of restrictions is having across society and the need to provide for some improvement in societal wellbeing and quality of life – draft proposals:

- Level 5 measures should be extended for a further period of time.
- There should be no relaxation of measures before the full return of in-school education on the 12<sup>th</sup> April.
- From the 12<sup>th</sup> April:
  - Two households can meet up with one another outdoors for recreational purposes. Any meetings outdoors should be safe, with continued practicing of social distancing and other safe behaviours. Masks should be worn in crowded outdoor spaces.
  - Travel restrictions can be relaxed to enable travel within own county
- From 26<sup>th</sup> April:
  - Outdoor sports facilities can reopen (e.g. golf courses and tennis courts, other facilities as appropriate). Activities should take place between a maximum of two households. Facilities including club houses and any indoor facilities (e.g. changing rooms, showers, kitchens, meeting rooms), apart from essential toilet facilities must remain closed. There should not be any return to team sports or training activities.
  - Outdoor visitor attractions can reopen (i.e. zoos, open pet farms, heritage sites but not amusement parks) – indoor areas, including indoor visitor centres and gift shops should remain closed and hospitality should only be open for take-away services. Robust protective measures, including appropriate capacity limits, should be in place.
  - Recognising the significant impact of restrictions on funeral services, maximum attendance at funerals can increase to 25 on compassionate grounds. Given the known transmission risks associated with funerals, it is essential that this measure is fully complied with and that all necessary protective measures are taken. It is also essential that linked gatherings do not take place before or after funeral services.
- Consideration will also be given to the phased return of non-contact outdoor training, starting with under 13s in May.
- New guidance has issued in relation to visiting in long-term residential care facilities which will provide the framework for visiting in these facilities over the coming months. It is

therefore no longer deemed necessary to include visiting under the Framework for Restrictive Measures.

- No further relaxation of measures should take place over the coming month.
- While it is appreciated that the proposals are modest, they will enable people to do more outdoors and to engage in a modest level of safe socialisation.
- While these measures are in of themselves relatively low risk if all appropriate protective measures are taken, it is essential that they are not interpreted as a signal that wider socialisation and inter-household interactions are acceptable or appropriate at this time.
- Conscious of the upcoming Easter holiday period and the particular burden that restrictions place on the population over traditional festive periods. Need to stressed the importance of continued public buy-in and adherence to all measures over the period - inter-household and/or intergenerational mixing should be avoided and people should remain in their normal place of residence over the Easter period.

### 3. Guidance for those who are fully vaccinated

As vaccination roll-out continues across the immediate priority groups, it is timely for NPHEt to give initial consideration to the advice and guidance that should apply to those that are fully vaccinated. It is worth stating at the outset, that first and foremost, vaccines are intended to prevent severe illness and death and this remains the primary benefit at an individual level, especially for those most vulnerable to the disease. In time, as vaccination coverage becomes more widespread and greater proportions of the population are protected, the easing of restrictions at a population level will be facilitated. In the interim, it is proposed that NPHEt give consideration to whether it is appropriate at this time to provide revised or new guidance to those that are fully vaccinated.

#### Key Considerations

- Evidence continues to emerge in relation to the safety and efficacy of available COVID-19 vaccines. They are known to provide significant protection against severe disease and death, and also may provide good protection against transmission. However, we do not yet have a full understanding of their impact on transmission or the period of vaccine induced immunity and the risk of reinfection. There is also uncertainty in relation to the impact of virus variants on vaccine effectiveness. So, while those that are fully vaccinated will have a significant degree of protection, we are still at an **early stage of fully understanding the extent of that protection**.
- The overall epidemiological situation remains concerning as set out above.
- **Vaccine coverage is still low**, with just 3.9% of the population having received two doses to date (as of 23<sup>rd</sup> March). This includes nursing home residents and staff and some healthcare workers. It will be some time before the initial priority groups will be fully protected, e.g. it is estimated that the majority of the over 70 cohort will have full protection by the end of May.
- In addition to scientific evidence, there are considerable **ethical issues** to consider when examining any potential vaccine “dividend/bonus”<sup>678</sup>, in particular where vaccination permits access to services and activities. This is especially the case in Ireland at present, when population-level public health measures are in place.
- It is also recognised however that those who are being initially prioritised for vaccination include those who have been **disproportionately affected by the pandemic**, including health care workers, the elderly and the vulnerable and potentially should experience some dividend from vaccination.
- While there is growing discussion and debate on this issue, **very few countries have yet implemented any policies in this area**. Changes range from:
  - updated guidance for those who have been advised to cocoon to bring measures broadly into line with those for the general population;
  - guidelines permitting changes in individual behaviour (e.g. social visiting, close contact status);
  - access to services and activities using a certificate or passport.

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<sup>6</sup> *The scientific and ethical feasibility of immunity passports* – Brown et al, The Lancet, October 16, 2020

<sup>7</sup> <https://committees.parliament.uk/committee/327/public-administration-and-constitutional-affairs-committee/news/152971/ethical-and-legal-questions-of-covid19-vaccine-certificates-examined/>

<sup>8</sup> [https://www.who.int/news/item/15-01-2021-statement-on-the-sixth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/15-01-2021-statement-on-the-sixth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic)

- The UK<sup>9</sup>, which has administered high levels of first doses, but a much smaller number of second doses, will amend their advice for the clinically extremely vulnerable from 1 April. Those in this group will no longer need to shield as more than 9 in 10 of this group have received their first vaccine dose. They must also continue to follow national rules. Those in this group are being asked to continue to maintain strict social distancing; to keep social contacts low and to work from home where possible. If they cannot work from home, they are being advised to go to work. Children and students should return to education. Those who need to use public transport are encouraged to travel off-peak and those who go to the shops are encouraged to do so at quieter times.
- Denmark<sup>11</sup> has also issued updated guidance to those who are fully vaccinated. Those who are fully vaccinated and are at higher risk can now socialise with their immediate family or circle of friends; participate in leisure activities; use public transport and shop at busier times.
- The US<sup>12</sup> has issued specific guidelines for those that are fully vaccinated permitting limited indoor inter-household socialisation (permitted to gather indoors with fully vaccinated people or with unvaccinated people from one other household if that household is low-risk) and exemptions from the need to restrict movements or be tested if a close contact.
- Israel waited until it had a significant level of vaccination coverage before it introduced an easing of population health restrictions and the introduction of a green-pass system to allow those that are fully vaccinated to access certain services. Denmark has also announced plans for a green-pass type system to access some services, but this has not yet been rolled-out.
- The European Commission has published<sup>13</sup> a proposed Regulation for an EU Digital Green Certificate to facilitate travel within the EU. It is proposed that the Certificate will provide a common platform for proof that a person has been vaccinated, received a negative test result or recovered from COVID-19, but with Members States remaining responsible for decisions on the waiving of any public health restrictions for travellers. The proposal will now be considered by the Council and the Parliament and discussions are ongoing in this regard.
- Current advice in Ireland to over 70s and medically vulnerable is different to that of the general population. Advice encourages these groups to stay home as much as possible; not to use public transport; to shop during designated hours or to get someone else to shop for them; not to have visitors to their home unless essential for their care (although support bubble is permitted where applicable); avoid physical contact with other people; to wear a face covering when meeting with anyone indoors; keep a 2m distance when exercising outdoors; and for those not able to work from home should talk to their employer.
- Current advice on natural immunity: Following a HIQA review, NPHET recently recommended that the period of presumptive immunity from natural infection is extended from three to six months and HSE is in the process of reviewing and updating policy and guidance on this basis, including in relation to close contact designation. The HIQA review and NPHET advice did not apply to vaccine-induced immunity.
- In all recommendations and communications on this issue it is important to clarify what 'fully vaccinated' means. People are considered fully vaccinated two weeks after their second dose in a two-dose series and two weeks after a single dose vaccine.

<sup>9</sup> <https://www.gov.uk/government/news/shielding-advice-for-the-clinically-extremely-vulnerable-to-stop-from-april>

<sup>10</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/970375/Clinically\\_extremely\\_vulnerable\\_letter\\_guidance\\_from\\_010421.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/970375/Clinically_extremely_vulnerable_letter_guidance_from_010421.pdf)

<sup>11</sup> <https://www.sst.dk/en/English/Corona-eng/Vaccination%20against%20COVID-19/Fully%20vaccinated%20people>

<sup>12</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>

<sup>13</sup> [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_21\\_1181](https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1181)

## DRAFT PROPOSAL

While there is an undoubted level of individual protection provided by vaccination, we are still in the early stages of fully understanding the extent of that protection, the numbers with full protection remain very low and the epidemiological situation remains concerning. It is therefore proposed that a cautious and step-wise approach is adopted:

- In the first instance, current guidance for those most vulnerable to the severe impacts of COVID-19 – the over 70s and the medically vulnerable - should be aligned with that for the general population. This means that when they are fully protected from vaccination, they can be advised:
  - To use public transport for essential purposes
  - To go to shops
  - To meet up with one other household outdoors for exercise
  - These cohorts should continue to work from home where possible and if this is not possible, they should talk to their employer
  - To continue to follow Level 5 restrictive measures along with the rest of the population and continue normal protective measures
  - It should also be emphasised that full protection is not in place if it has been less than 2 weeks since the second dose, or if a second dose is still awaited and enhanced protected measures should continue to be applied.
- The HSE should review relevant policy and guidance for healthcare workers who are fully vaccinated including with regard to close contact status and return to work for medically vulnerable who have been cocooning.
- Advice will be kept under review, taking account of the evolving epidemiological situation, further evidence in relation to vaccine efficacy, duration of vaccine-induced immunity and impact of novel variants, and international advice and practice.
- It is also recommended that there is increased communications in relation to the importance of adhering to all public health measures and advice after vaccination, especially for those that have received a first dose, as there are some reports internationally of a rise in infections shortly after vaccination<sup>14</sup>.

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14 Covid-19: Stronger warnings are needed to curb socialising after vaccination, say doctors and behavioural scientists, Michael Day, BMJ, 19 March 2021