



Mr. Paul Reid,
Chief Executive Officer & Chair HSE National Crisis Management Team (NCMT),
Health Services Executive,
Dr Steevens' Hospital,
Dublin 8,
D08 W2A8.

8th May 2020

Via email to: ceo.office@hse.ie

Dear Paul,

Arising from today's meeting of the COVID-19 National Public Health Emergency Team (NPHE), I wish to bring to your attention, as Chair of the HSE NCMT, the following decisions of the NPHE which are now required to be actioned by the HSE and Health Protection Surveillance Centre (HPSC):


1. The NPHE accepted the advice of the Expert Advisory Group (EAG) arising from its meeting dated 6th May 2020 in relation to—
 - a. individuals with confirmed COVID-19 who have recovered and completed their 14 days of isolation, but who are subsequently a contact of a case of COVID-19,
 - b. individuals with possible reinfection (i.e. someone with a history of COVID-19 who has recovered, but who then develops new symptoms consistent with COVID-19 and has another SARS CoV 2 RNA detected test), and
 - c. asymptomatic healthcare workers (HCWs) in whom SARS CoV 2 RNA is detected.

The full detail of the EAG advice is set out in the appendix to this letter. The HPSC is to update its guidance on these matters and the HSE is to implement accordingly.

2. The NPHE recommends that the HPSC review and update the current surveillance form for COVID-19. The HSE is to implement the updated surveillance form across all relevant settings, including where contact tracing is undertaken.

I would like to take this opportunity to thank you and the wider team across the HSE for your ongoing support and work across the health and social care services as we move through the COVID-19 National Public Health Emergency. Officials from this Department have been and continue to be available to work with relevant HSE staff.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Holohan', written over a horizontal line.

Dr Tony Holohan
Chief Medical Officer

c.c. Dr Colm Henry, Chief Clinical Officer, HSE
Mr Liam Woods, National Director, Acute Hospital Operations, HS

Appendix - Summary of matters discussed by the Expert Advisory Group (EAG) at its meeting of Wednesday, 6th May 2020.

1. Regarding the use of masks or face coverings in the community:
 - 1.1. Given that many people are already choosing to wear masks, the HPSC will prepare guidance on appropriate mask use in the community which will come back to the EAG and NPHET for review.
 - 1.2. There has been no change to the EAG advice on mask use in the community at this time.
2. In the case of an individual with confirmed COVID-19 who has recovered and completed their 14 days of isolation, but who is subsequently a contact of a case of COVID-19–
 - 2.1. such individuals can be considered immune for 3 months from the onset of symptoms and can continue to work,
 - 2.2. such individuals should be advised to be vigilant for symptoms,
 - 2.3. such individuals should be re-tested and excluded from work if symptoms develop, given the uncertainty around the development of protective immunity after infection,
 - 2.4. in addition to SARS CoV 2, such individuals should be tested for other respiratory viruses to identify a potential alternative diagnosis.
 - 2.5. EAG notes this recommendation will need to be kept under review as more studies with a longer follow up on the persistence of antibodies are published.
3. Regarding possible reinfection (i.e. someone with a history of COVID-19 who has recovered, but who then develops new symptoms consistent with COVID-19 and has another SARS CoV 2 RNA Detected test):
 - 3.1. IPC precautions should be put in place until the diagnosis is clear,
 - 3.2. Patients should be tested for a full panel of respiratory viruses to identify a potential alternative diagnosis,
 - 3.3. The Ct values of the PCR results for COVID-19 should be reviewed in conjunction with a consultant microbiologist, virologist, or infectious diseases physician,
 - 3.4. If reinfection cannot be excluded following the above steps, suspected cases of reinfection should be reported to public health to facilitate contact tracing in accordance with current guidelines.
4. With regard to asymptomatic healthcare workers in whom SARS CoV 2 RNA is detected:
 - 4.1. Healthcare workers in this group should firstly undergo direct questioning regarding possible COVID-19 related symptoms in the pre-test period.
 - 4.2. If no symptoms are reported, then the healthcare workers should be excluded for 14 days from the date of the test.
 - 4.3. In the case where symptoms consistent with COVID-19 are reported:
 - 4.3.1. If symptoms occurred within 14 days prior to the test, the healthcare worker should be excluded from work for 14 days from the date of onset of symptoms,
 - 4.3.2. If symptoms occurred more than 14 days prior to the onset of the test, the healthcare worker should be excluded for 14 days from the date of the test.
5. Regarding patients waiting for dental treatment prior to receiving chemotherapy or to undergoing essential cardiac surgery, these individuals should be added to the priority list for testing.