

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

Dear Dr Holohan

Please see below a brief summary of matters discussed by the EAG at its meeting of Wednesday, May 13th.

1. For those individuals with COVID-19 who have made a complete clinical recovery from their illness, who are at least 14 days from symptom onset, and who have had no fever for 5 days, the requirement for repeat testing, to demonstrate that RNA is not detected, has been removed*
 - 1.1. This is in light of current evidence suggesting that viable virus (as against viral RNA) has not been retrieved from respiratory samples in individuals after day 9 of illness
2. Immunocompromised individuals with COVID-19 can be moved out of isolation 14 days from onset of symptoms, provided they have made a complete clinical recovery, are symptom-free, and have had no fever for 5 days*

These measures should facilitate the efficient transfer and discharge of patients as appropriate to their clinical management.

There are certain situations where testing to ensure viral clearance after 14 days may be useful and clinical discretion may be used to determine when a "SARS CoV 2 RNA Not Detected" result for a particular patient may be helpful. For example, in patients with subtle or atypical symptoms (in particular older patients), those who might not mount a fever (immunocompromised patients), or those who might not be able to communicate effectively (patients with dementia), repeat testing may be of use. If repeat testing is performed at this time, as a secondary consideration, and a general principle, high or increasing Ct values in the absence of clinical symptoms, are unlikely to indicate infectiousness.*

***Ct value of ≥ 34 has been reported in the literature, but this threshold is likely to vary between institutions, so discussion with an infection specialist (ID, Micro, Viro) is recommended.*

3. Regarding the potential easing of social distancing restrictions, EAG members express concern about the detrimental effects of the COVID-19 pandemic on children, specifically in relation to their being excluded from school for a prolonged period. In light of the findings presented in HIQA's "Evidence summary of potential for children to contribute to transmission of SARS-CoV-2", but mindful of the fact that the evidence remains limited, EAG proposes:
 - 3.1. That consideration be given to reopening preschools, creches, schools for children with special needs, and primary schools
 - 3.1.1. There is emerging evidence of particular stresses among children with special needs and their families
 - 3.2. Children should be encouraged to attend school on a voluntary, rather than mandatory basis, with a graduated, phased approach, perhaps comprising divided classes on alternate days as a first step
 - 3.3. Schools should ensure that parents can physically distance when picking up, and dropping off their children

- 3.4. In light of the challenges of, and anxiety caused by, social distancing for young children, they should be allowed to play together at school. However, there needs to be a focus on hand hygiene, environmental cleaning, and adequate bathroom facilities
- 3.5. Consideration should be given to older staff and staff who are at risk: these individuals could be advised to delay their return to work
- 3.6. Schools will have to ensure that teachers can maintain social distancing in offices and staff rooms

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