



**National Public Health Emergency Team – COVID-19
Meeting Note**

Date and Time	Tuesday, 3 rd March 2020 (Meeting 9) at 3pm
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members in Attendance	Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr John Cuddihy, Acting Director, HSE HPSC Dr Darina O’Flanagan, Special Advisor to NPHE Ms Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE Mr David Leach, Communications, HSE Dr Jeanette McCallion, Medical Assessor, HPRA Mr Sean Egan, Head of Healthcare Regulation, HIQA Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Colette Bonner, Deputy Chief Medical Officer, DOH Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Colm Henry, Chief Clinical Officer, HSE Ms Siobhan McArdle, Head of Operations Primary Care, Community Operations, HSE Dr Kevin Kelleher, Asst. National Director, Public Health, HSE Dr Breda Smyth, Public Health, HSE Mr Liam Woods, National Director, Acute Hospitals, HSE Ms Denise Long, Office of Emergency Planning, HSE Mr Liam Morris, Acute Hospitals, DOH Mr Paul Connors, Communications, HSE Dr Kathleen Mac Lellan, Social Care Division, DOH Mr Fergal Goodman, Primary Care Division, DOH Ms Tracey Conroy, Acute Hospitals Policy Division, DOH Mr Colm O’Conaill, Policy and Strategy Division, DOH
In Attendance	Ms Aoife Gillivan, Communications Unit, DOH
Secretariat	Ms Rosarie Lynch and Ms Sarah Treleaven, NPSO, DOH

1. Welcome

The Chair welcomed the group and extended a welcome to Dr Darina O’Flanagan, who has joined the NPHE in the role of special adviser.

2. Conflicts of Interests Declarations

None declared.

3. Minutes from Meetings 7 (ad hoc by teleconference) and 8 (scheduled) (for adoption)

Meeting 7 (ad hoc teleconference on 24th February 2020) note approved as an accurate record.

Meeting 8 (scheduled meeting on 25th February 2020) note approved as an accurate record.

4. Matters Arising

Actions from meetings 8 are either complete or are provided for on today’s agenda.



5. Situational Report and Governance

The large number of papers submitted for the NPHE meeting in a short time frame was noted. While this reflects the volume of work ongoing, earlier submission would ensure they are available to all at the meeting.

Action: HSE to consider an alternative means of approving papers, with particular respect to the HSE Situational Report. Papers should be cleared so as to be circulated on the day before NPHE meetings.

HSE provided update on the high level COVID-19 governance paper previously submitted (for meeting 4 on 11th February 2020) which is being updated before finalisation to reflect changes in the intervening weeks. The updated paper is to indicate the flow of meetings across the week.

Action: HSE to update and re-circulate a high level COVID-19 governance paper.

The situational report HSE COVID-19 Report to NPHE (No. 4; week 10) was acknowledged.

6. Updates on current situation

a. *Current Assessment / Epidemiology*

HSE presented the epidemiology in the situational report (as above). 397 people have been tested for Covid-19 (Coronavirus) in Ireland as at Monday 2 March. The WHO and ECDC risk assessments were reviewed and noted.

The group also reviewed and discussed the current ECDC case definition (as per website) which has been updated to include a referral to the WHO lists of affected regions. There is no further advice to Member States in the ECDC document on possible options based on this updated approach. Differences continue between the ECDC and the UK approaches. A number of potential options in relation to updating the Irish case definition were discussed, noting possible variance to the UK definition. The group agreed to maintain the current case definition in use in Ireland at this time (ECDC definition before update) and to keep this under ongoing review.

Action: No change will be made to the case definition at this time. Ireland will continue to re-evaluate our case definition as situation evolves.

It was proposed that there be a formal engagement with NI colleagues in relation to risk assessment as there is similar epidemiology across the two areas.

Action: DOH will formally engage with Northern Ireland counterparts with respect to an all-island assessment of the risk presented by COVID-19.

The group were notified that an Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) meeting is scheduled for this Friday, 6th March 2020 and the Minister plans to attend.

b. *Preparedness*

Planning assumptions - HSE/HPSC

HSE updated on the work to date of the recently established modelling group. The group are meeting regularly, and a workshop is planned for later this week. They have been working with UK



colleagues who are developing a modelling application on this. Further work is required on validation using HSE Irish data.

Action: HSE to share documents regarding planning assumptions and UK modelling work.

Action: HSE to bring additional information on Irish planning assumptions calculated using the UK model to NPHEM for the meeting on 10th March 2020.

Guidance for large gatherings

A group are currently working on guidance for Mass Gatherings. Guidance was tabled at the HSE NCMT meeting this morning (Tuesday 3rd March 2020) describing the approach to be taken in terms of risk assessment and subsequently brought to this meeting. This is informed by ECDC and WHO documents. The protocol / algorithm for implementation should now be finalised. It was noted that the risks applying to travellers for geographical regions is in the current context and this may alter depending on the spread of COVID-19. It was acknowledged that the situation is rapidly evolving, and changes may inform advice on mass gatherings and large events.

Action: DOH to publish the COVID-19 Guidance on Mass Gatherings tomorrow (after Senior Officials Group on Coronavirus Response), with emphasis on the fact that this is evolving situation. It will be updated as the situation changes.

Action: HSE to develop a protocol for the implementation of the COVID-19 Guidance on Mass Gatherings.

Criteria based assessment of preparedness

An assessment of preparedness against the checklists presented by the HSE at last week's meeting is awaited. It was noted that this will be helpful in supporting the work of the NPHEM subgroups (see next agenda item). The need for key performance indicators and an assessment of public health capacity was also noted and should be considered in this assessment.

Action: HSE to circulate the criteria-based assessment of preparedness document by 6th March 2020.

DOH

The establishment of several subgroups to support the work of NPHEM was discussed. The subgroups will be chaired by DOH and provide oversight to the co-ordinated response. They will require cross agency membership. Four initial subgroups have been identified as:

- Vulnerable Groups
- Acute Hospitals Preparedness
- Medicines and Medical Devices
- Healthcare Workers and Staff.

Work is underway to develop Terms of Reference and documents on this for Vulnerable Groups Subgroup and Medicines and Medical Devices Subgroups were tabled. Terms of Reference for Acute Hospitals Preparedness are in development.

Subgroup chairs will now join the NPHEM as members. Updates from these subgroups will be standing agenda items for future NPHEM meetings and the agenda will be restructured accordingly.



In addition to the checklist assessments, the modelling work underway may be helpful to the subgroups.

Action: NPHET agrees to establish the NPHET Subgroup - Vulnerable People as per the Terms of Reference outlined at the meeting.

Action: NPHET agrees to establish the NPHET Subgroup – Acute Hospitals Preparedness.

Action: NPHET agrees to establish the NPHET Subgroup - Medicines and Medical Devices Criticality Assessment Groups - COVID-19 as per the Terms of Reference outlined at the meeting.

There may be a need to establish further subgroups, in particular to consider any legislation required.

Action: DOH to consider the Infectious Disease Act 1947 and the powers therein.

HSE

Subsequent to the updates provided by the HSE at previous meetings, the further updates were provided in the following areas: Acute Hospitals, Occupational Health, Procurement, Pre-hospital Services, HSE Community Operations and Port Health.

The need for all public health staff to contribute to the response was acknowledged and the need to consider ongoing capacity requirements.

Action: HSE to consider and draft a paper on the allocation of public health resource and revert to NPHET for the meeting on 10th March 2020.

The work by all parties to increase the response at the airport last week was acknowledged by NPHET. HSE provided update that the airports have requested for clinical staff to also be present. There was further discussion on whether additional information supports and other requirements may be needed, including if training etc could be provided.

Action: HSE Port Health group to communicate with airports regarding their request and requirements for clinical staff resources.

Action: HSE to evaluate and consider the measures in place in airports via the HSE Port Health Group with a paper to be submitted to NPHET for the meeting on 10th March 2020.

Action: HSE to write to NPHET regarding information for airlines. DOH to forward via Cross Departmental Senior Officials Group on Coronavirus Response.

Updated guidance and proposal were provided on the home testing and isolation processes. It was noted that the home testing will be operational in the next couple of days and this approach helps avoid unneeded hospital admission to await a testing result and helps prevent undue exposure to other persons. The work to operationalise this quickly and nationally was acknowledged by NPHET, and in particular, the input of the National Ambulance Service.

Action: NPHET approves the HSE proposal for community-based testing via the National Ambulance Service supplemented by community care teams. The new system will be trialled this week with a view to full implementation next week.



HPRA

The HPRA updated the group and noted that work continues at national and European levels in relation to regulatory issues, supply of medicines, clinical trials and vaccination development.

The group previously used for Brexit to co-ordinate potential medicines shortages was now been re-established.

Queries to the HPRA from pharmacists on requests for additional supplies were noted and there was discussion of the importance of ensuring pharmacists, which are often a first point of contact, are up to date was noted so that they can provide advice and answer queries from patients.

Action: DOH and HSE to include pharmacists in key stakeholder engagements on medicines supply and advice for patients.

NVRL

The group were updated on current number of tests undertaken.

Work is underway to plan to increase capacity, including use of other laboratories, is needed. The modelling work underway may be helpful in this regard.

Expert Advisory Group

The group were thanked for their reply in relation to the question posed by NPHEt on asymptomatic testing.

No questions were referred to the EAG from this meeting.

7. Guideline for school / work attendance following travel to an affected area

A robust discussion took place on whether there was an updated required on recommendations for attendance at school or work by people who have travelled to an affected in the context of the existing case definition. The final decision was to hold with the current policy and keep this matter under review.

8. Interaction with Government Departments / Agencies

(a) Other government departments

DOH advised that it was agreed at the last Cabinet meeting that a cross government arrangement would now be stepped up for the COVID-19 response. A dedicated Cabinet Committee will be established and will meet regularly (first meeting is due to this Monday, 9th March 2020). This will be supported by a Senior Officials Group (SOG), who will also meet regularly.

The group was updated on the issue of self-isolation and illness benefit/pay.

There was discussion on the current DFAT travel advice and whether an update was needed in line with the changing epidemiological pattern in Europe and in particular, Italy.

Action: NPHEt will now recommend, on public health grounds, that the travel advice for Italy is updated to advise against all non-essential travel to the following four regions: Lombardy, Veneto, Piedmont, Emilia Romagna.



9. Communications Planning

a) Key stakeholder communications, including public communications

Issues relating to the provision of accurate public communications was discussed, including the need for patient confidentiality and solidarity. The group were informed that daily weekday press briefings have now been established.

10. Agreed actions.

These were presented to the group and agreed.

11. AOB

It was agreed that Ethical Considerations will be added as a standing item to the NPHET agenda, commencing next week.

12. Date of next meeting

Tuesday, 10th March 2020 at 2pm.

There is also the possibility of a teleconference in the interim should the need arise.