

National Public Health Emergency Team

Initial draft considerations for the easing of Level 5 measures
introduced on 22 October 2020

Discussion Paper

12 November 2020

Action required

- For noting
- For discussion
- For decision

1. INTRODUCTION

The Government introduced a range of public health measures in line with Level 5 of the Framework, effective from the 22nd October. The measures are to remain in place for six weeks until the 1st December. The intention is that NPHET will agree advice to Government in relation to the potential easing of Level 5 measures at its meeting of the 19th November.

This discussion paper builds on the discussion last week and presents an overview of a range of potential considerations that might assist NPHET in its consideration of how best Level 5 measures can be eased in a sustainable way and what the overall strategy for managing the virus should be in the coming months.

The paper gives an overview of:

- Learnings from recent experience
- Recent international advice and practice
- Recent behavioural research
- Outline of proposed approach and key considerations

2. SOME LEARNINGS FROM RECENT EXPERIENCE

Our understanding and knowledge of COVID-19 continues to grow and evolve, as does our understanding of how best to manage our response to the disease. Over the course of recent months, we have experienced significantly increased transmission, first on a regional basis and then nationally. In response, a range of interventions have been applied, culminating in current Level 5 measures. A similar pattern occurred across the EU. Experience over this period can inform our future approach.

- *When community transmission is widespread, it is difficult to bring the disease back under control without significant interventions*

Recent experience in Ireland would suggest that moderate levels of restrictions can slow down the growth rate and stabilise the disease, but in general they do not appear to have been successful in sufficiently reversing its trajectory. This compares with the success of very stringent measures adopted in March/April and the results to date following Level 5 measures.

A similar picture is emerging across the EU, where many countries have introduced comprehensive and more stringent restrictions over recent weeks as earlier less-intensive measures had failed to control the disease sufficiently and community transmission continued to spread.

- *Widespread community transmission will impact on the most vulnerable and will result in hospitalisations and death and increase levels of long-term illness (long-COVID)*

The recent pattern of the disease in Ireland highlights how difficult it is to prevent transmission to vulnerable groups when community transmission is widespread. In the early stage of this current epidemic wave, cases were predominantly experienced in the younger age groups. However, over time, incidence rates in the older age cohorts also began to rise, including in nursing homes residents, as did hospitalisations and deaths due to the increased severity of the disease on more vulnerable groups. Again, similar patterns have been evident across the EU. While there is a clear time lag, experience over recent months demonstrates that vulnerable groups will inevitably be

disproportionately affected and will bear the greatest impact once transmission levels in the community increase, which reflects the inter-connectedness of our society.

There is also increasing evidence on the long-term effects of Covid-19. While most people experience mild symptoms or moderate illness and recover after 2-6 weeks, for some people, certain symptoms may linger or recur for weeks or months following their initial recovery. This has been seen even in people with mild disease. Reported lingering symptoms include fatigue, shortness of breath, headaches and chest pain. COVID can, therefore, result in prolonged illness, even in young adults and children, without underlying chronic medical conditions.¹ Research is now also emerging which suggests that those who have survived COVID-19 are at greater risk of psychiatric disorders including anxiety, depression and insomnia².

➤ *We understand more about high-risk environments, activities and behaviours*

There is a growing body of evidence in relation to high risk environments, activities and behaviours:

- Indoor environments may be riskier due to the increased likelihood of crowded spaces, prolonged and intense contact with others, poor ventilation, and noise levels. In particular, activities involving dining, drinking, exercising, singing or shouting, especially in indoor crowded environments, are thought to be associated with an increased risk of transmission.
- Outdoors is safer, but not risk free particularly when there are large gatherings, limited social distancing, dense congregation, mixing among groups, and communal travelling amongst others.
- Activities or settings where large numbers of clusters have been consistently observed (nationally and internationally) include nursing homes, hospitals, meat and food processing plants, large shared accommodation, sporting activities, bars, nightclubs and restaurants, gyms, offices, shopping centres, cruise ships, weddings, shopping malls, prisons, mines and religious settings.³
- Emerging knowledge around superspreading events, with some studies estimating that approximately 20% of COVID-19 cases seed 80% of all local transmission⁴.

➤ *We successfully reopened schools and health and social care services and kept them open*

The successful reopening of schools in particular was a key goal for Irish society and gives us confidence that we can protect and continue with important aspects of our lives. The reported experience to date has been very positive and mirrors the international experience, with low levels of in-school transmission and limited numbers of outbreaks.

➤ *The overarching 5-Level framework of measures has enabled greater clarity and consistency in our response, but there must remain an element of agility*

The Plan for Living with COVID-19 has provided a helpful framework for decision-making on public health measures and provides for clarity, certainty and consistency. In practice, the levels within the

¹ (Source: https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6_2)

² Maxime Taquet, Sierra Luciano, John R Geddes, Paul J Harrison. Lancet Psychiatry 2020, Published Online November 9, 2020 [https://doi.org/10.1016/S2215-0366\(20\)30462-4](https://doi.org/10.1016/S2215-0366(20)30462-4)

³ HIQA report Advice to NPHE- What activities or settings are associated with a higher risk of SARS-CoV-2 transmission? November 2020.

⁴ Al-Tawfiq JA, Rodriguez-Morales AJ. Super-spreading events and contribution to transmission of MERS, SARS, and SARS-CoV-2 (COVID-19). Journal of Hospital Infection. 2020;105(2):111-2

Framework have been adapted to address the particular public health risk at a given time. This level of agility has allowed for nuanced decision-making at the level of both the NPHE and Government and should be maintained.

3. SNAPSHOT OF CURRENT INTERNATIONAL ADVICE/PRACTICE

ECDC Risks assessment (October) points to a deterioration in the epidemiological situation across the whole of Europe, raising their level to ‘serious concern’ with risks to healthcare systems being overwhelmed. Countries should continue to implement measures to reduce transmission, reinforce healthcare capacity, and provide easy and timely access to testing. Further, clear and targeted communications are a core element of the public health response and should emphasise a call for collective action to re-motivate people based on the impact on public health⁵.

WHO Considerations for implementing and adjusting public health and social measures in the context of COVID-19⁶ (November) outlines a 5-Level Situational Framework with proposed escalating public health measures outlined for each level. It notes that “Additional measures should be considered as soon as the situation deteriorates and the Situational Level increases. Delays in implementation of measures have been linked to increased mortality and the need for more stringent measures to regain control.” It also notes that adjustments should be made in a stepwise manner, and communications should be clear, timely, and transparent and include an evidence-based rationale for changing measures.

The WHO Pandemic Fatigue⁷ report proposes principles to reinvigorate public support for protective behaviours including be transparent, consistent, predictable in unpredictable circumstances, strive for fairness, and coordinate messages to avoid confusion. Their concrete actions include reaching out to local groups and organisations, develop guidance on living well while reducing risk, preparing and communicating safe solutions for national celebrations as early as possible, make behaviours achievable, positively frame achievement, conduct regular qualitative and quantitative population studies, provide an evidence base, and target communications.

The Lancet - Lessons learnt from easing COVID-19 restrictions: an analysis of countries and regions in Asia Pacific and Europe (policy paper September)⁸ - five key components identified:

- Effective surveillance systems: Real-time data to enable real-time understanding of disease;
- PH Capacity: active case finding, testing, tracing, isolation, and supports;
- HS Capacity: In particular to manage surges;
- Border Control Measures: Management of imported cases - Screening tools and quarantine measures become essential as borders reopen or as travel increases;
- Community engagement: Clear and transparent plan, need to educate, engage, and empower all members of society, especially the most vulnerable

⁵ https://www.ecdc.europa.eu/en/publications-data?f%5B0%5D=publication_series%3A1505

⁶ <https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf?sequence=3&isAllowed=y>

⁷ <https://www.euro.who.int/en/media-centre/events/events/2020/10/pandemic-fatigue-reinvigorating-the-public-to-prevent-covid-19>

⁸Han, E. *et al.* Health Policy, Published Online September 24, 2020 [https://doi.org/10.1016/S0140-6736\(20\)32007-9](https://doi.org/10.1016/S0140-6736(20)32007-9) <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932007-9>

Recent exit strategies in other countries – key elements

- Jurisdictions have tended to gradually ease restrictions and taken a stepwise approach
- A number have taken a regional approach to ease restrictions.
- Jurisdictions have taken a flexible approach when using Frameworks with set levels of measures when necessary.
- Some jurisdictions have used social bubbles to enable increased household interaction (repeat contacts) while continuing other measures to reduce transmission.
- As jurisdictions have eased out of lockdowns, additional measures have been introduced to keep the virus under control e.g. extending use of face coverings (Victoria), limiting access to hospitality (New York), international travel limits and restrictions e.g. quarantine/screening (New Zealand), and the increased use of fines for not adhering to rules.

Specific Advice relating to holiday periods

Some countries are starting to issue guidance for the holiday period. This includes guidance on how to safely meet people, have visitors to the home and advice on travel^{9,10}, and emerging proposals in relation to how university students can safely return home for Christmas^{11,12}.

4. SNAPSHOT OF MOST RECENT BEHAVIOURAL RESEARCH

- The nationally representative weekly survey carried out by the Department of Health¹³ has shown a significant level of trust in the health services, a high level of adherence with public health guidelines, and continued resilience among the vast majority of the population. 68% think the reaction of the government to the current coronavirus outbreak is appropriate, 19% insufficient, 13% too extreme.
- The mental health impact, however, has also been in evidence with very high levels of worry found among respondents throughout the pandemic. The level of worry, now at 6.3/10 is falling back to the level seen in Aug & Sept, and a slight decline in the proportion self-reporting to be staying at home, down from 83% to 80%.
- Recent research specifically in relation to Christmas shows:
 - 70% believe this Christmas will be worse than last year, with the main worry being reduced social contact (64%) and health of family and friends (63%)
 - The public, in general, expect the health experts to continue to make recommendations following the best scientific and medical evidence. Any deviation - including making exceptions for the Christmas period - runs the risk of losing credibility.

⁹ CDC, Holiday Celebrations and Small Gatherings: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/thanksgiving.html>

¹¹ <https://www.bbc.com/news/uk-scotland-54891434>

¹² <https://www.bbc.com/news/education-54887526>

¹³ Department of Health, Amárach Public Opinion Survey: <https://www.gov.ie/en/collection/6b4401-view-the-amarach-public-opinion-survey/>

- The role of public health officials is to provide clear and reasonable guidelines supported by evidence; the role of the public is to interpret how they apply these in their daily lives and plan their holidays accordingly.
- Just over 50% of people surveyed think there should be special consideration given to easing restrictions over Christmas, with slightly more feeling that this should happen in mid-December (65%) as opposed to early December (33%).
- A vast majority (85%) would opt to spend time with close family and friends as opposed to wider circles (8%) if it reduces the risk of further restrictions.
- There is a desire to open up hospitality, retail and allow mass/religious services to go ahead.
- There is little desire for significant and large celebrations, work parties, or big New Year's Eve parties.
- A majority (60%) would prefer if people didn't travel home for Christmas if this increased the risk of further restrictions.
- One area of concern is that while 86% felt that they would be able to comply with restrictions, only 28% believed that others would follow government guidelines.
- Finally, it may even be that this Christmas will be unique and memorable.

5. ADVICE TO GOVERNMENT – PROPOSED APPROACH & KEY CONSIDERATIONS

5.1 Overall strategy

Following feedback from NPHE discussion last week, it may be opportune to situate the advice to Government in relation to easing Level 5 measures in the context of the overall approach to managing the disease. Suggested key messages as follows:

- The **overarching strategy continues to be the suppression of the virus** to as low a level as possible (requiring R well below 1) and to keep it at a low level (R around or just under 1), while allowing as much of our society and economy to operate as is possible and safe.
- There are **three core elements** to this strategy:
 1. widespread effective practice of public health measures to prevent transmission, including social distancing, usage of face coverings, hand washing and cough/sneeze etiquette.
 2. having a comprehensive and rapid testing and tracing system to identify and manage cases when they do arise and to prevent further onward transmission
 3. having effective border control measures to limit the impact of imported cases.
- While further epidemic waves are not inevitable, **it is important for everyone to understand that they will happen if the above elements are not working effectively.** It is also important to understand that the potential effectiveness of these measures is dependent on cultural, political and geographic factors in individual countries.
- **Modelling suggests that in the absence of a vaccine, epidemic waves are likely,** and in this case, our collective goal is to reduce the likelihood of epidemic waves, and where they do occur, to reduce the size of the waves and to prolong the period between waves through the effective use of public health restrictive measures. It is accepted that pandemic fatigue is a challenge, and the

population are likely to find repeated along periods of restrictions an increasing challenge. However, it is important that the risks of this eventuality are understood.

- The **5-Level Framework will continue to guide our response** and it will continue to be utilised in a **flexible manner to ensure an agile and proportionate response**. The application of measures within an overarching Framework **ensures a level of certainty, clarity, and consistency**. Equally important is the agility that the current Framework provides, including maintaining the option to apply measures on a national or regional basis, and continuing flexibility and judgement in terms of when restrictions will be applied and at what level.
- Experience since the summer in Ireland and across the EU shows the exponential nature of disease transmission once a substantial volume of disease develops. Based on this experience, it is proposed **that early assertive action is preferable as the most effective means of arresting and reversing incidence rates**.
- It will also be important that when restrictive measures are introduced, **that they are given time to drive transmission to low levels**, as this gives the best chance of maintaining transmission at these low levels for the longest period of time possible.
- Our **three core priorities remain** and protecting these priorities will continue to guide our response:
 - Preventing unnecessary disruption to non-COVID health and social care services particularly given the impact on those services in the first half of 2020
 - Protecting medically and socially vulnerable people and
 - Proactively protecting against and averting significant disruption to childcare and education.
- The following remain critical:
 - Broad **societal buy-in** to national approach and adherence to advice, guidance and measures
 - Clear, comprehensive and consistent **communications**
 - **Inspection and enforcement** regimes in supporting and facilitating adherence to public health measures.
 - Continuing activation by **State agencies and other bodies** of all necessary processes, plans, supports and measures to ensure the necessary services are available to those who need them.

5.2 Easing of Current Restrictions – Key Considerations building on discussion last week

- **Restrictions should be eased on a phased basis**, with phasing determined by a balancing of public health risks with other societal and economic considerations. The impact of easing of measures should be **robustly and continuously monitored** to assess impact on transmission in advance of any further easing.
- **January is generally a period of peak demand** in the Irish health service, with increased risk of the system being overwhelmed.
- It is undoubtedly important that people have an **opportunity to enjoy the Christmas holiday season** following a difficult and challenging year including two periods of lockdown. It will be important that **different population groups** feel they have been considered as measures are eased.
- However, it will also be important to state clearly that this will have implications and **will increase the risk of more restrictive measures having to be reintroduced**. The length of time that this will take will be dependent on the extent to which behaviours are maintained.
- To minimize this risk we must **be clear that this Christmas will be different**. We need to ensure that people can spend time with close family and friends but there **will be a need for significant limitations on contacts and congregation** compared to what would normally take place at this time of the year. A lot of traditional gatherings with extended family and friends will have to be paused for this year.
- We also need to **empower people to meet safely** over the Christmas period and ensure that people of all ages have the tools to make good decisions as they decide who to meet and how to meet. It will be necessary to highlight the particular risk of **intergenerational transmission** over the holiday season as people travel around the country and as generations mix.

5.3 Proposed Approach

- To use the 5 Levels within the Framework to the greatest extent possible for phasing the easing of restrictions. Measures, in general, will be eased on a national basis.
- Two phases of measures proposed:
 - 1st December – Ease restrictions to a given level of the Framework
 - Provide for a further relaxation of some measures on a time limited basis in recognition of the holiday period – this won't align to a Level in the Framework, but will reflect those things that are important for people over the Christmas period.
- Measures would revert to the Level applying from the 1st December and would remain in place for at least three weeks to assess impact of Christmas period. Further decisions on measures will be dependent on the evolving epidemiological situation
- Note: Final decisions will be based on epidemiological situation at time of NPHE agreeing advice to Government – 19th November.

Issues for discussion:

1. What Level/measures should be advised for 1st December?

	Key Considerations
Level 4	Key measures in L4 – allowing travel within county, and allowing more outdoor activity (hospitality, non-contact training) Retail, Personal Services, Gyms, would remain closed. Hospitality only open for outdoor service. No visitors to house.
Level 3	Key measures in L3 - Retail, Personal Services, Gyms allowed open. Travel limited to county, churches/cultural venues remain closed. Hospitality open for outdoor dining. Options to have one household visit to private homes, and to open hospitality for indoor dining with additional restrictions in place.
Level 2	Key measures in L2 – Increased numbers allowed to private home (up to 6 people from 3 HHs), no restrictions on internal travel, organized events can take place – up to 50 indoors, 100/200 outdoors. All businesses/services open.

2. What measures should be relaxed for Christmas period, for how long and what accompanying advice is needed?

- Areas where flexibility could be provided:
 - No restrictions on internal travel – with strong messaging that this is only to enable families and close friends to meet over the period and guidance on how to reduce risk in advance of travelling.
 - Provide for larger social gatherings – with strong messaging that this should be the exception rather than the rule to enable and guidance on how to make visiting safe, including in relation to intergenerational mixing.
 - Visiting to healthcare facilities (LTRCFs and hospitals) – guidance may also be required in relation to traditional visits home from LTRC facilities for residents.
 - Allow religious services – with strong messaging on appropriate protective measures.

- Open (indoors) hospitality services - with strong messaging that this is only to enable families and close friends to meet in small groups (max number per group/table).
- Proposed time period will have to balance having an overly extended period of relaxed measures against a concentration of activity within a short window.
- Areas that will require particular guidance/communications
 - Retail over busy periods
 - Kids activities, including Santas grottos
 - Charity and voluntary events and services
 - Choirs and carol events
 - Public Transport
 - Public health guidance on safe visiting, safe travel, intergenerational considerations

3. What should advice be in relation to hospitality (need to consider both restaurants and wet bars)?

Options:

- As per previous decisions under Level 3, open for outdoor service only (limited to 15 people) from 1st December.
- Allow open for indoor service from 1 December, but on a more limited basis e.g. reduced capacity, reduced opening hours, limit of people per table as per Level 3 “additional restrictions for indoor service”.
- Allow open for indoor service but only for the time limited period as part of the holiday measures.

More generally, is there a more effective way of supporting people to understand what a safe level of socialisation is?

- While the Framework provides advice on the numbers of people that can gather together at a given point in time depending on the level of restrictions in place, it doesn't give any guidance on the appropriate number of contacts a person should have over a defined period of time.
- Data shows that the rate at which the virus transmits is proportional to the number of unique close social contacts within the population; and our primary means of suppressing the virus is to limit contacts and reduce the risk of any given close contact leading to infection.
- Modelling also shows that marginal changes in the number of close social contacts per person will lead to significant changes in viral transmission and reproduction number.
- People respond better to enabling measures ('this is what you can do') than restrictive measures ('this is what you cannot do').
- It may be worth considering an addition to current public health advice – ask people to limit their discretionary indoor close social contacts (excluding work, education etc) to N per week. N is not yet defined, but could be in the range 4-10. N could vary for younger adults, who have larger social networks and higher numbers of social contacts at baseline.