



Mr. Stephen Donnelly TD,
Minister for Health,
Department of Health,
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Dublin 2

25th 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 31,109 cases have been reported in the 7 days to 24th November 2021 (cases notified to midnight 23rd November), which is a 3% increase from last week when 30,206 cases were reported in the 7 days to 17th November, and a 13% increase from the last NPHE meeting on 11th November when 27,443 cases were reported in the 7 days to 10th November 2021.
- As of 24th November, the 14-day incidence rate per 100,000 population has increased to 1,288; this compares with 1,210 a week ago, and compares with 952 reported at the last NPHE meeting on 10th November. The 14-day incidence rate, at 1,288 per 100,000, is 84% of its highest value to date (1,531 in January 2021).
- Nationally, the 7-day incidence/100,000 population as a proportion of 14-day incidence/100,000 population is 51%, demonstrating that there have been more cases in the last 7 days compared with the preceding 7 days.
- The 5-day rolling average of daily cases is 4,665 as of today, which is an 11% increase from 4,210 a week ago (17th November) and a 113% increase from that reported at the last NPHE meeting on 10th November (3,714).
- Of the 61,315 cases notified in the 14 days to midnight 23rd November 2021, 70% have occurred in people under 45 years of age; and 8% were aged 65 years and older. Incidence has risen across all age groups and is highest in those aged 5-12 years. The impact of recent booster vaccination on those aged 80 and over is evident and is beginning to become apparent in those aged 75-79 years; these are the only age groups in which incidence is declining.
- Of the cases reported in the 14 days to 24th November 2021, 1.1% (692) were healthcare workers.
- From 17th – 23rd November, there have been approximately 206,256 laboratory tests reported in community, private and acute laboratories. The 7-day test positivity rate in the community was 19.5%.
- Testing rates are very high in those aged 12 and under, at approximately 800 tests per 100,000 children per day. This means that case ascertainment in this age group will be elevated in comparison to older age groups.
- The Test and Trace system is now operating at surge capacity and is under severe pressure. Overall, total referrals have increased by 10% in comparison to the same time-period in the previous week. The HSE report that there have been delays in getting an appointment for self-referrals in most areas of the country.

- According to the Contact Management Programme (CMP), from 15th – 21st November 2021, the total number of close contacts was 60,109, an increase of 8% on 55,603 in the previous week. The average number of cases managed per day increased from 4,242 to 4,653, an increase of 10% over the same time period.
- For close contacts created the week ending 7th November, Test 1 results were available at the time for 5,665 close contacts; 1,314 (23.2%) of these had a positive result. Test 2 results were available for 1,501 close contacts, 165 (11%) of these had a positive result.
- The highest proportion of close contacts testing positive by circumstances of contact was amongst household contacts (52%). For the 2,356 household close contacts created the week ending 7th November, 32.5% (765) had a positive result.
- The mean number of close contacts per case (including cases with zero close contacts) for the week ending 21st November was 2.2, a decrease from 2.4 the previous week (week ending 14th November).
- Rapid antigen testing of close contacts who are fully vaccinated and have no symptoms is ongoing since 28th October. As of 25th November, the HSE report that the numbers of close contacts referred through this pathway is increasing with an average of 3,868 tests dispatched daily for the previous 7 days, an increase of 20% on the previous week. In total, 22,747 antigen test results have been reported by close contacts – 15,118 “not detected”/negative antigen results and 7,629 “detected”/positive antigen results, with 4,403 cases confirmed on PCR testing.
- There were 598 confirmed COVID-19 cases in hospital this morning, compared with 643 last week on 18th November, and with 543 on the morning of the last NPHET meeting on 11th November. There have been 73 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 126 confirmed cases in critical care as of this morning, compared with 118 last week on 18th November, and with 97 on the morning of the last NPHET meeting on 11th November. There were 8 new admissions in the 24 hours preceding this morning.
- Of the 626 COVID-19 patients admitted to ICU between 1st April and 20th November 2021, 233 had received either one or two doses of vaccine and 181 were considered to be fully vaccinated (had an epidemiological date 14 days or more after receiving all recommended doses of vaccine). Of the 232 cases admitted to ICU in October and November, 117 (50%) were unvaccinated, 7 (3%) were partially vaccinated, and 99 (43%) were fully vaccinated.
- As of 24th November 2021, there have been a total of 5,652 COVID-19 related deaths notified in Ireland. This is an increase of 43 notified deaths since the previous weekly update on 17th November. To date, 112 deaths have been notified which occurred in November 2021, 198 deaths in October, 175 in September, and 84 in August. Deaths are increasing very slowly at approximately 7 per day or 200 deaths per month. This may increase, given the very high case counts, though booster vaccination of older age groups may mitigate against this.
- Over the period 1st August 2021 to 20th November 2021, 166 out of 507 (32.7%) COVID-19 related deaths were in people who were not fully vaccinated (including those who had an epidemiological date less than 14 days after receiving all recommended doses of vaccine).
- There were 89 hospital acquired COVID-19 cases in the week ending 14th November, compared with 37 in the previous week. There were 436 laboratory confirmed cases in hospital staff in the week ending 14th November, compared with 326 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 22nd November 2021.
- Other cases of variants of interest that have been confirmed in Ireland as of 22nd November 2021: 247 B.1.1.318, 4 Lambda (C.37), and 4 Mu (B.1.621). There have been 123 confirmed 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 13th November 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' and 'Public Administration & Defence'. 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 remain at or close to levels observed pre-pandemic.

Outbreaks for week 46 are based on those reported up to midnight on 20th November 2021. Week 46 refers to 14th – 20th November 2021.

In Week 46 there were a total of 124 COVID-19 outbreaks notified. It should be noted that regional Departments of Public Health are prioritising Public Health Risk Assessments and outbreak investigations in settings that have the greatest clinical need or would benefit most from public health intervention. For this reason, **outbreaks in some settings may be underestimated**. Detail on outbreaks in prioritised settings:

Healthcare setting outbreaks:

- There were 5 new nursing home and 3 new community hospital/long-stay unit outbreaks notified in week 46. A total of 28 cases were linked to outbreaks in these settings in week 46.
- There were 8 new acute hospital outbreaks notified in week 46, with a total of 23 cases linked to outbreaks in acute hospital settings.
- There were 24 new outbreaks reported in residential institution settings (16 in centres for disabilities, 2 in prisons, 1 in a homeless facility, 1 in a children's/TUSLA residential centre, 1 in a mental health facility, 1 in a direct provision centre, and 2 in other/not specified residential centres) in week 46. A total of 54 cases were linked to outbreaks in these settings in week 46.
- There were 16 new outbreaks in 'other healthcare services' (10 among clients of day services, 1 among clients of homecare services and 5 among other healthcare services). A total of 20 cases were linked to outbreaks in these settings in week 46.

Outbreaks associated with school children and childcare facilities:

- There were 6 outbreaks newly reported in childcare facilities in week 46 with a total of 19 cases linked to outbreaks in childcare settings in week 46.
- There were 24 new outbreaks associated with schools notified in week 46 (14 in primary schools and 10 in special education schools). A total of 43 cases were linked to outbreaks associated with schools in week 46.

Workplace outbreaks:

- There were 10 new outbreaks associated with workplaces (4 associated with meat/other food processing and 6 in 'other' workplace settings) reported in week 46. A total of 70 cases were linked to open workplace outbreaks in week 46.

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

- There were 7 new outbreaks reported involving members of the Irish Traveller community in week 46 with 21 cases linked.
- There was 1 outbreak associated with the Roma community with 1 confirmed linked case in week 46.

COVID-19 incidence across the country is very high. Incidence grew rapidly in late October and early November, after which case counts have increased at a slower rate. Incidence has increased across all adult age groups except those aged 75 years and older and is highest in children aged 5-12 years old. The high incidence in this age group is driven by very high levels of infection in adults, primarily through household and community transmission, along with the fact that children under 12 are not

vaccinated. Analysis by single year of age shows a steep, increasing age gradient in incidence in children, with the incidence in the 9-to 11-year-old age group three times higher than that in the 0- to 4-year-old age group. Despite the high incidence in children aged 5 to 12 years it should be noted that the risk of severe disease remains very low, with risk of hospitalisation in this age group lower than any other age cohort. The impact of recent booster vaccination for those aged 80 and over is clear and is beginning to become apparent in those aged 75-79 years, with these being the only age groups in which incidence is declining. Growth rate of cases is uncertain but has reduced over the last 10 days and is now close to zero, though at a very high level of incidence.

Demand for testing is higher than it has been at any point in the pandemic and continues to increase. All pillars of the testing pathway are now operating at maximum capacity. Test positivity has rarely been higher, although appears to be stabilising across all age groups in recent days. Testing rates are very high in those aged 12 and younger, at approximately 800 tests per 100,000 children per day. This means that case ascertainment in this age group is elevated in comparison to older age groups in the population.

The number of COVID-19 cases currently in the community and in hospitals continues to place a very substantial additional burden on delivery of non-COVID care across the wider health system, noting also that these pressures are likely to increase over the course of the winter period. Both the total number of confirmed cases and the average number of newly confirmed cases per day in hospital are high. The number of confirmed cases in ICU and requiring mechanical ventilation is also high. 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. Deaths per day are increasing very slowly at approximately 7 per day, or 200 deaths per month. This may increase, given the very high case counts, though booster vaccination in older persons may mitigate against this. There continues to be a significant number of outbreaks reported in settings with vulnerable populations.

In summary, the overall epidemiological situation is concerning. Ireland remains vulnerable to a further deterioration in the disease profile depending on a number of factors, including levels of social contact in the coming weeks and over the festive period, adherence to basic public health protective measures and levels of immunity across the population.

Update on Health System Preparedness for COVID-19

The NPHET noted the sustained pressure being seen across the health system, with continuing high case numbers suggesting that this pressure will continue for some time to come. The significant challenge this pressure presents to the continued delivery of healthcare, with a number of hospitals already curtailing the delivery of scheduled care in order to cope with rising numbers of COVID patients, was emphasised. The current situation and ongoing intensive management across the health system was discussed, including:

- Critical care units are currently running at close to full capacity on an ongoing basis, with some hospitals already using surge capacity, and 130 COVID-19 patients receiving care in ICU as of 23rd November. The Critical Care Major Surge Working Group is meeting regularly to manage the situation.
- Approximately 300 patients are currently receiving advanced respiratory support in a ward setting, with these patients having higher acuity and dependency than usual ward patients.
- The scope to redeploy staff to support critical care is reduced when compared to earlier waves of the pandemic, particularly in the context of the need to care for high numbers of seriously ill

patients on wards. Staff are more fatigued now than at any stage in the pandemic to date, with limited capacity to take on additional responsibilities.

- Emergency Department attendances and admittances have increased compared to the previous two years, with increasing presentations contributing to increased pressure on hospital capacity.
- The number of patients on waiting lists has risen significantly over the course of the pandemic, with additional impact to come from the further cancellation of elective procedures currently being seen.
- The number of open outbreaks in hospitals has risen from 27 in the week ending 19th September to 55 in the week ending 14 November. Cases of hospital-acquired COVID-19 and new laboratory confirmed cases in hospital staff are also continuing to increase.
- The safety net arrangement with the private hospitals is still in operation and is being used currently. The HSE has advised that in the last week, 1,417 bed days in the private sector have been used and this is rising. The year-to-date bed day usage is 60,000.
- Primary care waiting lists are rising across the sector, with the total number of patients waiting for assessment or treatment across the four main primary care therapies (speech and language therapy, occupational therapy, physiotherapy, and psychology) now reaching 131,595.
- While the rollout of the Vaccination Programme in residential care settings is having a positive impact, the continued risk of transmission and outbreaks remains, particularly in nursing homes, where currently nearly 10% are in outbreak.
- The current rate of community transmission is having a very significant impact on the levels of COVID-related absence amongst staff with the resulting challenges in maintaining levels of service.

The NPHET agreed that, taken together, the above illustrates a system under increasing strain, with continuing high levels of community transmission likely to result in continuing pressure for some time to come.

NPHET Recommendations and Advice

The NPHET recognised the very significant impacts previous social and economic restrictions have had on families and children to date. A core priority of the NPHET throughout the pandemic has been to protect the continued operation of the education and childcare sector, recognising its importance to the health and development of children. As outlined above, we are currently experiencing very high incidence in children aged 5-12 years of age, and as such it is important to take steps to interrupt chains of transmission to protect those core priorities. For that reason, the NPHET has agreed advice to support families and young children in staying safe over the coming period with a view to reducing risk of disease transmission, including advice on reducing and prioritising discretionary activities and social contacts. In particular, the NPHET proposed that:

- for at least the next two weeks, indoor community gatherings should be avoided for children aged 12 and younger; examples of which include communions or similar events, nativity performances, and other comparable indoor seasonal events. In addition, sleepovers and indoor birthday parties and playdates should be avoided, although the latter may take place outdoors and should ideally be kept to small numbers.
- Having considered advice provided to the NPHET by the HIQA Expert Advisory Group with respect to the minimum age for the application face masks and coverings on 16th September and the current high incidence rate in children aged 5-12 years, the NPHET recommends subject to the development of appropriate guidance (on a temporary basis, subject to review in mid-February 2022) the wearing of face masks/coverings by children:
 - aged 9 years and over on public transport, in retail and other indoor public settings as currently required for those aged 13 and over, with exemptions as appropriate;

- in third class and above in primary school.

The NPHET examined the public health measures currently in place, their potential impact, and the prevailing epidemiological trends, and held an initial discussion on potential ways to further strengthen our response to COVID-19 over the coming period. While the NPHET will continue its deliberations on a range of issues and will provide its finalised advice after its next meeting, the NPHET emphasised the importance of a continued focus on:

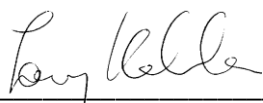
- the extension of the application of the COVID pass to all settings where there is high risk of transmission, through close contact or other activities, not yet covered by the current regime;
- expediting the vaccine booster programme;
- the need for continued efforts to increase vaccine uptake in marginalised and hard to reach groups.

In addition, the NPHET endorsed a new communications campaigns jointly prepared by the Department of Health and HSE that will run over the coming weeks and reiterated the need for clear and consistent communications focusing on the key public health messages of:

- take up your vaccine/booster as soon as it is offered;
- self-isolate and get a PCR test if you have symptoms;
- wear your mask;
- wash your hands well and often;
- prioritise and reduce the number of people you meet;
- meet outdoors where possible, when indoors, open windows and ventilate;
- avoid crowds.

Given the current uncertain epidemiological situation, the NPHET intends to further review the profile of the disease next week and to make any recommendations it considers necessary. 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