



Mr. Stephen Donnelly TD,
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Dublin 2

11th November 2021

Via email to Private Secretary to the Minister for Health

Dear Minister,

I write further to today's meeting of the COVID-19 National Public Health Emergency Team (NPHE). The NPHE reviewed the latest epidemiological data, and the following key points were noted:

Epidemiological update

- A total of 27,440 cases have been reported in the 7 days to 10th November 2021 (cases to midnight 9th November), which is a 53% increase from last week when 17,911 cases were notified in the 7 days to 3rd November, and a 125% increase from the last NPHE meeting on 18th October when 12,206 cases were reported in the 7 days to 17th October 2021.
- As of 10th November, the 14-day incidence rate per 100,000 population has increased to 952; this compares with 676 a week ago and compares with 466 reported at the last NPHE meeting on 18th October.
- Nationally, the 7-day incidence/100,000 population as a proportion of 14-day incidence/100,000 population is 61%, demonstrating that there have been considerably more cases in the last 7 days compared with the preceding 7 days.
- The 5-day rolling average of daily cases is 3,715 as of today, which is a 46% increase from 2,552 a week ago (3rd November) and a 113% increase from that reported at the last NPHE meeting on 18th October (1,736).
- Of the 45,352 cases notified in the past 14 days to midnight 9th November 2021, 67% have occurred in people under 45 years of age; and 9% were aged 65 years and older. Incidence has risen very rapidly in those aged 19-24 years, increasing almost threefold over the last two weeks, along with an increase across all adult age groups up to 75 years of age.
- Of the cases notified in the past 14 days to midnight 9th November 2021, 2.4% (1,072) were healthcare workers and 0.9% (414) were determined to be travel-related.
- From 3rd – 9th November, there have been approximately 184,612 laboratory tests reported in community, private and acute laboratories. The 7-day test positivity rate in the community was 18%.
- From 3rd – 9th November, there were c. 169,858 community test referrals. Overall, total referrals have increased by 11% in comparison to the same time-period in the previous week.
- According to the Contact Management Programme (CMP), from 1st – 7th November 2021, the total number of close contacts was 50,027, an increase of 150% on 20,240 in the previous week. The average number of cases managed per day increased from 2,704 to 3,585, an increase of 33% over the same time period.
- For the 4,111 household close contacts created the week ending 24th October, 33.3% (1,367) had a positive result.
- Of the 3,394 close contacts aged 12 and older who received a call from the CMP for the week ending 7th November and who self-reported their vaccination status, 61.7% (2,093) were fully

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vaccinated and considered to be significantly protected based on the time elapsed since vaccine administration and their medical history.

- The mean number of close contacts per case (including cases with zero close contacts) for the week ending 7th November was 2.4, the same as the previous week (week ending 31st October).
- There were 543 confirmed COVID-19 cases in hospital this morning, compared with 460 last week on 3rd November, and with 482 on the morning of the last NPHET meeting on 18th October. There have been 81 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 96 confirmed cases in critical care as of this morning, compared with 90 last week on 4th November, and with 73 on the morning of the last NPHET meeting on 18th October. There were 12 new admissions in the 24 hours preceding this morning.
- Of the 541 COVID-19 patients admitted to ICU between 1st April and 6th November 2021, 192 had received either one or two doses of vaccine and 147 were considered to be fully vaccinated (had an epidemiological date 14 days or more after receiving all recommended doses of vaccine). Of the 132 ICU admissions occurring during the month of October 2021, 69 (52%) were unvaccinated, 4 (3%) were partially vaccinated, and 53 (40%) were fully vaccinated.
- As of 10th November 2021, there have been a total of 5,566 COVID-19 related deaths notified in Ireland. This is an increase of 74 notified deaths since the previous weekly update on 3rd November. To date, 46 deaths have been notified which occurred in November 2021, 185 deaths in October, 171 in September, 82 in August, 21 in July, and 18 in June.
- Over the period 1st August 2021 to 6th November 2021, 281 out of 433 (64.9%) COVID-19 related deaths were classified as vaccine breakthrough cases.
- There were 53 hospital acquired COVID-19 cases in the week ending 31st October, compared with 22 in the previous week.
- In total, 77 cases of Beta (B.1.351) and 33 cases of Gamma (P.1) have been confirmed through whole genome sequencing in Ireland as of 8th November 2021.
- Other cases of variants of interest that have been confirmed in Ireland as of 8th November 2021: 241 B.1.1.318, 6 B.1.1.318.4 (AZ.4) 4 Lambda (C.37), 4 Mu (B.1.621). There have been 104 cases of the AY.4.2 Delta sublineage.
- According to a recent CSO analysis on the current employment status of COVID-19 cases notified up to 30th October 2021, 14-day incidence rates were increasing in workers across every sector of employment in the economy. The highest 14-day incidence rates were observed in the following employment sectors: 'Accommodation and Food Service Activities', 'Administrative and Support Service Activities', 'Construction', 'Public administration & Defence', and 'Human Health and Social work'. These data do not indicate that cases were linked to workplace outbreaks or that infection acquisition occurred in these settings.
- A range of mobility data suggest that mobility across a range of settings has increased to levels observed pre-pandemic.

Outbreaks for week 44 are based on those reported up to midnight on 6th November 2021. Week 44 refers to 31st October – 6th November 2021.

In week 44, there were a total of 173 COVID-19 outbreaks notified, however given the high incidence of disease at present, it should be noted that HSE Public Health is prioritising the investigation of, and response to, outbreaks in key vulnerable settings, e.g. nursing homes, residential care facilities, hospitals and vulnerable population groups. As such, outbreaks occurring in other settings may be less likely to be identified and reported.

Healthcare setting outbreaks:

- There were 3 new nursing home and 2 new community hospital/long-stay unit outbreaks created in week 44. A total of 51 cases were linked to open outbreaks in these settings in week 44.

- There were 10 new acute hospital outbreaks created in week 44. A total of 43 cases were linked to open outbreaks in acute hospital settings in week 44.
- There were 20 new outbreaks reported in residential institution settings (13 in centres for disabilities, 2 in homeless facilities, 2 in children's/TUSLA residential centres, 1 in a centre for older people, 1 in a prison and 1 in a facility for persons with addiction issues) in week 44. A total of 69 cases were linked to open outbreaks in these settings in week 44.
- There were 6 new outbreaks in 'other healthcare services'. A total of 9 cases were linked to open outbreaks in these settings in week 44.

Outbreaks associated with educational and childcare facilities:

- There were 7 outbreaks newly reported in childcare facilities in week 44. A total of 11 cases were linked to open outbreaks in childcare facilities settings in week 44.
- There were 34 outbreaks associated with schools notified in week 44 (21 in primary schools, 10 in secondary, 1 in a special education school, and 2 not specified). However, 32 of these outbreaks occurred during May and June 2021 and were retrospectively notified. No cases were linked to outbreaks in school settings in week 44.
- There was 1 outbreak notified associated with a university/college in week 44.

Workplace outbreaks:

- There were 24 outbreaks associated with workplaces (10 associated with manufacturing, 4 in the commercial sector, 4 in office settings, and 6 in 'other' workplace settings) reported in week 44.

Outbreaks in hospitality settings:

- 3 new outbreaks associated with public houses, 3 associated with hotels, and 1 associated with a restaurant/café were reported in week 44.

Other locations:

- 7 related to social gatherings;
- 5 related to retail outlets;
- 3 associated with religious/other ceremony;
- 1 in personal grooming;
- 2 extended family outbreaks;
- 39 private house outbreaks;
- 1 associated with travel/transport;
- 1 in 'other' location.

Additional details are available in relation to outbreaks in vulnerable groups and key populations:

- There were 4 new outbreaks reported involving members of the Irish Traveller community in week 44. A total of 18 cases were linked to open outbreaks in the group in week 44.
- There were 2 outbreaks associated with the Roma community with 5 confirmed linked cases reported in week 44.
- There were 2 outbreaks associated with third level students.

COVID-19 incidence across the country is very high and has been increasing at a concerning rate. Incidence has increased significantly across all adult age groups up to 75 years of age and has risen very rapidly in those aged 19-24 years old, with incidence increasing almost threefold over the last two weeks in this age group. Incidence has also increased in those aged 13-18 years, while incidence in children aged 5-12 years old is similar to adult age groups. The impact of the recent booster vaccination on those aged 80 and older is evident with this being the only age group in which incidence is declining. The growth rate of cases is uncertain but is currently estimated at +3% to +5% per day. Overall demand for testing continues to be very high and is increasing. Community test positivity has increased from 7% in late September to 18% in recent days. Test positivity is increasing across all age groups.

The numbers of confirmed cases of COVID-19 in hospital and ICU remain high and, over recent days, there has been an increase in both the total number of hospitalised cases as well as the number of newly confirmed cases in hospital each day. Given the recent trajectory in terms of the disease profile, these indicators of severe disease may increase further in the coming weeks and will require ongoing close monitoring. It is also important to highlight that the number of COVID-19 cases currently in the community and in the hospital system is placing a very significant additional burden on delivery of non-COVID care given the substantial pressures that the primary care and acute health systems are presently sustaining; these pressures are likely to further increase over the course of the winter period. Mortality related to COVID-19 is relatively constant at approximately 5 deaths per day, or 150 deaths per month. This may increase, given the very high case counts, although the impact of booster vaccination in older age groups should mitigate against this. Furthermore, in recent weeks there has been a significant number of outbreaks reported in settings with vulnerable populations and this continues to be closely monitored.

In summary, at present the overall epidemiological situation is concerning and uncertain. Ireland remains vulnerable to a further deterioration depending on a number of factors, including levels of social contact, adherence to basic public health protective measures and levels of immunity across the population.

NPHET Recommendations and advice:

The NPHET noted the significant and sustained impact of the current level of COVID-19 across all aspects of the health service, including public health, testing and tracing services, general practice, as well as our broader primary care services and the acute hospital system. Vaccination is having a considerable positive impact on the conversion of case numbers into admissions to hospital and ICU. However, given the current extremely high level of infection, high levels of admission to hospital and ICU continue to be reported on a daily basis. More generally, the level of infection is having a disproportionate and highly disruptive impact on non-COVID care across the entire health care system.

The NPHET noted that similar challenges are being faced in many other countries across the EU, with many EU Member States re-introducing a range of public health protective measures, and more recently it is being reported that some are considering the re-imposition of more stringent social and economic restrictions. While the NPHET is not currently recommending the re-imposition of social and economic restrictions, it must be noted that this cannot be fully ruled out.

The NPHET reiterates its concern in relation to the current high incidence of infection and emphasises that further efforts are required across society within the current range of measures to suppress transmission levels. Accordingly, the NPHET advises that the focus, in the first instance, should be on reinforcing current baseline measures by (1) progressing ongoing work in relation to a refreshed, consistent, and cross-government communications campaign on the range and layering of public

health measures which remain in place at present; and (2) supporting widespread compliance with, and adherence to, measures with a sustained focus on inspection and enforcement. The NPHET further advises that a small number of additional measures should be considered by Government in relation to advice regarding working from home and the extension of the COVID Pass system to other areas. The NPHET's recommendations are detailed below.

Physical Distancing and other Basic Public Health Measures

- The NPHET reemphasised the importance of continued adherence to basic public health measures and noted the development and roll-out of "Layer Up," Government's refreshed communications campaign which asks us to continue to adopt the full range of protective behaviours.
- NPHET also noted the continued importance of cross Government and cross sectoral stakeholder engagement around all elements of the public health advice. In particular, management enforcement of the correct wearing of masks by staff and, where relevant COVID Cert compliance, helps to set the tone and telegraph the level of co-operation with the public health advice to staff and customers.
- NPHET reiterated that clarity and coherence of measures was an essential pre-requisite for enabling clear effective communications and supporting broad adherence to measures.
- NPHET emphasized the importance of promoting solidarity as a core element of communications around COVID-19.

Face Masks

It is recommended that:

- there is a further strengthening of communications targeted at individuals and sectors with a continued focus on:
 - how to wear a mask correctly; and
 - where mask wearing is mandatory or advised, including crowded outdoor settings (e.g. outdoor spectator events);
- there is targeted communications to those for whom it is currently recommended to wear medical grade face masks (over 70s and medically vulnerable, and those with symptoms, COVID-19 or close contacts in a household setting);
- there is a renewed focus on compliance with mask wearing, including:
 - increased emphasis and visibility on inspection and enforcement, similar to current efforts in relation to the COVID Pass and other protective measures in the hospitality sector;
 - ongoing engagement with sectors in relation to the importance of staff and patrons/participants wearing masks as appropriate.

The NPHET noted that it had considered the case for mask wearing in children under 13 recently and had recommended no changes to its advice at this time. It agreed that it would consider the matter again at a forthcoming meeting.

COVID Pass

With respect to the application of the COVID pass, and noting recent SAM and Amárach Research data on compliance, soon to be published guidance for its application to healthcare settings, and that clarity and coherence in the application of the COVID Pass will be important for overall compliance efforts, the NPHET recommends that:

- communications targeted at individuals and sectors should continue to focus on providing clarity on where the COVID Pass is required and on the importance of full implementation;
- a sustained focus on inspection and the institution of enforcement processes as appropriate;

- the NPHET give consideration over the coming period to implications for the COVID Pass system arising from the COVID-19 booster programme;
- Government give consideration to the extension of its application to settings where there is high risk of transmission, through close contact or other activities, not yet covered by the current regime.

Building Ventilation

As we move into winter and increasingly socialise indoors, it is timely to remind individuals and sectors of the importance of ventilation in both private households and public settings. Ventilation should not be seen as a standalone measure, but rather a single component of the overall layered response required to reduce the risk of transmission, and an adjunct to the continued need for adherence to the full range of public health measures. It was noted that the HPSC will shortly publish updated guidance on ventilation, taking into account new and emerging evidence. It is recommended that:

- There is a significant strengthening of communications targeted at both household settings and relevant sectors, outlining why good ventilation is important and the practical steps that can be taken to improve ventilation;
- an assessment of ventilation forms a core component of inspection of premises under the Work Safely Protocol and other sectoral guidance; and
- further to the publication of the revised HPSC guidance, that renewed consideration is given to the provision of mechanisms/incentives to support businesses/organisations to improve ventilation.

Workplaces

Most recent Social Activity Measure (SAM) data shows that workplaces account for the greatest share of close contacts after the household, with a step change increase in early September. It also shows a small but rising share of those attending work reporting that they could work from home but prefer their workplace or feel pressured to attend, along with downward trends in mitigation behaviours in workplaces continuing in October. The return to the workplace involves a potential increase in contacts both directly (in the workplace itself) and indirectly (travelling to/from workplace and linked socialization activities) and while the potential impact will be related to the level of current behaviour, recent advice from SAGE (UK) states *“with high confidence that working from home can reduce transmission significantly”*. The following is therefore recommended:

- The Government consider re-instating previous advice to work from home where possible;
- There is ongoing communications targeted at employers and employees regarding protective measures in the Work Safely Protocol for those who have to attend the workplace e.g. staggered shifts and breaks, appropriate mask wearing, not attending if symptomatic, pod system for staff, and mitigation measures if sharing transportation.

Testing

The NPHET noted the recommendations of the Expert Advisory Group on Rapid Testing (RTEAG) with regard to the use of antigen testing by individuals who regularly engage in higher risk activities (typically multi-household indoor activities including, for example, attendance at bars, restaurants, nightclubs, the cinema, multihousehold home visits, participating in indoor contact sports, and car sharing with people from other households) such that they should consider self-testing on a serial basis, at a minimum of twice weekly spaced by 3 days, typically for activities that are ongoing over a period of time and that they should consider using a single self-test prior to engaging in these higher risk activities.

The importance of enhanced communications with regard to the appropriate use of antigen tests was noted, with specific emphasis on the importance of symptomatic individuals not using these tests as a 'green-light' to engage in activities with others. Additionally, clear guidance on how to use antigen tests is required. The NPHET further noted the importance of ensuring that antigen tests are used as an additional layer of mitigation against infection and transmission and that they should not replace the other public health protective measures advised.

It was agreed that the communication and implementation of this recommendation should seek to avoid any unintended consequences for the HSE's testing and contact tracing programmes, including with regard to the supply of antigen tests for the current programme of testing of vaccinated asymptomatic close contacts.

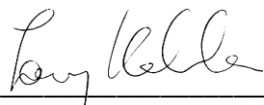
Finally, there was a discussion on the use of COVID-19 testing of patients being admitted to hospital and it was agreed that this would be considered further by the HSE.

Period of presumptive protective immunity post SARS-CoV-2 Infection

Based on the advice provided by the HIQA Expert Advisory Group, the NPHET endorsed the recommendation that the period of presumptive protective immunity following infection with SARS-CoV-2 should remain at nine months post-infection at this time, subject to ongoing review and monitoring of national surveillance data and research evidence. The NPHET further accepted the HIQA's advice that communication campaigns should continue to encourage people to come forward for vaccination, including those who have been previously infected with SARS-CoV-2.

Given the current uncertain epidemiological situation, the NPHET intends to further review the profile of the disease in two weeks' time, where it will give further consideration to a range of issues, including the upcoming festive period. The NPHET, of course, remains available to provide any further advice and recommendations that may be of assistance to you and Government in relation to ongoing decision-making processes in respect of the COVID-19 pandemic. As always, I would be happy to discuss further, should you wish.

Yours sincerely,



Dr Tony Holohan
Chief Medical Officer
Chair of the COVID-19 National Public Health Emergency Team

cc. Ms Elizabeth Canavan, Department of the Taoiseach and Chair of the Senior Officials Group for COVID-19