

Feedback to National Public Health Emergency Team (NPHE) from the COVID-19 Expert Advisory Group (EAG)

Dear Dr Holohan

Please find below a brief summary of matters discussed by the EAG at its meeting of Wednesday, April 29th.

In relation to the wearing of face masks in the community by asymptomatic individuals, EAG recommends that:

1. In order to limit or prevent the (inadvertent and unintentional) transmission of SARS-CoV-2 from the (asymptomatic or pre-symptomatic infected) wearer to others (i.e. source control), individuals should wear medical face masks in settings in which physical distancing cannot be maintained. These circumstances would include public transport, shops, and other indoor congregate spaces.
2. Guidance be made available to the public explaining the appropriate use of a medical face mask i.e. how to apply, remove, and safely dispose of same.
3. Communications advice be requested as to how best to communicate this guidance to the public.
4. Consideration be given to how this recommendation – if accepted – can be implemented in an equitable manner: requiring individuals to purchase their own masks could exacerbate health inequalities.

In making this recommendation, the EAG stresses:

1. That the public should be advised that medical face masks and respirator masks should be prioritised for healthcare workers
2. That this recommendation can only be made if sufficient confidence exists in the availability of medical face masks for the foreseeable future
3. Mask wearing represents only one part of a suite of measures used to prevent the spread of COVID-19 in the community. Hand hygiene and physical distancing remain the priorities, and we strongly caution that poor adherence to the existing recommendations on hand hygiene & physical distancing would have the potential to reverse any gains that might be achieved with the use of face masks.

Furthermore:

1. The wearing of latex/nitrile gloves is not recommended as these may, if worn inappropriately for long periods, lead to an increased risk of transmission of SARS-CoV-2: regular hand hygiene is preferred
2. Due to a lack of evidence of effectiveness, and the potential risk of harm, the EAG does not recommend the use of cloth masks

Additional matters discussed by the EAG on the 29th are as follows:

1. The EAG reviewed the proposal presented by NCAGL to restart routine non-COVID-19 care in the acute hospitals and recommended submission to NPHET
2. In relation to HCWs with a history of COVID-19 infection who have completed 14 days of self-isolation and whose illness has resolved, but then who have been retested as part of the nursing home screening: these staff can work if they are well even if they receive a positive COVID-19 test as part of the screening. This is likely to be non-viable virus material, rather than active infection, and there is no evidence that these individuals pose an infection risk.
3. In relation to those patients whose illness has resolved, but in whom SARS-CoV-2 RNA remains detectable after 14 days, EAG recommends that IPC precautions should be kept in place for another 7 days and then removed provided the patient has no symptoms consistent with ongoing COVID-19 infection. No further retesting is required as the risk of spreading infection is extremely low after this time period.

If you would require any further information in relation to any of the above, please don't hesitate to contact me.

Kind regards

Cillian De Gascun

Chair, EAG