# National Public Health Emergency Team – COVID-19

## Meeting Note – Standing meeting

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<tr>
<th><strong>Date and Time</strong></th>
<th>Thursday 2(^{nd}) December 2021, (Meeting 97) at 10:00</th>
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<tr>
<td><strong>Location</strong></td>
<td>Department of Health, Miesian Plaza, Dublin 2</td>
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<td><strong>Chair</strong></td>
<td>Dr Tony Holohan, Chief Medical Officer, DOH</td>
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### Members via videoconference
- Dr Ronan Glynn, Deputy Chief Medical Officer, DOH
- Prof Philip Nolan, Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG)
- Dr Cillian de Gascun, Laboratory Director, NVRL
- Dr Mary Favier, Past president of the ICGP, COVID-19 advisor
- Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital
- Ms Rachel Kenna, Chief Nursing Officer, DOH
- Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH
- Dr Colette Bonner, Deputy Chief Medical Officer, DOH
- Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH
- Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion)
- Prof Mark Ferguson, Director General, Science Foundation Ireland, and Chief Scientific Adviser to the Government of Ireland, SFI
- Dr Máirín Ryan, Deputy Chief Medical Officer, DOH
- Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH
- Mr Liam Woods, National Director, Acute Operations, HSE
- Dr Anna-Rose Prior, Consultant Microbiologist, Tallaght University Hospital
- Dr John Cuddihy, Interim Director, HSE HPSC
- Dr Darina O’Flanagan, Special Advisor to the NPHET
- Ms Fidelma Browne, Head of Programmes and Campaigns, HSE Communications
- Dr Lorraine Doherty, National Clinical Director Health Protection, HSE
- Dr Colm Henry, Chief Clinical Officer, HSE
- Ms Deirdre Watters, Communications Unit, DOH
- Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE

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<tr>
<th><strong>In Attendance</strong></th>
<th>Dr Desmond Hickey, Deputy Chief Medical Officer, DOH</th>
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<td>Dr Robert Conway, Specialist Registrar, DOH</td>
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<td>Ms Ruth Barrett, NPHET Policy Unit, DOH</td>
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<td>Ms Laura Casey, NPHET Policy Unit, DOH</td>
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<td>Mr Ronan O’Kelly, Health Analytics Division, DOH</td>
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<td>Dr Louise Hendrick, Specialist Registrar in Public Health Medicine, DOH</td>
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<td>Ms Pauline White, Statistics &amp; Analytics Unit, DOH</td>
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<td>Ms Elizabeth McCrohan, Statistics and Analytics Unit, DOH</td>
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<td>Mr Vincent Colgan, Office of the Chief Medical Officer, DOH</td>
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<th><strong>Secretariat</strong></th>
<th>Dr Keith Lyons, Ms Ruth Brandon, Mr Ivan Murphy, Mr Liam Hawkes, Ms Fiona Tynan, Mr Liam Robinson, DOH</th>
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| **Apologies**     | Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital |
|-------------------| Dr Martin Cormican, HSE National Antimicrobial Resistance and Infection Control (AMRIC) |
|                   | Prof Karina Butler, Chair of the National Immunisation Advisory Committee (NIAC) |
|                   | Mr Phelim Quinn, Chief Executive Officer, HIQA |

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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 Prof Colm Bergin, Dr Martin Cormican, Prof Karina Butler, and Mr Phelim Quinn.

   c) Minutes of previous meetings
   There were no minutes circulated to the NPHET for adoption in advance of the meeting.

   d) Matters Arising
   In his opening remarks, the Chair confirmed that the focus of the meeting would be on formulation of advice through the Minister to Government on the ongoing management of the COVID-19 response.

2. Epidemiological Assessment
   The Chair advised Members that all matters falling under the epidemiological discussion should be regarded as particularly sensitive and asked that all information remain strictly confidential; i.e. no disclosure following the meeting. The Chair confirmed that he would brief the Minister for Health on the NPHET’s advice in the evening at the earliest on account of the Minister’s Oireachtas commitments during the day.

   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 31,767 cases have been reported in the 7 days to 1st December 2021 (cases notified to midnight 30th November), which is a 2% increase from last week when 31,109 cases were reported in the 7 days to 25th November.
   • As of 1st December, the 14-day incidence rate per 100,000 population has increased to 1,320; this compares with 1,288 reported at the last NPHET meeting on 25th November. The 14-day incidence rate, at 1,320 per 100,000, is 86% of its highest value to date (1,531 in January 2021).
   • Nationally, the 7-day incidence per 100,000 population as a proportion of 14-day incidence per 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 4,477 as of today, a 4% decrease from that reported at the last NPHET meeting on 25th November (4,665).
   • Of the 62,870 cases notified in the 14 days to midnight 30th November 2021, 72% have occurred in people under 45 years of age; and 7% were aged 65 years and older. Incidence remains high across all age groups and is highest in those aged 5-12 years. This is likely to be 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. The impact of recent booster vaccination on incidence in those aged 75 and older is clear, with an effect also emerging in those aged 70-74.
   • Of the cases reported in the 14 days to 1st December 2021, 0.6% (372) were healthcare workers.
   • From 24th – 30th November, there have been approximately 215,385 laboratory tests reported in community, private, and acute laboratories. The 7-day test positivity rate in the community has decreased from 19.5% last week to 17.4%.
   • Testing rates are very high in those aged 12 and under, at approximately 1,000 tests per 100,000 people per day, which is at or above the unprecedented level of early September 2021. The next highest level of testing is in the age group, 35-44 years. This means that case ascertainment in these age groups will be elevated. Test positivity is reducing across most age groups.
• The HSE Test and Trace system is now operating at surge capacity and is under severe pressure. Overall, total referrals have increased by 5% in comparison to the same time-period in the previous week. In the past week, 215,385 laboratory tests were completed, this is the highest volume of laboratory tests completed to date in a 7-day period.
• According to the Contact Management Programme (CMP), from 22nd – 28th November 2021, the total number of close contacts was 66,433, an increase of 10.5% on 60,109, in the previous week. The average number of cases managed per day decreased from 4,653 to 4,555, a decrease of 2% over the same time period.
• For close contacts created the week ending 14th November, Test 1 results were available at the time for 7,584 close contacts; 1,570 (20.7%) of these had a positive result. Test 2 results were available for 1,763 close contacts, 174 (10%) of these had a positive result.
• The highest proportion of close contacts testing positive by circumstances of contact was amongst household contacts (31%). For the 2,118 household close contacts created the week ending 14th November 31.4%, (665) had a positive result.
• The mean number of close contacts per case (including cases with zero close contacts) for the week ending 28th November was 2.2, unchanged from the previous week (week ending 21st November). The mean number of close contacts per case (excluding cases with zero close contacts) for the week ending 28th November was 3.1, a decrease from the previous week.
• Rapid antigen testing of close contacts who are fully vaccinated and have no symptoms is ongoing since 28th October. As of 25th November, the numbers of close contacts referred through this pathway has decreased with an average of 3,868 tests dispatched daily for the previous 7 days, a decrease of 7% on the previous week. In total, 31,850 antigen test results have been reported by close contacts – 21,579 “not detected”/negative antigen results and 10,271 “detected”/positive antigen results, with 5,741 (56%) cases confirmed positive on PCR testing.
• There were 547 confirmed COVID-19 cases in hospital this morning, compared with 598 last week on 25th November.
• There have been 70 newly confirmed cases in hospital in the 24 hours preceding this morning, there has been an average of 69 newly confirmed cases in hospital per day over the last 7 days.
• There are currently 117 confirmed cases in critical care as of this morning, compared with 126 last week on 25th November. There were 6 new admissions to critical care in the 24 hours preceding this morning.
• Of the 552 COVID-19 patients (aged 12 and over) admitted to ICU between 27th June and 20th November 2021, 313 (57%) were unvaccinated and 196 (36%) were considered to be fully vaccinated, and of these, 147 (75%) were aged over 60 (had an epidemiological date 14 days or more after receiving all recommended doses of vaccine).
• As of 1st December, there have been a total of 5,707 COVID-19 related deaths notified in Ireland. This is an increase of 55 notified deaths since the previous weekly update on 24th November. To date, 160 deaths have been notified which occurred in November 2021, 205 deaths in October, 176 in September, and 84 in August. Deaths are increasing very slowly at approximately 7 per day or 200 deaths per month.
• Over the period 27th June and 20th November 2021, 194 out of 561 (34.6%) 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).
• On 26th November 2021, the WHO designated the variant B.1.1.529 a variant of concern (VOC) on the basis of advice from the WHO’s Technical Advisory Group on Virus Evolution. The variant has been given the name Omicron. On 1st December 2021, the first confirmed case of Omicron variant (B.1.1.529) in Ireland was identified through whole genome sequencing and notified to the HPSC. The confirmed Omicron case was identified in real time and is associated with travel from one of the scheduled States.
• 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 1st December 2021.
• Other cases of variants of interest that have been confirmed in Ireland as of 1st December 2021: 247 B.1.1.318, 4 Lambda (C.37), and 4 Mu (B.1.621). There have been 156 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 in workers across every sector of employment was higher...
than the preceding 14-day period. 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 and 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 47 (21st – 27th November) are based on those reported up to midnight on 27th November 2021.

In Week 47, there were a total of 151 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 such as healthcare settings. For this reason, outbreaks in some settings may be underestimated. Detail on outbreaks in prioritised settings:

**Healthcare setting outbreaks:**
- There were 10 new nursing home outbreaks and one new community hospital/long-stay unit outbreak reported in week 47. A total of 40 cases were linked to outbreaks in these settings in week 47.
- There were 12 new acute hospital outbreaks reported in week 47 with a total of 13 cases linked to outbreaks in acute hospital settings.
- There were 30 new outbreaks reported in residential institution settings (20 in centres for disabilities, 4 in mental health facilities, 2 in direct provision centres, 1 in a centre for older people, 1 in a children’s/TUSLA residential centre, 1 in a homeless facility, and 1 in other/not specified residential centre) in week 47. A total of 57 cases were linked to outbreaks in these settings.
- There were 12 new outbreaks in ‘other healthcare services’ (3 among clients of disability day services, 3 among clients of homecare services, 1 among clients of a mental health facility, and 5 in other healthcare services). A total of 22 cases were linked to outbreaks in these settings.

**Outbreaks associated with school children and childcare facilities:**
- There were 6 outbreaks newly reported in childcare facilities in week 47 with a total of 9 cases linked to outbreaks in childcare settings in week 47.
- There were 45 new outbreaks associated with schools notified in week 47 (32 in primary schools, 13 in special education schools, and 1 in a post-primary school). A total of 72 cases were linked to outbreaks associated with schools in week 47.

**Workplace outbreaks:**
- There were 6 new outbreaks associated with workplaces (1 associated with meat processing and 5 in ‘other’ workplace settings) reported in week 47. A total of 70 cases were linked to workplace outbreaks in week 47.

**Additional details are available in relation to outbreaks in vulnerable groups and key populations:**
- There were 11 new outbreaks reported involving members of the Irish Traveller community in week 47 with 31 cases linked.

COVID-19 incidence across the country is very high, and while it is stable at present, the situation remains precarious. Following a period of rapid growth in late October and early November, the growth rate for cases has reduced over the last three weeks and is now close to zero, with the reproduction number (R) estimated at approximately 1. Incidence is highest in children aged 5-12 years old. Incidence in most other age groups has been relatively stable or reducing. There continues to be an increasing age gradient in incidence in
children under 12 years of age, with incidence in the 9-11-year-old age group three times that in the 0-4-year-old age group, and 50% higher than the 5-8-year-old age group. Incidence has been reducing in older adult age groups, with evidence of a clear impact of recent booster vaccination in those aged 75 and older, as well as an emerging effect in those aged 70-74 years.

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 operating at maximum capacity (referrals, swabbing, laboratory testing, and contact tracing). Testing rates are very high in those aged 12 and under, at approximately 1,000 tests per 100,000 children per day, which is at levels close to the unprecedented levels of early September 2021. The next highest level of testing is in those aged 35-44 years old. Test positivity is reducing across most age groups.

The very high number of COVID-19 cases currently in the community and in hospitals continues to place a very significant burden on care being delivered by staff and services across the wider health and social care system, noting also that these pressures are likely to further increase over the course of the coming weeks and months. The number of confirmed cases in hospital remains high, and while there has been a reduction in recent days, it should be noted that this is not yet an established trend and such fluctuations have occurred previously. The average number of daily newly confirmed cases in hospital also remains high. The number of confirmed cases in ICU is high, and while this total number has reduced slightly, the number of cases requiring mechanical ventilation is increasing. Deaths per day have been increasing very slowly at approximately 7 per day, or 200 deaths per month. This may rise further, given the very high case counts, though booster vaccination in older age groups 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 in Ireland remains concerning and delicately balanced. 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, and the potential impact of the recently identified Omicron variant which remains uncertain at present.

The IEMAG gave a detailed presentation on its revised models (homogeneous SEIR model and age-cohorted SEIR model) that take into account the extension of booster vaccination to those aged 16 and older and primary vaccination to those aged 5-11 years. The group has examined scenarios with different levels of effective social contact over the Christmas period. Furthermore, the group has examined scenarios where the Omicron variant comes to dominate in early January 2021, vaccines are less effective against the Omicron variant, and it is more transmissible. Modelling is challenging, given that we do not yet have reliable estimates of vaccine effectiveness or possible transmission advantage for this new variant. However, the scenarios show that if Omicron becomes dominant over the coming weeks and is associated with even moderate reductions in vaccine effectiveness and increases in transmissibility, the risk of a surge in disease is high to very high, and any such surge is amplified by increased effective social contact over the Christmas period. The risk is increased further if the level of infection-induced immunity in the population is lower (or if Omicron evades immunity from prior infection with other variants). The more pessimistic (but plausible) scenarios show 750 to 1300 people requiring general hospital care and 200-400 people requiring critical care, or 950-1700 in total requiring hospital care, in January 2022. The IEMAG advised that the many uncertainties around the potential growth rate and impact of the Omicron variant gives cause for a cautionary approach.

The HPSC gave a brief update on flu vaccine uptake in healthcare settings. According to Primary Care Reimbursement Service (PCRS) and SwiftQueue data, 130,000 healthcare workers have been administered a flu vaccine to date. HPSC healthcare worker based uptake surveys, which commenced recently, show overall uptake for reporting acute hospitals (4) at 61%. Overall uptake in long-term residential care facilities (36) is 69.8%. The HPSC will have more information in the coming weeks as responses are gathered from more sites and more information is gathered through the survey.
The NVRL gave an update on current knowledge and laboratory work regarding the newly designated variant of concern, Omicron (B.1.1.529). Omicron has 10 times more mutations on the spike protein than the Delta variant, raising concerns about its transmissibility, disease severity, and capacity for immune evasion. After the designation of Omicron as a VOC on 26th November, the NVRL reviewed 10% of standard samples dating back to the start of October containing S-gene target failure (the ECDC Threat Assessment 26th November suggests that S-gene target failure (SGTF) for the Thermo Fisher TaqPath assay can be used as a screening method for Omicron). 14 samples were identified of which 8 could be retrieved. Whole genomic sequencing confirmed 1 of these samples to be Omicron while the others were identified as AY.4, a sub lineage of the dominant Delta variant. The sample of interest was taken on 25th November, predating Omicron’s designation as a VOC. In accordance with ECDC guidance, sequencing has now increased to 1500 cases per week. In addition, the NVRL will continue to use S-gene target failure (SGTF) for the Thermo Fisher TaqPath assay as a surveillance measure for Omicron.

The Chair thanked the DOH, the HPSC, NVRL, and the IEMAG for their respective inputs and opened the discussion to the NPHET Members, with key points summarised below:

- Concern was expressed about the uncertainties surrounding the Omicron variant, in particular its potential increased growth rate.
- The indeterminate nature of the projections was described as striking with concern expressed for the possible impact on healthcare capacity.
- It was queried how modelling for hospital system capacity is accounting for influenza related hospitalisations and ICU admissions, noting that these will create an additional layer of pressure on the hospital system.
- It was queried whether anything could be done from a research perspective, based on experience to date, to reduce the uncertainty relating to the proportion of cases that go undetected, which range from 40% to 60% in the models at present.
  - The IEMAG confirmed that data from the Study to Investigate COVID-19 Infection in People Living in Ireland (SCOPI) assisted enormously in narrowing the range to 40-60%. Further seroprevalence data will be very helpful, and the IEMAG noted that planning is underway in HPSC to run another round of SCOPI.
- The importance for future modelling of establishing the proportion of Omicron cases already seeded in Ireland was emphasised; increasing whole genomic sequencing capacity to the greatest extent possible in the short-term was suggested. It was queried whether anything further could be done given the time lag between sample collection and sequencing.
  - The NVRL stated that based on the diversity of the available Omicron sequences, there is a growing consensus that Omicron has emerged recently (probably in the first half of October) and has not been circulating undetected.
  - On that basis, it is improbable that it would be present in Ireland in any great numbers at present. As more cases are sequenced internationally, further clarity will be provided. There is no evidence at present to suggest that Omicron was responsible for the surge seen across Europe from early November, but more will be known in the coming weeks.
  - The current level of sequencing (1500 cases per week) will allow detection of Omicron circulating in the community at a prevalence of 1%. Daily surveillance of the SGTF data from Backweston will allow us to detect changes below that level. SGTF cases will also be prioritised for WGS in the coming weeks to ascertain the correlation with Omicron. As prevalence increases, the SGTF rate will provide a useful real time indicator of Omicron activity.
  - Regarding the development of assays that are suitable for repurposing, work is underway on a commercial PCR-based assay that will be able to distinguish between Delta and Omicron. This will take some weeks to become available.
  - The National SARS-CoV-2 surveillance programme steering group will be meeting later today to review the current capacity and decide whether additional capacity would be beneficial given the recent emergence of Omicron and the time of year.
The Chair thanked the NPHET Members for their observations, noting that they would feed into the discussion on the ongoing management of the response under item 5(a). The Chair then gave a high level summary of the complex epidemiological situation and the key points raised in the discussion. The Chair once again stressed that the information presented and discussed is highly sensitive and must therefore remain confidential. The Chair requested that Members afford him an opportunity to brief the Minister in the appropriate manner.

3. HIQA - Expert Advisory Group
a) Advice Re: Use of respirator masks by persons who are at higher risk from COVID-19

The HIQA paper, “Advice to the National Public Health Emergency Team: Use of respirator masks by persons who are at higher risk from COVID-19 - 18th November 2021”, was initially circulated on 24th November for the NPHET’s consideration. The paper was presented at the meeting for decision.

Arising from its examination of a range of evidence, the HIQA’s advice to the National Public Health Emergency Team was as follows:

- There was a general consensus among EAG members that the evidence does not support a population-level recommendation for persons who are classed as at higher risk from COVID-19 (‘high risk’ or ‘very high risk’, according to HSE classification) to wear respirator masks (FFP2 or equivalent, or respirator masks with higher filtration efficacy), with the goal of their personal protection. The existing recommendation for the use of medical masks, in place of cloth masks, in this cohort, should instead be reinforced.

- In the context of the current and predicted epidemiological situation over the weeks leading into December, a policy of reinforcing current public health and mask guidance (that is medical mask use by those who are at higher risk from COVID-19 and face covering use by the general population) was identified as the most efficient and appropriate means of managing the current situation.

- The advice against a population-level recommendation for the use of respirators by those who are at higher risk of COVID-19 does not preclude their use at an individual level, for example, where there is an opportunity for individuals to discuss with their healthcare provider to what degree they are likely to benefit from the use of a respirator mask, and to obtain advice on appropriate usage.

- Given the current high force of infection, there is an urgent need to provide a strong message, in a clear and simple manner, communicating the current public health guidance, including the guidance on face masks and face coverings. Communication should involve visual messaging, multiple modes of messaging and should be issued in multiple languages. The following should be emphasised:
  - continued compliance with the existing public health guidance and the range of mitigation measures that should be adopted by all
  - the groups at higher risk from COVID-19 (that is, everyone aged 60 years and older, and those with specified health conditions)
  - the recommendation for those at higher risk to wear medical masks rather than cloth masks for their personal protection and the circumstances when these should be worn
  - the correct way to wear a mask to maximise one’s personal protection.

The Chair thanked the HIQA for its timely advice and proposed the recommendations for endorsement by the NPHET. The NPHET endorsed same.

Action Point: NPHET endorsed the advice set out in the report titled “Advice to the National Public Health Emergency Team: Use of respirator masks by persons at higher risk from COVID-19” submitted to the NPHET by HIQA on 18th November 2021, that the evidence does not support a population-level recommendation for the use of respirator masks (FFP2 or equivalent, or respirator masks with higher filtration efficacy) by those who are classed at higher risk from COVID-19, while noting that that this does not preclude their use at an individual level. Continued clear communications on the appropriate use of Face mask are required.
4. Communications

a) Communications update

The DOH and the HSE presented “Communications Update: 2\textsuperscript{nd} December 2021”, for noting.

The Quantitative Tracker, the nationally representative sample of 1,600 people conducted on behalf of the DOH by Amárach Research on 29\textsuperscript{th} November 2021, shows that:
- The level of worry has increased to 5.8/10, similar to levels seen in April this year.
- The majority, 50%, now want more restrictions, while 35% don’t want more restrictions.
- The majority, 46% of the population think the Government reaction to the current outbreak is appropriate, while 43% think it is insufficient.
- There has been a slight decrease in the proportion of people visiting hospitality, from 44% throughout November to 38% in the week to 29\textsuperscript{th} November. Of people visiting pubs, 74% had their COVID-19 certificates in the week to 22\textsuperscript{nd} November vs 77% in the week to 29\textsuperscript{th} November.
- With regard to antigen testing, 21% of adults have taken an antigen test for COVID-19 in the last week while 62% of people with symptoms took an antigen test.
- Of those with symptoms who took an antigen test and received a negative result, 39% self-isolated and 26% arranged a PCR test.
- In relation to Christmas 2021, 60% say they are happier to have “a much quieter Christmas than usual this year”, and 63% say they will “avoid some meetings with friends and family this year, even if others go ahead and meet”.

The Qualitative Tracker conducted on 22\textsuperscript{nd} November 2021 shows that:
- Citizens are having difficulty understanding where Ireland is on its pandemic journey. For example, do these high case numbers mean we are back to Square One? Does the Omicron variant mean we are worse than Square One? The country needs help to orientate itself as to where we stand, with regard to our national pandemic journey.
- The hospitality sector is heavily impacted. Cancellations are around 70%, with an expectation of being fully closed down before Christmas 2021. The biggest contribution to controlled safe trading is in reimagining enforcement. This needs to shift from side-line issues (for example, collection of contact tracing details) to a focus on capacity. Many outlets are reportedly ‘packing them in’.
- Factors influencing young adults’ degree of vaccine hesitancy include:
  - They are least affected by symptoms of COVID-19.
  - They are vulnerable to any long-term vaccine risks.
  - They are least engaged in the national pandemic discourse.
- At the centre of this challenge is vaccine myth busting.

Data from the Social Activity Measure (ESRI/DOT) for the week beginning 16\textsuperscript{th} November 2021 has not yet been published. Interim analysis shows no significant decrease in social activity, however, an increase in mitigating behaviours (masks, social distancing, cleaning hands) when meeting others has been reported.

The DOH and the HSE advised that the current communications focus is on the HSE ad campaigns and calling people to be vaccinated or receive their booster vaccination. Ad campaigns regarding antigen testing and encouraging young people to reduce their contacts are also in development.

5. Future Policy

Ongoing management of COVID 19

The Chair noted that the NPHET had given initial consideration to the ongoing management of COVID-19 at its last meeting on 25\textsuperscript{th} November with a view to finalising its advice at today’s meeting. The Chair then invited the DOH to present briefly on the key considerations to inform the NPHET’s deliberations, summarised as follows:
- A number of unknowns/risks/factors, including:
Extent of increased socialisation and intergenerational mixing over end of year period.

Impact of influenza and other respiratory viruses.

Omicron variant – which was a factor during previous discussion.

- The need for a medium-term timeframe covering the winter period – avoiding a stop/start approach as much as possible.
- Continued focus on core priorities – protecting public health and the most vulnerable and protecting priority public services of health and social care, education and childcare.
- Importance of clarity and coherence for enabling clear, effective communications and supporting broad adherence to such measures.
- Differentiation between infection and harm when assessing need for further measures.
- Latest ECDC advice:
  - Rapid Risk Assessment (24th November): NPIs should be implemented or reinforced now to reduce contacts and mixing during the end-of-year festive period.
  - Threat Assessment (26th November): Further emphasis on application of NPIs and strengthening healthcare capacity.

- Situation across EU continues to be fluid.

The DOH also outlined options and considerations for whether further measures might be required:

- Should additional measures be warranted, advice will be required on what these measures should be and for how long they should be introduced for.
- Advice has been provided over recent meetings in relation to improving the impact of current measures (for example use of face coverings and enhanced communications) with limited scope for any further advice in these areas.
- There is a spectrum of incremental measures that could be taken, depending on the scale of risk, all of which are aimed at reducing the level of social contact.
- Any measures introduced in the coming week will likely continue until at least early January.

The DOH outlined a range of possible measures for the consideration of the NPHET. The DOH explained that these measures are targeted primarily at settings with potential for the biggest impact on disease transmission in the coming weeks, including strengthening basic preventative measures in higher risk settings of indoor hospitality/events by enhancing physical distancing, reducing capacity, and creating more controlled environments, and providing a guide/frame of reference for household gatherings.

Before considering the proposed measures, the Chair queried whether any NPHET Members were making the case for continuing with the measures already in place without any modifications. It was agreed that additional measures are now required.

The Chair clarified in advance of the discussion that the NPHET would meet at least once more before Christmas to analyse whether measures were having sufficient impact, and whether further action might be required. The Chair then invited contributions from Members on the proposed measures. Key points summarised as follows:

General Discussion
- The NPHET voiced concern that we are in a period of significant uncertainty, with a number of key risk factors identified, which will have significant influence over the trajectory of the disease over the coming weeks:
  - The impact of the Omicron variant will not be known for some time. It remains unclear if the Omicron variant is more transmissible, and the extent to which it escapes vaccine or natural immunity or results in more severe infection remain uncertain. Consequently, the potential impacts of this new variant on disease trajectory, on public health, and the healthcare system remain highly uncertain.
  - Typically, December and the Christmas/New Year period is a time of higher levels of socialisation. The experience of last December and the Christmas/New Year period shows that the improved
compliance with public health advice that has been observed in recent weeks may not persist. Furthermore, the nature of mobility and socialisation that can be expected over this period may bring significant risks for increased transmission. This includes inter-household and inter-generational social mixing, largely occurring indoors, domestic and international travel, and the significant reforming of ‘households’ as students and those working away from home return home over the festive period.

- Influenza activity during the 2020–2021 season was low. The timing and intensity of the current influenza season is uncertain, although it can be anticipated that there will be an increase of influenza illness this winter, given that there is a lower level of community protection in the population following last year’s low levels and given the reduction in social and economic restrictions compared to the winter of 2020-2021.

- Each of these factors on their own provide a very real but as yet unquantifiable risk to our management of COVID-19 over the coming weeks. Taken together and set in the context of an already significant burden of disease and force of infection, they have the capacity to present serious challenges in the weeks ahead as illustrated in the modelling projections. Unfortunately, it is impossible to quantify the level of risk, either in terms of likelihood or scale of impact.

- The HSE stated that the position across the health system remains challenging. While there may be early signs that case numbers are beginning to plateau, they are doing so at a high level, which will lead to sustained pressure being seen across the health service. This level of ongoing demand is extremely difficult for the health system, and critical care units in particular, to sustain. While there has been intensive work over the course of the pandemic to increase capacity, even the most well-resourced health system would find it difficult to cope with levels of demand above what is currently being seen. A reduction in the levels of disease in the community remains the only solution to reducing the pressure on the healthcare system and on staff.

- Members agreed that the uncertainty of the epidemiological situation behoved the NPHET to base its advice around the ‘precautionary principle’. While there is no universally accepted definition, in broadest terms it can be understood as when there are threats of serious damage, scientific uncertainty should be resolved in favour of precaution.

- It was noted that, given the time required for Government to consider the NPHET’s advice and the possible need to amend existing legislation, possible measures recommended by the NPHET today which are approved by Government may not become operational immediately. If measures are proposed for a 4-week period, these would likely last until some point in early January.

- Members noted the recent re-introduction of mandatory testing requirements for inbound travellers to Ireland and that, as well as providing increased protection against importation of cases, this might have a suppressive effect on international travel over the Christmas period.

Vaccination

- Members noted the ongoing need to encourage as many unvaccinated people as possible to avail of COVID-19 vaccination, a point echoed in the ECDC’s most recent rapid risk assessment. Unvaccinated persons continue to be significantly overrepresented as a proportion of the general population in terms of morbidity, mortality, and need for hospital and critical care treatment for COVID-19. Members noted that other European countries had introduced differentiated, stricter restrictions for unvaccinated persons in light of similar concerns.

- It was queried how best individuals who remain unvaccinated could be encouraged to come forward and avail of vaccination. Members noted that unvaccinated persons are a diverse population with a variety of backgrounds. The HSE outlined that substantial communications activities, targeting a variety of settings and subsections of the population, have been underway on an ongoing basis to continue to encourage individuals not yet vaccinated to do so. The Chair noted the success of these efforts, with approximately 10,000 people availing of vaccination for the first time in the previous week, and the importance of public communications efforts throughout the pandemic.

- The issue of mandatory vaccination was raised, in particular for healthcare workers. The NPHET noted the substantial ethical, legal, and practical complexities around mandatory vaccination, and welcomed the opportunity to consider the issue in detail at a later meeting. Members voiced the need for caution
regarding mandatory vaccination, given the potential impact this could have on the social solidarity which has been a bedrock of Ireland’s response to COVID-19 to date and has helped to achieve one of the highest vaccination rates in Europe.

- The need to expedite the ongoing roll-out of booster vaccinations to the greatest extent possible was stated. It was noted that Scotland has committed to offer a booster vaccination to everyone over the age of 18 by the end of January 2022. While accepting the challenges associated with booster roll-out, it was stressed that the booster programme should be accelerated to the greatest extent possible.
- Members suggested that some thought could be given to prioritising booster vaccinations before Christmas for those who had initially received the single dose Janssen vaccine, noting that these recipients may be either highly vulnerable or likely to socialise a lot during the Christmas period if they are in a younger age cohort. Members noted that the NIAC had given careful consideration to these issues in its recent advice regarding booster vaccinations.

**Proposed Measures**

Members endorsed a package of measures (detailed below in Action Points) to reduce the level of social contacts. The measures should remain in place until at least 9th January, at which point the situation should be further reviewed. Members noted the following additional points:

- Members noted the importance of setting out that further measures may need to be recommended by the NPHET if the proposed initial measures do not sufficiently suppress disease transmission. Active consideration of what these measures might be is required. It was noted that more information on the impact of the Omicron variant and other factors may also be available to feed-in to these deliberations at the NPHET’s next meeting.
- The need to reinforce the message for people to work from home where possible was stated.
- Members noted that a substantial portion of the public would like a framework on which to base their Christmas preparations and engagements and supported proposed advice regarding the maximum number of households recommended to meet at one time in this regard. Members noted that the exceptions which previously pertained to this advice should continue to apply, for example, for families re-forming over the Christmas period and those living in single-person households.
- Regarding indoor hospitality, Members noted that the strengthened measures should enable more uniform and consistent implementation of protective measures across the industry. Whole-of-government engagement with the sector is critical in this regard to strengthen commitment and adherence to these measures. Members also stated the need to ensure the application of these enhanced measures along with the requirement for covid certification in hotels to ensure overall policy coherency and consistency. It was noted that certain exemptions would need to apply for individuals who were resident in hotels for various reasons under existing State schemes.
- Members supported the need for stricter social distancing arrangements in the form of capacity limits for organised indoor events/gatherings including entertainment, cultural, community and sporting events.
- There was some discussion as to whether the measures for indoor events/gatherings proposed should be extended to religious services or those planning weddings over the coming period and whether any measures were required in relation to public transport. On balance, it was agreed that this would not be advised at this time.
- Members emphasised that the strength of the ongoing approach to managing COVID-19 has been its underpinning by the core national priorities of protecting the most vulnerable from the severe impacts of COVID-19, minimising the burden on the healthcare system and continuing to keep schools and childcare facilities open. Members noted the proposed measures would improve the overall coherency of the suite of public health measures given the recent advice introduced for children to limit their social activities.

The Chair thanked Members for their contributions and noted the proposed advice, which would be provided to the Minister. Given the current uncertain epidemiological situation, the Chair outlined that the disease profile would be monitored closely over the coming weeks, and that the NPHET would schedule at least one meeting before Christmas to re-assess the situation.
Action: The NPHET recommends that the following additional measures should be considered by Government:

- Nightclubs should close.
- There should be strict social distancing for all indoor hospitality (all bars & restaurants, including in hotels), returning to those measures that were in place before 22nd October. This includes:
  - Table service only
  - Max of 6 people per table
  - No multiple table bookings
  - No intermingling between tables
  - Customers should wear masks at all times when not seated at a table.
- Attendance at indoor events, including entertainment, cultural, community and sporting events, should be no more than 50% of the venue’s capacity and all events should be seated only. Masks should be worn at all times including during the performance/event, and only removed if eating or drinking.
- The COVID Certificate system should be extended to other high-risk settings, including gyms and hotels (with appropriate exemptions as required).
- It is strongly advised that, over the coming weeks, visits to private homes should be kept to a maximum of three other households, recognising the need for some flexibility depending on individual circumstances. In general, people are advised to limit their contacts throughout this period, keeping celebrations small and taking particular cognisance of protecting those aged 50 years and older and those with underlying conditions who may not yet have received their booster vaccine.
- There should continue to be strong, clear communications to the public in relation to the importance of fully adhering to all basic public health measures, including working from home where possible. The NPHET noted the intention of the Department of Health to issue targeted public health communications for the Christmas period in the coming weeks.
- All sectors should redouble their efforts to ensure that all appropriate protective measures are in place to ensure the protection of staff and patrons. In this regard, the NPHET noted with concern, that compliance by many sectors with the public health measures already in place, is not optimal - examples include use of hand sanitizer and social distancing in retail settings, the wearing of masks on public transport, the facilitation of employees to work from home and the checking of the COVID Certificate across the hospitality sector.
- In light of ongoing very high disease incidence and the emergence of, and uncertainties associated with, the Omicron variant, the booster vaccination programme should be accelerated to the greatest extent possible.

The NPHET advises that these measures should be implemented as soon as possible and should remain in place until at least the 9th of January 2022.

b) Options for enhancing capacity for testing in symptomatic individuals

The Chair noted that exploring ways of enhancing capacity for testing had been raised at the previous meeting. The Chair invited the DOH to present options as to how best enhancement of testing capacity could proceed.

The DOH presented briefly on the topic, covering the following points:

- Background to COVID-19 Testing in Ireland
- Current Testing Capacity
- Modelling on Expected Future Demand for Testing
- Current HSE antigen programmes
- Options for increasing capacity, including advantages and disadvantages of each:
  1. Expansion of self-testing with rapid antigen detection tests to include symptomatic individuals;
2. Implementation of self-swabbing using PCR tests for symptomatic individuals.

The Chair thanked the DOH for its presentation and proposed that the NPHET give endorsement in principle to the expansion of testing capacity to self-testing and/or self-swabbing in symptomatic individuals. The Chair noted that the proposal is based on the current epidemiological situation, current demands for PCR testing, and uncertainty relating to the impact of the Omicron variant, the Christmas period, and the potential impact of these factors on short-term testing capacity. The proposal will enable greater targeting of PCR testing and sequencing capacity to cases suspected to be infected with the Omicron variant.

The Chair invited comments from Members of the NPHET, summarised as follows:

- The expansion of testing capacity as proposed was supported in principle.
- The importance of having an agile testing system was noted, in particular a system that can respond appropriately to meet increasing demand for testing and prioritise PCR testing, with appropriate GP oversight, for vulnerable groups that most need it.
- It was also noted that similar self-swabbing testing modalities are being used successfully as part of other countries’ testing regimes, such as in the UK. The cost-effectiveness of all testing modalities should be considered carefully in the final proposal.
- It was suggested that the final proposal should consider the capacity thresholds for using gold standard PCR testing vs other forms of testing at a population level.
- In a future scenario where SARS-CoV-2 becomes endemic, it was suggested that the value of PCR testing every suspected case is likely to diminish and alternative modalities of monitoring and managing disease burden, such as those for seasonal flu, may be more appropriate.
- It was suggested that if changes are made to the current testing regime which increase the roles of other testing modalities for the purposes of symptomatic individuals self-testing, this will pose challenges for health sector procurement to ensure sufficient stocks of these tests are in place in a timely and consistent manner.
- Members noted that there may be challenges in communicating possible future changes to the testing regime, particularly given recent efforts to encourage to public to use PCR testing only if they are symptomatic. The NPHET acknowledged the challenges associated with this but agreed that this should not preclude the exploration of alternative testing modalities to enhance testing capacity. The NPHET noted that changes of approach have been required throughout the pandemic.

The Chair thanked the NPHET Members for their contributions and acknowledged, that significant uncertainty exists in terms of the epidemiological picture and how the Omicron variant might impact on incidence of COVID-19, and demand for COVID-19 testing. Given this uncertainty, contingency planning is warranted to examine how best testing capacity can be enhanced if required. The Chair accepted that challenges may arise in communicating the appropriate use of alternative testing modalities in this eventuality.

It was agreed that the DOH should continue its work to finalise the proposal and arrange implementation thereof, taking a practical approach. The NPHET noted the offer of assistance from the Rapid Testing Expert Advisory Group in this regard.

**Action:** Given the need to ensure adequate short-term testing capacity for symptomatic individuals, and recognising high current levels of testing demand, and uncertainty relating to the Omicron VOC, the NPHET endorsed the principle of expanding capacity to self-testing and/or self-swabbing testing modalities in symptomatic individuals, acknowledging the need to prioritise the existing PCR testing capacity for certain groups e.g. high-risk or vulnerable individuals.

6. Vaccination update

a) Vaccine Safety Update

The HPRA provided a verbal report on the national reporting experience for COVID-19 vaccines. No new safety issues have been identified from national reports since the last update to the NPHET. A report was
published on the HPRA website on 4th November (Report #13) which includes more details regarding the type and nature of reported reactions. The next report will be published on 9th December.

HPRA also provided a brief update on the work that EMA is doing with ECDC and the Covid-19 vaccine manufacturers to look at the level of protection the approved vaccines may provide against Omicron.

7. Meeting Close
The Chair reiterated that all matters discussed over the course of the NPHET meeting must remain strictly confidential and confirmed that he would brief the Minister later in the evening.

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

b) AOB
The NPHET noted that the public health response would remain in full operation over the festive period and expressed its collective appreciation to all those who would be involved.

c) Date of next meeting
The meeting schedule for the festive period was briefly discussed. It was agreed that the next meeting of the NPHET would take place on 16th December, with possible additional meetings up to 6th January, should the Chair deem this necessary.