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

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Thursday 11th November 2021, (Meeting 95) at 10:00</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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<td>Members via videoconference</td>
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<tr>
<td>Dr Ronan Glynn, Deputy Chief Medical Officer, DOH</td>
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<tr>
<td>Prof Philip Nolan, Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG)</td>
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<td>Dr Cillian de Gascun, Laboratory Director, NVRL</td>
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<td>Dr Mary Favier, Past president of the ICGP, COVID-19 advisor</td>
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<td>Dr Colm Henry, Chief Clinical Officer, HSE</td>
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<tr>
<td>Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital</td>
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<tr>
<td>Ms Rachel Kenna, Chief Nursing Officer, DOH</td>
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<td>Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH</td>
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<td>Prof Mark Ferguson, Director General, Science Foundation Ireland, and Chief Scientific Adviser to the Government of Ireland, SFI</td>
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<td>Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital</td>
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<td>Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH</td>
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<td>Dr Breda Smyth, Public Health Specialist, HSE</td>
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<td>Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA</td>
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<td>Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH</td>
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<td>Mr Greg Dempsey, Deputy Secretary, Governance and Performance Division, DOH</td>
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<td>Dr Catherine Fleming, Consultant in Infectious Diseases, University of Galway</td>
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<td>Prof Mary Horgan, President, RCSI</td>
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<td>Prof Karina Butler, Chair of the National Immunisation Advisory Committee (NIAC)</td>
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<td>Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH;</td>
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<td>Dr Anna-Rose Prior, Consultant Microbiologist, Tallaght University Hospital</td>
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<td>Dr Martin Cormican, HSE National Antimicrobial Resistance and Infection Control (AMRIC)</td>
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<td>Dr John Cuddihy, Interim Director, HSE HPSC</td>
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<td>Dr Darina O’Flanagan, Special Advisor to the NPHET</td>
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<td>Ms Deirdre Watters, Communications Unit, DOH</td>
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<td>Ms Fidelma Browne, Head of Programmes and Campaigns, HSE Communications</td>
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<td>Mr Phelim Quinn, Chief Executive Officer, HIQA</td>
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### ‘In Attendance’

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<tr>
<th>Secretariat</th>
<th>Dr Keith Lyons, Ms Ruth Brandon, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Hawkes, Ms Fiona Tynan, Mr Liam Robinson, DOH</th>
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| Apologies              | Dr Colette Bonner, Deputy Chief Medical Officer, DOH |
|                        | Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion) |
|                        | Mr Liam Woods, National Director, Acute Operations, HSE |
|                        | Dr Lorraine Doherty, National Clinical Director Health Protection, HSE |
|                        | Dr Louise Hendrick, Specialist Registrar in Public Health Medicine, DOH |
|                        | Dr Siobhán Ni Bhriain, Lead for Integrated Care, HSE |
|                        | Ms Yvonne O’Neill, National Director, Community Operations, HSE |

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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 Dr Colette Bonner, Dr Elaine Breslin, Mr Liam Woods, Dr Lorraine Doherty, Dr Louise Hendrick, Dr Siobhán Ni Bhríain, and Ms Yvonne O’Neill.

c) Minutes of previous meetings
The minutes of 18th October 2021 had been circulated to the NPHET in advance of the meeting. These were agreed subject to minor amendments and formally adopted by the NPHET.

d) Matters Arising
In his opening remarks, the Chair noted the retirement of NPHET Member Dr Kevin Kelleher, Assistant National Director, HSE Public Health. The Chair expressed thanks on behalf of the NPHET to Dr Kelleher for his hard work and dedication throughout his career to advance public health, in particular in the areas of child health and health inequality. The Chair confirmed that a letter would be prepared on behalf of the NPHET thanking Dr Kelleher for his recent work in the fight against COVID-19.

2. Epidemiological Assessment

Epidemiological Assessment

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 27,440 cases have been reported in the 7 days to 10th November 2021 (cases notified 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 NPHET meeting on 18th October when 12,206 cases were notified 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 NPHET 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, 4th – 10th November, compared with the preceding 7 days, 28th October – 3rd November.
- 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 NPHET 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 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 (The Health Protection Surveillance Centre has defined a COVID-19 vaccine breakthrough infection as a SARS-CoV-2 infection in a person ≥14 days after they have completed both doses of a 2-dose regimen or 1 dose of a 1-dose regimen.)
- 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), and 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 and 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 reported 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 reported 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; and
- 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 this 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, 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 is similar
to adult age groups. The impact of the recent booster vaccination on those aged 80 years 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 2021 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.

The HPSC noted that the season for Respiratory Syncytial Virus (RSV) began earlier this year with an earlier season peak of 483 notified cases; comparatively, the median number of RSV cases for the same week has been 43 for the past 5 seasons. With regard to COVID-19 cases converting into hospitalisations, the HPSC noted that the percentage of cases hospitalised in the 14 days to 7th November 2021 was 1.2%, compared with the 14 days to 14th January 2021 when 3.17% of cases were hospitalised. Cases requiring ICU care are now at 0.07%, compared with 2% for a 14-day period in January 2021. Therefore, there is a significantly lower conversion rate from cases to hospitalisations to ICU admissions and those who do require hospitalisation or ICU care are largely unvaccinated and/or have underlying conditions.

The Chair of the IEMAG informed the NPHET that work is underway on building waning vaccine immunity into the SEIR model. Emerging evidence from studies in the UK and USA show waning immunity post vaccination. Recent national data shows a collision taking place between increasing effective social contact leading to increased force of infection, intersecting with waning immunity, with protection against infection waning faster and to a greater extent than protection against severe disease. A differential is opening up between high cases and lower than expected admissions to hospital and ICU. Vaccination is having a considerable positive impact on the conversion of case numbers into admissions to hospital and ICU. Boosters appear to restore protection against symptomatic infection and reduce the risk of severe disease. However, given the current extremely high level of infection, the absolute numbers of people being admitted to hospital and ICU continue to be high and are expected to remain high or increase for some time. The danger is that the force of infection will continue to grow and as a result the incidence of severe disease will rise further. The IEMAG confirmed that it would update the NPHET further once the work on building waning immunity into the models has been completed.

The Chair thanked the DOH, the HPSC, and the IEMAG for their inputs and invited comments and observations from the NPHET Members, summarised thematically below:

**IEMAG modelling:**
- It was queried whether it is possible to model acquisition of natural immunity in addition to immunity acquired through vaccination. In response, the Chair of the IEMAG confirmed that natural immunity is built into and explicit in the SEIR model. As is standard for these models, infection-induced immunity is assumed to be permanent. The IEMAG is considering whether the models should be adapted to include waning of infection-induced immunity.
- It was queried what impact is assumed in the model with regard to transmission following primary vaccination and subsequent booster vaccination. In response, the IEMAG stated that modelling
transmission post vaccination is complicated. Vaccine effectiveness against symptomatic infection is known. It is also known that vaccinated people who develop symptomatic infection are less likely to transmit, but this is less well quantified. The structure of the model assumes that vaccinated symptomatic infectees are only 50% as likely to transmit (as are asymptomatic unvaccinated cases). This assumption is allowed range over a broad interval in sensitivity analyses.

Impact on Acute Care:
- 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 the broader primary care services and the acute hospital system.
- It was noted that vaccination is having a considerable impact on reducing the conversion of COVID-19 cases into admissions to hospital (about 1%) and ICU (0.07%). However, given the current high level of infection, high levels of admission to hospital and ICU continue to be reported on a daily basis and the situation may deteriorate further.
- A large number of patients (290) are currently receiving enhanced respiratory support outside of the ICU setting.
- With regard to building critical care capacity, work is underway to increase the current 300 critical care beds to the target of 321. However, this work is challenging.
- Longstanding deficits in hospital ICU facilities were also highlighted as a significant issue.
- Increased numbers of COVID-19 presentations to hospital and ICU from vulnerable groups and also pregnant women who are unvaccinated was noted with concern.
- It was queried whether there could be a possible correlation between the numbers of vulnerable people presenting to hospital and the primary vaccine received. It was noted that the NIAC is considering this matter in the context of the booster vaccination programme with a view to bolstering protection for the most vulnerable.
- With regard to hospital acquired and hospital associated COVID-19, it was queried whether more proactive measures could be taken in hospitals to mitigate or reduce hospital acquired/associated COVID-19. In this regard, it was suggested that a booster vaccine dose could be administered on admission.
- It was queried whether it is possible to differentiate hospital presenting COVID-19 from hospital acquired COVID-19 at present. It was suggested in this regard that that HSE consider uniform SARS-CoV-2 testing of new admissions to healthcare settings further.
  - It was noted that the HPSC/AMRIC are operating to the ECDC HAI COVID-19 case definition, which has the limitations of a surveillance definition. People are tested on admission, probable and definite cases are counted together. This approach has been used consistently since the process for weekly surveillance of hospital acquired COVID-19 was implemented. The HSE advised that there is already extensive testing of people on admission and that it will consider reinstating testing of all admissions.
  - It was further noted that the number of patients with hospital acquired COVID-19 reported in the past 14 days is 53, compared with 22 the previous week.
- It was noted that contact has been made with Northern Ireland counterparts regarding information sharing and possible mutual aid in respect of acute operations if required. Such work will be progressed in line with the arrangements set out under the MOU signed by the respective Departments in 2020.

Impact on GP Services
- It was highlighted that the force of infection at present is a significant disrupter for GP practices (increased vigilance required regarding measures to prevent introduction of COVID-19 into practice, vulnerable staff working from home, staff with children having to stay home when children have symptoms etc.). The knock-on effects of this into hospital care are very substantial.

Test and Trace System:
It was queried whether the Test and Trace system is nearing maximum capacity. The below updates were provided in response.
• It was noted that overall, the HSE Test and Trace system is performing but is operating close to maximum surge levels.
• It was noted that national standing capacity for swabbing is 21,500 while surge capacity overall is 26,500 (to 28,500 by mid Jan 2022). This includes community swabbing, serial testing, home and mobile, and acute hospital swabbing. Current standing capacity for laboratory testing is 30,000 tests (25,000 community and 5,000 acute hospitals). A surge plan is in place to increase to 38,000 (33,000 Community Tests and including 5,000 acute).
• It was further noted that antigen testing for vaccinated asymptomatic close contacts was introduced on 28th October (c.3,500 per day).

The Chair thanked Members for their inputs to the discussion and noted the planned discussion on the ongoing management of COVID-19 under item 4(a).

The Chair emphasised that when the force of infection is so strong, as it is at present, it is not reasonable to assume that our healthcare system can cope by means of increasing capacity or scaling up test and trace activity. There are many layers to our response to COVID-19. The front line of defense must remain the public’s continued adherence to basic public health measures.

Given the concerning and uncertain epidemiological situation, the Chair confirmed that the NPHET would further review the profile of the disease in two weeks’ time.

3. Communications update

   a) Communications Update

The DOH and the HSE presented “Communications Update: 11th October 2021”, for noting.

The Quantitative Tracker, the nationally representative sample of 1,600 people conducted on behalf of the DOH by Amárach Research on 8th November 2021, shows that:

• The level of worry now stands at 5.2/10, slowly returning to levels last seen in June this year.
• The majority, 46%, believe the worst of the pandemic is behind us, 19% believe it is happening now, with 15% believing it is ahead of us.
• There has been a significant increase in the percentage that think Ireland is returning to normal too quickly, now at 41%, versus 43% believing we are moving at about the right pace; 37% believe there should be more restrictions.

The DOH and the HSE noted the following points with regard to COVID-19 Communications:

• Government has been running the ‘COVID yellow’ public health advice for the last 18 months.
• While this identity has undoubtedly become a source of trusted information to the public, there is a need to refresh and reinvigorate.
• As we enter winter, it is imperative to understand that there is no silver bullet to keep us protected from COVID-19. Instead, we all must continue to adopt the full range of behaviours to keep safe.
• ‘Layer Up’ is a cross-Government campaign to amplify these protective behaviours.

The HSE also provided further details on its winter communications programme, which aims to support the public health response, support the ongoing rollout of vaccination, and provide people with practical health service and self-care advice over the winter months.

The DOH also presented the ESRI paper “Update on COVID-19 Behavioural Science Data – 10th November 2021” for noting.

The update provided an analysis of recent behavioural data, mainly focused on the Social Activity Measure (hereafter SAM) conducted by the ESRI’s Behavioural Research Unit (BRU) for the Department of the Taoiseach and the Amárach Tracking Survey (hereafter ATS) undertaken for the Department of Health.
The findings of the ESRI are summarised below:

- At the time of writing, there is no evidence that the public has produced any kind of behavioural response to the increased risk of infection associated with rising daily cases of COVID-19, either with respect to how much social activity they choose to undertake or how they behave while going about it.
- It is possible that the data in November will reveal a belated adjustment in the level of risk people are taking. There is also some evidence of an increase in worry which, previously, has fed through to behaviour.
- The most recent behavioural data suggest that there is now a greater impact of some form of pandemic fatigue.
- It is important to note that very few people have given up on their efforts to follow public health advice, with most still trying to do so to a substantial degree, even if not as assiduously as in the earlier waves of the pandemic.
- The findings suggest that there may be considerable scope to improve people’s perceptions of risk in ways that would allow them to judge the relative risks associated with different settings and behaviours more accurately – potentially taking less risk without the need for additional sacrifice or effort.
- Communications might directly address the situations in which people are most likely to catch infection. Narrative examples of where transmission is currently most likely to occur (and why) might also be beneficial for improving risk perceptions.
- Previous investigations of vaccine hesitancy suggested that failing to understand the positive benefits of vaccination was a stronger predictor of hesitancy than exposure to misinformation. Strong communication of the benefits of taking a booster are therefore likely to be important and providing the public with tangible evidence of this is likely to help to persuade the undecideds.
- Similarly, the benefits of giving vaccines to eligible children will need to be articulated to the large proportion of parents who are unsure, especially mothers.

In the NPHET discussion following the presentation, it was stressed that solidarity between the public and government response should be re-emphasised in communications. It was emphasised that the promotion of taking personal responsibility, in line with current management of the COVID-19 response, should not be divorced from the concept of the social contract.

The Chair thanked the DOH and the HSE for their joint presentation, noting that communications would be further discussed under item 4(a), concerning the ongoing management of the COVID-19 response.

4. Future Policy

a) Ongoing Management of COVID-19

The Chair introduced this agenda item by asking the NPHET to reflect on the ongoing management of COVID-19 in light of the current epidemiological situation. The Chair asked the NPHET to consider in particular whether implementation of current measures could be strengthened or whether further measures should be recommended at this time. The Chair then invited the DOH to give a brief overview of the current response in order to facilitate the discussion.

The DOH gave a short presentation on public health measures in place nationally, since the easing of restrictions for remaining sectors on 22nd October with a range of baseline public health measures and specific sectoral protective measures remaining in place. It also outlined the latest advice from the ECDC and WHO along with a summary of current approach to public health measures across the EU. It was noted that several EU Member States have reintroduced some public health measures in response to increasing incidence in recent weeks.

The DOH asked the NPHET to consider:

- How implementation of current measures could be strengthened e.g. further focus on communications and inspection and enforcement.
- Further potential measures, for discussion by the NPHET, including in the areas of:
The Chair thanked the DOH for its presentation and opened the discussion to the NPHET Members. The NPHET’s detailed recommendations made on foot of the discussion are captured in the Action Points section below. Key points raised in the discussion are summarised as follows:

**General Points**
- The NPHET reiterated its concern in relation to the current high incidence of infection and emphasised that further efforts are required across society within the current range of measures to suppress transmission levels.
- 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 that more recently it is being reported that some are considering the re-imposition of more stringent social and economic restrictions.
- The NPHET was not of the view that the re-imposition of social and economic restrictions is merited at this time. However, it was noted that this cannot be fully ruled out for the future.

**Communications and Compliance**
- 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 targeted at increasing compliance with the full range of protective behaviours. The need for cross-sectoral sharing of responsibility for the communication and amplification of these messages was stressed.
- The 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 COVID Cert compliance, where relevant, helps to set the tone and telegraph the level of co-operation with the public health advice to staff and customers.
- The NPHET reiterated that the clarity and coherence of measures is an essential pre-requisite for enabling clear effective communications and supporting broad adherence to measures.
- Members emphasised the continued importance of communicating key messages regarding vaccination, including the risks of remaining unvaccinated or partially vaccinated and the need for people to avail of booster doses when made available to their cohort. Members noted that the uptake of booster doses has not yet reached the high levels seen in the initial rollout of the COVID-19 vaccination campaign. Strong communications are also required to caution that vaccination does not sufficiently prevent transmission of COVID-19 and basic NPIs are still required to reduce the current high force of infection and its resulting strain on the provision of health services.
- The need for a focus on COVID-19 symptomatology and in particular modified symptoms in vaccinated individuals in communications specifically was highlighted. It was confirmed that work is ongoing in this regard.
- The challenge of communicating messages in a way that accounts for individuals’ changing perceptions of their behaviours, risk, and consequences was noted. It is difficult to encourage change at an individual level in those who currently see no consequences to or risk from their behaviours. Communications which encourage individuals to assess the necessity of and risk attached to certain social activities could be useful in this regard.
- The importance of core public health messages for the lead up to the Christmas period was emphasised. Work will be undertaken between the DOH, HSE, and across government in this regard.
Use of Facemasks
• The need for a further strengthening of communications targeted at individuals and sectors on how and when face masks should be worn to prevent transmission of COVID-19 was highlighted. Communications should also be targeted to those for whom it is currently recommended to wear medical grade face masks.
• Some Members suggested that the evidence and advice around mandatory mask wearing among children under the age of 13 may need to be re-examined in due course, notwithstanding the evidence that schools continue to be low-risk environments for onward transmission. The high force of infection observed across the community and the introduction of similar mandates in other countries were referenced. The NPHET noted that it had recently considered the case for mask wearing in children under 13 and has recommended no changes to its advice at this time. The NPHET agreed that it would consider the matter again at a forthcoming meeting.
• The NPHET noted that the HIQA had been requested to examine the case for the wearing of respirator masks by specific population cohorts at higher risk from COVID-19 and that advice on same is expected in the coming weeks.

COVID Passes
• The NPHET noted recent SAM and Amárach Research data on compliance on the application of the COVID Pass. The NPHET also noted that clarity and coherence in the application of the COVID Pass will be important for overall compliance efforts.
• It was suggested that the use of the COVID Pass should be extended to other areas where close contact is likely.
• The DOH informed the NPHET that inspection of premises for compliance with current measures and enforcement of same has been taking place through the HSE and Health and Safety Authority (HSA). The DOH outlined that increases to the numbers of premises required to implement the Digital COVID Certificate would result in a thinner spread of enforcement resources.
• It was noted that work is underway at EU-level to examine how recommendations for specific cohorts of people to avail of COVID-19 booster doses might be factored into the continued use of their Digital COVID Certificate.

Ventilation
• It was emphasised that ventilation continues to be an important factor in mitigating against the risk of far-field (<2m) aerosol transmission. However, it was cautioned that ventilation will have minimal impact on droplet/close contact transmission – and therefore cannot be a standalone measure.
• The NPHET noted that 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. Members suggested that, further to the publication of this guidance, consideration should be given to how best to support and incentivise sectors to ensure they follow good ventilation practices as part of the full suite of necessary IPC measures.
• The possible role for UV sterilisation devices and high efficiency particulate air (HEPA) filters to manage risks associated with poor ventilation in indoor environments was raised for consideration.
  o Some members noted that while there had been studies on the impact of HEPA devices on removal of microorganisms from the air in indoor environments, there is not yet robust evidence to suggest they significantly impact on the overall transmission of disease in practice.

Workplaces
• The NPHET noted the most recent Social Activity Measure (SAM) data. This 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 NPHET noted recent advice from SAGE (UK) that states “with high confidence that working from home can reduce transmission significantly”.
- It was noted that returning to the workplace involves a potential increase in contacts, both directly (in the workplace itself) and indirectly (travelling to/from workplace and linked socialisation activities).
- A renewed emphasis on working from home should be pursued. It was acknowledged that there are some workplaces open now that were not open when previous work from home advice was in place, such as the higher education sector. It was noted that any advice should take into consideration the importance of continuing with priority public services such as education.

Testing
- The NPHET noted that the Expert Advisory Group on Rapid Testing (RTEAG) had made a recommendation to the Minister regarding use of antigen testing by individuals engaging in high-risk activities.
- 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.

Other Points
- It was queried whether booster vaccinations are being offered to those eligible on admission to hospital. It was confirmed that the HSE has issued a note to all hospitals on this matter.
- Some Members expressed reservations regarding the ability for IPC in healthcare settings to sufficiently withstand the current force of infection. The difficulties in ensuring people consistently implement IPC, as well as existing deficits in hospital infrastructure were referenced.
  - The DOH suggested that the current approach to IPC, including capital, revenue, and staffing requirements, be reviewed outside of the NPHET. This suggestion was welcomed by the NPHET.
- Noting the introduction of the practice in other countries, the issue of mandatory vaccination of healthcare workers was raised. Noting the complexities surrounding this practice, relevant ethical, legal, and practical issues should be thoroughly examined before any action is considered. The NPHET welcomed the suggestion that the DOH prepare an evidence paper on the topic for consideration at a future meeting.
- Several Members raised the issue of the path to endemicity of COVID-19, the role of booster vaccines and other therapeutics as part of this, and whether the path to endemicity should be included as part of public communications campaigns. Such messaging could explain that, while it is likely that many people may become infected with SARS-CoV-2 at some point in future, it is vital that as many people as possible are vaccinated and given booster doses where appropriate as quickly as possible. Adherence to basic non-pharmaceutical interventions will continue to be necessary for the foreseeable future. These measures serve to reduce the force of infection, limit the population-level impact of these infections, and limit the disruptive impact on non-COVID health services to the greatest extent possible.
- Some Members questioned whether strengthening the communication and coherency of the measures currently in place would make an appreciable difference in reducing the force of infection. If the situation does not improve, limits on capacity and other restrictions may need to be contemplated in certain sectors. Given the current uncertain epidemiological situation, in concluding the conversation it was suggested that the NPHET meet to further review the profile of the disease in two weeks’ time, at which point further consideration can be given to a range of issues, including the upcoming festive period.

The Chair thanked Members for their contributions to a robust and valuable discussion. The Chair noted that the NPHET’s agreed actions would serve initially to reinforce current baseline measures and that a further assessment will be needed in two weeks’ time to assess the impact of same. The Chair outlined that NPHET’s advice and recommendations would be communicated to the Minister in the usual manner for due consideration by Government.
Action Point
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’s recommendations are detailed below.

Physical Distancing and other Basic Public Health Measures
The NPHET recommends:
• continued adherence to basic public health measures as set out in Government’s refreshed communications campaign ‘Layer Up’;
• continued cross-government and cross sectoral stakeholder engagement around all elements of public health advice, in particular, management enforcement of the correct wearing of masks by staff and, where relevant, COVID Cert compliance;
• clarity and coherence of measures as an essential pre-requisite for enabling clear effective communications and supporting broad adherence to measures;
• continued promotion of solidarity as a core element of communications around COVID-19.

Face Masks
The NPHET recommends that:
• there is a further strengthening of communications targeted at individuals and sectors with a continued focus on:
  o how to wear a mask correctly; and
  o where mask wearing is mandatory or advised, including crowded outdoor settings (e.g. outdoor spectator events);
• there are 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:
  o 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;
  o ongoing engagement with sectors in relation to the importance of staff and patrons/participants wearing masks as appropriate.

COVID Pass
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
The NPHET recommends 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
The NPHET recommends:
• Government considers re-instating previous advice to work from home where possible;
• ongoing communications targeted at employers and employees regarding protective measures as outlined 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 recommends:
• enhanced communications with regard to the appropriate use of antigen tests, with specific emphasis on the importance of symptomatic individuals not using these tests as a ‘green-light’ to engage in activities with others;
• the development and communication of clear guidance for the public on how to use antigen tests.
• antigen tests are used as an additional layer of mitigation against infection and transmission; they should not replace the other public health protective measures advised;
• 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.

5. HIQA – Expert Advisory Group
a) Duration of Protective Immunity
The HIQA paper, “Advice to the National Emergency Team: Duration of immunity (protection from reinfection) following SARS-CoV-2 infection- 14th October 2021”, was circulated in advance of the meeting for the NPHET’s consideration.

The DOH gave a brief presentation summarising the advice contained in the paper as informed by the expert opinion of the HIQA’s COVID-19 Expert Advisory Group (EAG). The NPHET endorsed the HIQA’s recommendations.

Action Point
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.

6. Vaccination update
a) Vaccine Safety Update
The HPRA’s “COVID-19 Vaccines, Overview of National Reporting Experience, 4th November 2021 (Update #13)” was circulated to NPHET Members in advance of the meeting.

Highlights from the update included:
• Up to 26th October, a total of 15,705 reports of suspected side effects were notified to the HPRA. The number of COVID-19 vaccines administered as of that date was reported as 7,317,176, including 236,168 administered as a single dose, 3,571,557 as a first dose, and 3,509,451 as a second dose.
• Whilst not experienced by everyone, all vaccines have some side effects, the vast majority of which are mild to moderate in nature. These side effects need to be continuously balanced against the benefits in preventing COVID-19 illness. Overall, the national reporting experience continues to support the favourable assessment that the benefits of COVID-19 vaccines outweigh the risks.
• The next HPRA safety update is due for publication on 9\textsuperscript{th} December.

The NPHET thanked the HPRA for its update and noted same.

7. Meeting Close
   a) Agreed actions
      The key actions arising from the meeting were examined by the NPHET, clarified, and agreed.

b) AOB
   No matters arose for discussion under this item.

c) Date of next meeting
   The next meeting of the NPHET is scheduled to take place week commencing 22\textsuperscript{nd} November (date tbc).