



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

Date and Time	Monday, 23 rd March 2020 (Meeting 16a) at 8.30pm
Location	Department of Health, Miesian Plaza, Dublin 2 and via videoconference
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members in Attendance	Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Ms Deirdre Watters, Head of Communications, DOH Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Dr Kathleen Mac Lellan, Assistant Secretary, Social Care Division, DOH Ms Marita Kinsella, Director, National Patient Safety Office, DOH Dr Colm Henry, Chief Clinical Officer, HSE
Members via teleconference	Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr John Cuddihy, Acting Director, HSE HPSC Dr Jeanette McCallion, Medical Assessor, HPRA Dr Judith Martin, IVD Lead, HPRA Dr Breda Smyth, Public Health, HSE Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Mr David Leach, Communications, HSE Prof Philip Nolan, President, National University of Ireland, Maynooth Mr Paul Bolger, Director, Resources Division, DOH Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Mr David Leach, Communications, HSE Mr Phelim Quinn, CEO, HIQA Dr Siobhain Ni Bhriain, Lead for Integrated Care, HSE Mr Liam Woods, National Director, Acute Hospitals, HSE Ms Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE Mr David Walshe, National Director, Community Operations (Acting), HSE Mr Colm Desmond, Assistant Secretary, Corporate Legislation Mental Health Drugs Policy and Food Safety, DOH Ms Kate O’Flaherty, Health and Wellbeing, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Ms Siobhan O’Sullivan, Chief Bioethics Officer, DOH Dr Darina O’Flanagan, Special Advisor to NPHE
Apologies	N/A
In Attendance	Mr David Keating, Head of Communicable Diseases Policy Unit, DOH Mr Colm O’Conaill, Policy and Strategy Division, DOH (via video conference) Ms Aoife Gillivan, Communications Unit, DOH Ms Laura Casey, Health Systems and Structures Unit, DOH
Secretariat	Ms Rosarie Lynch, Patient Safety Surveillance Unit, NPSO, DOH Ms Sarah Treleaven, Patient Safety Surveillance Unit, DOH (via video conference) Mr Ronan Toomey, Communicable Diseases Control Policy Unit, DOH



1. Welcome and Introductions

The Chair welcomed the group and introductions were made. The Chair highlighted that an updated agenda format would now be used. Mr Liam Woods confirmed he was the senior HSE lead at the meeting until the Chief Clinical Officer could join.

(a) Conflict of Interest

Verbal pause and none declared.

(b) Adoption of Minutes of previous meeting

The meeting 15 (16th March 2020) note was taken as an accurate record.

(c) Matters arising

Two matters arising were discussed:

i. Update on implementation of CRM in acute settings and provision of whole-of-system data for planning, modelling and decision making

The HSE advised that the *Trolleygar* reporting system has also been changed to accommodate data requirements to track COVID-19. Additionally, the Contact Management (CRM) System is developed and in process of rollout. Discussions are ongoing to ensure that all those who are required to enter data are aware of the requirements to do so. It was expected that the CRM would be extended to all relevant locations and fully operational by this Wednesday (25th March) and would also be made available to all other relevant locations, such as nursing homes and private hospitals.

It was agreed that a communication would be issued by the HSE to all settings advising staff of the requirement to enter data in the system to ensure timely data is available to monitor and inform the response.

ii. Information Governance for Modelling Data Collection

Update was provided by the Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG). The currently available data was demonstrating almost an exact fit to the exponential curve that is expected in a pandemic outbreak of this type. While the model appears to suggest that the current mitigation measures are having an impact, it is important to remember that not all test results are known as yet and the time of onset of symptoms is not always known, meaning the daily confirmed rate may not capture these. There may also be a time lag from the date of onset of symptoms and the data of testing. It was also noted that there is usually a lag time from time of onset to time of admission to ICU (as ICUs admissions relate to cases at a later stage) and that ICU data is a key indicator. The model could not predict the impact of future mitigation measures as introducing subjective assumptions could make it unreliable.

2. Epidemiological Assessment

a) Current National Assessment

Update was provided on the number of confirmed cases, admissions to ICU and deaths in Ireland.

b) International Assessments

There has been 332,935 confirmed cases globally, with 14,510 deaths globally and 190 countries have COVID-19. The top 5 European countries as of today for confirmed cases are Italy, Spain, Germany, France and Netherlands.



It was noted that the European Centre for Disease Prevention and Control (ECDC) has today (23rd March 2020) published an update to their technical report *Considerations relating to social distancing measures in response to COVID-19 – a second update*. The Report sets out a range of measures in detail but does not recommend no timescale for implementation.

It was also noted that the UK has instigated social distancing measures.

c) Modelling Report

See update provided under item 1c(ii) above.

3. Expert Advisory Group

The conclusions of the most recent Expert Advisory Group (EAG) were noted as follows:

- The EAG proposes removing cough from the case definition as there is a proportion of confirmed cases who are not experiencing cough.
- Following the publication of Ireland's National Action Plan on COVID-19, a number of different groups are developing guidance and it will be necessary to ensure a consistency across these. It was noted that the EAG are represented on the Guidance and Evidence Synthesis subgroup
- The EAG proposes that additional social distancing measures be considered as there is potential to further improve social distancing recommendations in some establishments and the recommendations could be clearer. (This was discussed later as on the agenda under item 4e).
- The EAG discussed the wearing of masks to protect against asymptomatic transmission by healthcare workers but did not agree a recommendation.
- A research subgroup of the EAG has been established and terms of reference would be forwarded to NPHET.

The Guidance and Evidence Synthesis subgroup is working closely with the EAG and have arrangements in place to support with evidence synthesis. The Chair provided update that they are conducting rapid assessments to support the work of the EAG, to consider:

- asymptomatic transmission
- infection periods
- transmission patterns seen in children
- progression of disease in children
- clinical guidance for vulnerable groups.

The Subgroup are also supporting the HPSC to inform guidance developed by them and advised that a single landing page for guidance is being designed for the HSE website.

It was identified that further consideration was needed on the issues which may arise in relation to patient management, including ventilation capacity. The Pandemic Ethics Advisory Group are considering this.

4. Review of Existing Policy

a) Personal behaviours

Results from the market research survey for COVID-19 from today (23rd March 2020) indicated a high level of support for the public health measures. It also showed good levels of knowledge and compliance with advice and guidance relating to COVID-19. In particular, the respondents understood that further measures may be required and/or the timeframe extended. Also, the results indicated the need for daily structure and to acknowledge important moments were important to the respondents. The results were noted. It is intended to conduct similar surveys twice weekly.



b) Social distancing

A paper on the *Assessment of existing public health measures for COVID-19 in Ireland* was presented. It outlined current HPSC data on confirmed cases, an update on contact tracing, the market research data from today (as per item 4a) and evidence of compliance and non-compliance from media reports in last 48 hours.

A discussion on the existing policy ensued. HSE advised that the number of close contacts per case is reported has now fallen (to approx. 5) compared to that before introduction of public health measures on 12th March last. It was agreed that the number of contacts identified per case was an important indicator in relation to social distancing and that every effort should be made to have complete and timely contact tracing data to monitor and inform the response. The CRM system should enable timely reporting of this.

The general public support for the social distancing and other measures was also acknowledged and initial reports of a reduction in bus passenger numbers and that most restaurants and hotels have now closed.

c) Testing

The HSE tabled and presented a paper on *COVID-19 Testing Supply and Demand* and provided a status update regarding the attention being applied to the management of the testing pathway for COVID-19 and work ongoing to increase current capacity across the steps of the pathway, including rolling out to additional laboratories. The HSE advised that there was a significant increase in the number of tests requested following the update to the case definition on 16th March.

There was discussion on the current testing approach, which considered current high demand, ECDC recommendations relating to prioritisation of patient groups, testing capacity (laboratory and consumables), the similarity of symptoms for COVID -19 and influenza like illness (ILI) background rate and that demand may be generated if the public were concerned. The need to maximise appropriate referral pathways and to ensure understanding on the purpose of testing was noted. There is a potentially false reassurance from a negative test if not conducted in line with public health advice. A key part of the response is that people follow the public health advice when their test result is awaited.

An update on NVRL laboratory capacity was provided. The issue of additional equipment and reagents to keep pace with the processing of the increased number of testing was highlighted. Potentially a 'pooled' testing approach may be suitable for some samples and the NVRL advised this could be explored.

All agreed that testing and contact tracing should continue to a cornerstone of Ireland's response in line with WHO and ECDC guidance.

d) Contact Tracing

Update was provided on this under item 4b.

e) Public Health Advice

The current case definition was discussed and reviewed in light of the current World Health Organization (WHO) case definition. It was noted that WHO recommend "A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis



that fully explains the clinical presentation.” This differs from the current Irish case definition as it specifies fever.

Arising from the discussions above, the following public health approach was agreed:

- The policy of continuing to test in the community, supported by contact tracing and with reinforcement of the self-isolation message would remain.
- It was agreed to adopt the World Health Organization case definition as of 23rd March 2020 and that the HSE would update the relevant guidance and algorithms and publish these online.
- The HSE will continue to put in place measures to increase testing and laboratory capacity in line with the updated case definition and to address capacity issues. The HSE was asked to prepare a paper for NPHEt to clearly identify the plans.
- The NVRL would consider pool testing.
- The HSE would provide a description of the contact tracing process in use in line with current policy.

Action: The NPHEt recommends adopting the World Health Organization case definition as of 23rd March 2020. HSE to update the relevant guidance and algorithms and publish these online.

Action: The HSE to put in place measures to increase testing capacity in line with the updated case definition.

Action: The NPHEt recommends self-isolation for all suspect and confirmed cases (including those who are awaiting a test or test result) and restriction of movement for their household contacts.

Action: The HSE to revert to NPHEt with a description of the contact tracing process in use in line with current policy.

5. Future Policy

A draft document outlining a tiered approach to strengthening physical distancing and the national response to COVID-19 was presented and discussed. This included discussion on when to move from initial measures to more restrictive measures. It was agreed that it would be necessary to consider and recommend a range of additional measures to present to Government. The range of draft measures discussed was based heavily on the recommendations of the ECDC and on consideration of what was necessary and had been successful in other countries.

Following a lengthy discussion about which measures would be appropriate and proportionate on the basis on the current situation, a draft list of potential measures for recommendation was compiled.

6. Suspension of meeting

Given the late hour, it was agreed that the meeting would reconvene the following morning at 8am to consider the draft recommendations and agree a final set.

The meeting was adjourned until 8am on Tuesday, 24th March 2020.