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

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Thursday 17th June 2021, (Meeting 89) at 10:00am</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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</tbody>
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### Members via videoconference
- Dr Ronan Glynn, Deputy Chief Medical Officer, DOH
- Dr Kevin Kelleher, Assistant National Director, Public Health, HSE
- Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG)
- Dr Cillian de Gascun, Laboratory Director, NVRL
- Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA
- Prof Colm Bergin, Consultant in Infectious Diseases, St James's Hospital
- Dr Siobhán Ni Bhriain, Lead for Integrated Care, HSE
- Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH
- Dr Mary Favier, Immediate past president of the ICGP, Covid-19 advisor
- Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital
- Ms Rachel Kenna, Chief Nursing Officer, DOH
- Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH
- Dr Lorraine Doherty, National Clinical Director Health Protection, HSE
- Dr Colette Bonner, Deputy Chief Medical Officer, DOH
- Ms Yvonne O'Neill, National Director, Community Operations, HSE
- Prof Mark Ferguson, Director General, Science Foundation Ireland, and Chief Scientific Adviser to the Government of Ireland, SFI
- Mr Greg Dempsey, Deputy Secretary, Governance and Performance Division, DOH
- Dr Darina O’Flanagan, Special Advisor to the NPHET
- Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH
- Dr Breda Smyth, Public Health Specialist, HSE
- Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH
- Ms Deirdre Watters, Communications Unit, DOH
- Dr Colm Henry, Chief Clinical Officer, HSE
- Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion)
- Dr Catherine Fleming, Consultant in Infectious Diseases, University of Galway
- Ms Fidelma Browne, Head of Programmes and Campaigns, HSE Communications
- Prof Mary Horgan, President, RCPI
- Prof Karina Butler, Chair of the National Immunisation Advisory Committee (NIAC)
- Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH
- Dr Anna-Rose Prior, Consultant Microbiologist, Tallaght University Hospital
- Dr Martin Cormican, HSE National Antimicrobial Resistance and Infection Control (AMRIC)
- Dr John Cuddihy, Interim Director, HSE HPSC

### ‘In Attendance’
- Ms Laura Casey, NPHET Policy Unit, DOH
- Ms Ruth Barrett, NPHET Policy Unit, DOH
- Ms Aoife Gillivan, Communications Unit, DOH
- Dr Trish Markham, HSE (Alternate for Tom McGuinness)
- Mr Gerry O’ Brien, Acting Director, Health Protection Division
- Mr Ronan O’Kelly, Health Analytics Division, DOH
- Dr Desmond Hickey, Deputy Chief Medical Officer, DOH
- Ms Sarah Glavey, Health Protection Coordination & Support Unit, DOH
- Ms Elizabeth McCrohan, Statistics and Analytics Unit, DOH

### Secretariat
- Ms Ruth Brandon, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Hawkes, Ms Fiona Tynan, Mr Liam Robinson, DOH

### Apologies
- Mr Liam Woods, National Director, Acute Operations, HSE; Mr Phelim Quinn, Chief Executive Officer, HIQA; Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH.

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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 Mr Liam Woods, Mr Phelim Quinn, and Dr Siobhán O’Sullivan.

   c) Matters Arising
   There were no matters arising at the meeting.

   In his opening comments, the Chair noted that the next meeting of the NPHET will take place on 1st July (date provisional). This meeting will focus primarily on our epidemiological readiness to progress the planned further easing of public health restrictive measures in July. During this meeting, the NPHET will also review and consider current advice in a number of areas, including social distancing and mask wearing requirements, and advice in relation to return to workplaces.

2. Epidemiological Assessment
   In advance of the presentation of the epidemiological data, the NPHET Members were advised to note that the cyber-attack on the HSE on 14th May 2021 has prevented the routine notification of COVID-19 data to the CIDR system. To ensure the continued surveillance and reporting of COVID-19 cases, an alternative approach to reporting daily COVID-19 case numbers was introduced on 15th May 2021. Accordingly, as an interim measure, epidemiological case data are based on the information captured by the HSE COVID Care Tracker. These data do not represent notified cases and have not undergone the data validation procedures undertaken through CIDR. As soon as all COVID-19 surveillance systems are restored, COVID-19 cases, associated mortality, and outbreak data will be validated and updated for the relevant period.

   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 2,317 cases have been reported in the 7 days to 16th June 2021, which is a 25% decrease from the last NPHET meeting on 26th May when 3,100 cases were notified in the 7 days to 25th May 2021.
   • As of 16th June, the 14-day incidence rate per 100,000 population has decreased to 101; this compares with 128 at the last NPHET meeting on 26th May.
   • Nationally, the 7-day incidence/100,000 population as a proportion of 14-day incidence/100,000 population is 47%, demonstrating that there have been fewer cases in the last 7 days (10th – 16th June) compared with the preceding 7 days (3rd – 9th June).
   • The 5-day rolling average of daily cases was 312 on 16th June, which is a 26% decrease from that of 25th May (419).
   • Of cases notified in the past 14 days, 84% have occurred in people under 45 years of age; and 2% were aged 65 years and older. The median age for cases notified in the same period is 25 years.
   • The incidence in those aged 65 years and older remains very low, and the incidence in those aged 50-64 years is now decreasing as vaccination takes effect in these cohorts. Incidence in children of school-going age has also decreased markedly since the beginning of June. Incidence in those aged 19-24 years is high, three times that of those aged 25-34 years.
   • The decrease in the median age of cases, and the compression of the age distribution, with the 97.5th centile falling from almost 90 years of age to below 65 years of age is due to the significant impact in vaccinated age groups.
   • Of the 4,828 cases reported in the last 14 days (3rd -16th June), 2.8% (135) were healthcare workers.
   • Over the 7-day period 9th – 15th June, there have been approximately 87,061 laboratory tests completed (this excludes testing through acutes pathway). This compares with 104,491 laboratory tests in the 7-
day period (18th – 24th May) prior to the last NPHET meeting. The positivity rate for tests completed in community and private settings was 2.7%.

- From 9th – 15th June, there were 60,405 community test referrals. This total has decreased by 8.2% compared to the previous week ending 8th June (65,803). From 7th – 13th June, the group with the largest number of test referrals was the 21-30 years age group, which made up 20.2% of all community test referrals. The detected rate for the 21-30 age group was c.6.7%.
- According to the latest Contact Management Programme (CMP) report, the mean number of close contacts per case (including cases with zero close contacts) increased from 2.6 for the week ending 6th June to 2.8 for the week ending 13th June.
- As of the morning of 17th June, there were 54 confirmed COVID-19 cases in hospital, compared with 99 on 26th May. There have been 3 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 18 confirmed cases in critical care, compared with 41 on 26th May. There were no admissions in the previous 24 hours.
- Recent COVID-19 GP Community Tracker (GP Buddy/TCD/ICGP) data indicate a broadly stable trend in terms of the average number of patients contacting respondent GPs that were deemed to be clinically likely to have COVID-19.
- As of 17th June, in total, 180 cases of Delta (B.1.617.2), 72 cases of Beta (B.1.351) and 29 cases of Gamma (P.1) have been confirmed through whole genome sequencing in Ireland to date.
- Other cases of variants of note/under investigation that have been confirmed in Ireland to date: 140 Kappa (B.1.617.1), 54 Eta (B.1.525), 15 Zeta (P.2), 11 Iota (B.1.526), 7 Epsilon (B.1.429), 181 B.1.1.318, and 2 B.1.1.7 with E484K mutation.

Outbreaks and associated cases are based on those provisionally reported up to midnight on 12th June 2021 (week 23 refers to 6th – 12th June 2021). Due to the cyber-attack on system networks, data are limited to an aggregate summary of outbreaks reported to HPSC by the regional departments of public health.

**Healthcare setting outbreaks:**
- There was 1 new nursing home outbreak and 1 new acute hospital outbreak reported in week 23 of 2021 (7th-13th June), while there were no new community hospital/long-stay units outbreaks reported.
- There were no new outbreaks reported in residential settings in week 23.

**Vulnerable Groups/ Key Populations outbreaks:**
- There were 6 new outbreaks reported in vulnerable groups/key populations in week 23:
  - There were 4 new outbreaks reported in the Irish Traveller Community.
  - There were 2 new outbreaks reported associated with third level students/settings.

**Outbreaks associated with school children and childcare facilities:**
- There were 8 outbreaks newly reported in childcare facilities in week 23.
- There were 13 outbreaks newly reported associated with school children (+/- staff) in week 23.

**Workplace outbreaks:**
- There were 19 workplace outbreaks reported in week 23 across a variety of settings.
- In total, 1 outbreak was reported in a construction setting, 4 were related to food production settings, and 14 outbreaks were reported in other workplace settings and did not have a setting defined.

In summary, disease incidence has been declining since the beginning of June. Incidence in those aged 65 years and older remains very low, while the incidence in those aged 50-64 years is now reducing as vaccination takes effect in these age cohorts. Incidence in children of school-going age has also decreased markedly since the beginning of June. However, incidence in those aged 19-24 years is high, three times that of those aged 25-34 years. Test positivity rates in laboratories operated by the health services have remained...
stable at less than 4% since early April. Key measures of population mobility have continued to increase over recent weeks. Growth rate is at -3% per day (with high levels of uncertainty, confidence interval -1% to -6%), while the latest estimate of the reproduction number (R) is less than 1.

The Chair thanked the DOH for presenting the epidemiological data. Additional inputs received were as follows:

- The AMRIC reported that while the cyber-attack continues to impact on data collection from acute hospitals, based on an improvised data collection process there was 1 case of hospital acquired infection detected in the four-week period to 6th June. In the week ending 6th June, in excess of 10,000 tests were carried out as part of staff screening in community care settings with 6 positive cases being detected.
- The HPSC informed Members that it publishes a “Summary of COVID-19 virus variants in Ireland” report each Friday on its website. The report summarises whole genome sequencing and epidemiological data for COVID-19 cases that have been sequenced in Ireland to date.
- The HPSC further confirmed that the majority of cases of the Delta variant have been travel-related with only a small number of instances of community transmission detected to date. Public Health Departments have a robust process in place to identify cases of the Delta variant which has been very effective at controlling its spread.
- The NVRL advised that the SARS-CoV-2 surveillance programme continues to sequence in the region of 1000 cases per week which equates to about 30% of all cases. However, as the overall number of cases declines, the proportion of cases being sequenced will increase. Based on recent whole genome sequencing data, the Delta variant probably accounts for no more than 5% of cases in Ireland.
- The NIAC informed the NPHET of two parallel outbreaks that occurred in a nursing home in Belgium that had a high level of vaccination. The outbreaks resulted in 59 cases and 12 deaths amongst residents. The NIAC underlined the importance of full vaccination in this context.

The Chair thanked contributors for their inputs and invited observations from the NPHET Members. The key points made were as follows:

- The NPHET noted that two recently reported outbreaks in nursing homes in Ireland were relatively small, involving unvaccinated or partially vaccinated residents/staff.
- Members noted that the available data on the effectiveness of COVID-19 vaccines at reducing serious disease and hospitalisations is very positive. Members observed that vaccination has significantly reduced the size and severity of outbreaks that occur.
- The NPHET discussed the number of confirmed cases of the Delta variant in Ireland. It was noted that while the current picture in Ireland is reassuring, vigilance must be maintained in light of the developing situation in the UK.
- The NPHET acknowledged the considerable work carried out by Public Health teams to date in detecting cases of the Delta variant and controlling its spread.

The NPHET noted that the current epidemiological situation in Ireland continues to give rise to a broadly positive outlook. However, it is important to acknowledge that some uncertainty still remains. In this regard, there is a need for caution over the coming weeks and months due to the threat posed by variants, in particular as a large proportion of the adult population has yet to be fully protected through vaccination.

i) Length-of-stay data on hospitalisation (ESRI)

The ESRI report “Hospital admission probability and length of stay among COVID-19 confirmed cases- 30th April 2021” was noted without discussion.

3. Review of Existing Policy

No matters arose for discussion under this item.

4. HIQA Expert Advisory Group

No matters arose for discussion under this item.
5. Future Policy

a) Future Measures Update
This update was provided by the Chair in his opening remarks.

b) Vaccination
i) Vaccination Programme Update
The HSE gave a brief update on the COVID-19 Vaccination Programme. The key points were as follows:

- Roughly 2.3 million COVID-19 vaccines have been administered in Ireland to 17th June. Roughly 1.1 million people (approximately 32% of the population) are now classified as ‘fully vaccinated’.

- Following the advice of the NIAC, the dosage interval for individuals receiving the Vaxzevria vaccine (previously COVID-19 Vaccine AstraZeneca) has been shortened from 12 weeks to 8 weeks. The Vaccination Programme is now being adjusted to ensure that individuals who have received their Dose 1 will have their Dose 2 appointment brought forward to reflect the updated dosage interval.

- Registration for vaccination appointments for those aged 30-39 will open next week. Moving into July, the Vaccination Programme will move through the age 30-39 cohort.

- Dose 1 vaccination of individuals at high risk is now substantially complete. The majority of people aged 16 to 64 years at high risk (Group 7) have received their first dose despite challenges in monitoring uptake through the HSE’s HealthLink system which was impacted by the recent cyber-attack.

- Vaccination is also underway among vulnerable groups, in close consultation with Dr Margaret Fitzgerald, Public Health Lead for Social Inclusion/Vulnerable Groups, with significant progress seen among cohorts in homelessness services and prisons. Engagement with the Roma community with regard to vaccination remains challenging and work is ongoing to improve this situation.

- Concern has been expressed over ‘Did Not Attend’ rates for appointments for second doses of the Vaxzevria vaccine. The HSE is pursuing an active communications campaign to encourage the public to avail of their second dose of the Vaxzevria vaccine, highlighting that those who have received only one dose are not considered fully vaccinated.

- Vaccine uptake across all groups remains high. The HSE concluded its update by reminding the NPHET that the successful completion of the Vaccination Programme is contingent on vaccine supply.

The Chair thanked the HSE for its update and invited contributions from the Members. The points raised can be summarised as follows:

- Members reflected on the factors that could contribute to vaccine hesitancy amongst the public, particularly for those awaiting their second dose. Efforts must be made to continue to emphasise to the public the importance of availing of their second vaccine dose and to trust in the expert advice of the NIAC regarding vaccination.

- The Chair and several other NPHET Members noted the instrumental role GPs have played over recent months in the successful rollout of the Vaccination Programme, in parallel to the HSE’s vaccination centres.

- Although GPs were significantly hampered in their ability to upload vaccination data to the HSE database due to the recent cyber-attack, the ICGP is now actively encouraging all GPs to retrospectively upload any outstanding data. In the interim period, data on deliveries of vaccines to GP practices have been used as a proxy for tracking progress on the numbers of vaccines administered through GP practices.

- On the topic of heterologous vaccine trials, the NIAC outlined that a small number of studies have been conducted, most notably in Germany. While the post-vaccination immunogenicity observed in these trials was positive, with suggestion of augmented responses both at the humeral and cellular level, there were significant confounders. Thus, the outcome of the ComCOV study, a randomised control trial that is expected to report imminently, is awaited.

- Members queried the NIAC as to whether the recent experience of increasing cases of the Delta variant in the UK could be linked with the UK’s decision to lengthen the interval between the first and second doses of the COVID-19 vaccines.
  
  o In response, the NIAC stated that it is difficult to say with any certainty at this time, however noted that most infections have been observed in those who were unvaccinated or partially
vaccinated. This underscores the importance of the two-dose schedule and ensuring that individuals avail of their second dose of Vaxzevria when offered.

- Members noted the broader policy question on how global vaccine supply should be targeted going forward, noting that high-income countries are rapidly vaccinating their populations toward a position of herd immunity, while many low-income countries have vaccinated only 1-2% of their populations. Members reflected that the global pandemic will not be effectively controlled until all countries have achieved a high level of vaccination. Members also noted that as vaccination of the adult population in Ireland nears completion, it will be important to remain attentive to any potential changes in the patterns of transmission among children while addressing this broader policy question.
- The HSE referenced the positive work undertaken as part of the Vaccination Programme rollout to ensure informed consent for vaccination by vulnerable patients in long-term care facilities and attending disability services particularly. In the very small number of cases where the vaccination of Wards of Court was brought to the High Court, the Court found in favour of the approach taken to the vaccination of these vulnerable patients in all cases, while bearing in mind the will and preference of the Ward (e.g., history of vaccination against influenza) and the best interests of the Ward. The Court was very supportive of the approach to informed consent taken by the HSE. The vaccination of 16- and 17-year-olds in priority groups 4 and 7 progressed successfully, thanks to GPs and hospital staff.

The Chair thanked the HSE for its update and the NPHET noted same.

ii) Vaccine Safety Update
The HPRA presented the report “HPRA Safety Update COVID-19 Vaccines, Overview of National Reporting Experience (Update #8)”, for noting. The report will be published on the HPRA website on 17th June. The HPRA drew attention to the following points:
- The report will now include more details regarding the type and nature of reported reactions.
- No new safety issues have been identified from national reports since the last update to the NPHET.

The HPRA also provided a brief update on vaccine developments at EMA.

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

6. Communication Update
The DOH and HSE presented the paper “Communications Update – 17th June 2021”, for noting.

According to the Quantitative Tracker, the nationally representative sample of 2,000 people conducted on behalf of the DOH by Amárach Research on 14th June 2021 has revealed:
- The level of worry is at 5.2/10, the lowest levels seen in the pandemic.
- Concern for the economy is now the highest source of worry, followed by concern for the health system and the health of family and friends.
- The majority, 67% now believe the worst of the pandemic is behind us, 9% believe it is happening now and 9% believe it is ahead of us.
- 52% think Ireland is returning to normal at about the right pace, 26% think the pace is too quick, and 22% think the pace is too slow.
- People are disengaging from COVID-19 related news.

According to the Vaccine Quantitative Tracker:
- 53% of the population know someone in their immediate social circle who has had COVID-19.
- Of those remaining to be vaccinated, 80% (64% definite, 16% probable) say they will get the COVID-19 vaccine when it is offered to them.
- Of those remaining to be vaccinated, 50% say they have concerns around the vaccine, 36% are worried about side effects of the vaccine, 32% are worried about the long-term effects on health.
- GPs are the most trusted source of information on the vaccine for 75% of the population, followed by the HSE (56%), Department of Health (51%) and Pharmacists (46%).
The Social Activity Measure (ESRI/Department of the Taoiseach), for the week commencing 4th June revealed:

- There have been significant increases in visits to the workplace, people’s homes, and other indoor locations (mainly churches) over the past week. There was more inter-county travel (142%) and visits to non-essential retail increased but remained low, with less than 17% of people saying that they had visited a non-essential shop or business over the previous week.
- People who are fully vaccinated are more socially active than others.
- Worry remains the strongest predictor of having a close contact, having a social visit, and meeting more people.
- The numbers of people intending to take the vaccine has increased to 80% and satisfaction with the rollout has increased.

Feedback from the qualitative tracker for the week commencing 6th June reveals that:

- Fear of the virus is persistent, especially in vulnerable populations and even when they have been fully vaccinated. People need to build confidence in order to cast aside that fear and live again. Public Health communication is an important means of achieving this.
- Citizens are concerned about the backlog in health services.
- Teenagers have felt unstimulated in their lives and ignored by the larger systems which control their lives. They yearn to return to full life and have discovered the hidden value in school as the core locomotive of social interaction. It appears that teens will readily take the vaccine as they simply want full life back again.
- Young adult females are only now engaging with vaccination as the programme approaches their cohort. Vaccine concerns are building momentum, chiefly because of their perception that their own health is largely unthreatened by COVID-19. Key in vaccine communication is to assure that it remains positive. Where issues such as ‘fertility and vaccine’ need to be addressed, this should be done in a targeted manner.

The current campaigns underway include:

- HSE – “We can do this” Campaign (updated protective behaviours)
- HSE Campaigns:
  - #ForUsAll vaccine campaign
  - Online registration by age group
  - Pharmacy campaign
  - Dose 2 AstraZeneca on social
  - Vaccine booklet in distribution
- Sci Comm Collective: group of young science communicators to communicate the virus and the vaccine to their peers via social media.

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

8. Meeting Close
a) Agreed actions
No formal actions arose from this meeting.

b) AOB
Having been conferred with the Honorary Freedom of the City of Dublin by the Lord Mayor of Dublin on 16th June, the Chair informed the NPHET that the award was accepted on behalf of the NPHET Membership and all healthcare workers in recognition of their dedication to the COVID-19 pandemic response.

c) Date of next meeting
The next meeting of the NPHET will take place Thursday 1st July 2021, at 10:00am via video conferencing (date provisional).