



National Public Health Emergency Team – COVID-19
Meeting Note

Date and Time	Thursday, 26 th March 2020 (Meeting 16c) at 10am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via Videoconference	Dr Kevin Kelleher, Asst. National Director, Public Health, HSE Mr Liam Woods, National Director, Acute Operations, HSE Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr Darina O’Flanagan, Special Advisor to the NPHE Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Dr Siobhan O’Sullivan, Chief Bioethics Officer, DOH Mr David Walsh, National Director, Community Operations, HSE Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Division, DOH Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Paul Bolger, Director, Resources Division, DOH Dr Kathleen Mac Lellan, Assistant Secretary, Social Care Division, DOH Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Mr Colm Desmond, Assistant Secretary, Corporate Legislation Mental Health Drugs Policy and Food Safety, DOH Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Dr John Cuddihy, Acting Director, HSE HPSC Prof Philip Nolan, President, National University of Ireland, Maynooth Dr. Siobhán Ní Bhriain, Lead for Integrated Care, HSE Ms Marita Kinsella, NPSO, DOH Mr Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE Mr David Leach, Communications, HSE Dr Jeanette McCallion, Medical Assessor, HPRA
Members in Attendance	Dr Colm Henry, Chief Clinical Officer (CCO), HSE
‘In Attendance’	Mr Muiris O’Connor, Assistant Secretary, R&D and Health Analytics Division, DOH Mr David Keating, Communicable Diseases Control Policy Unit, DOH Ms Laura Casey, Policy and Strategy Division, DOH Mr Colm O’Conaill, Policy and Strategy Division, DOH Ms Sarah Treleavan, NPSO, DOH Ms Aoife Gillivan, Communications, Corporate Division, DOH
Secretariat	Ms Rosarie Lynch, Ms Ruth McDonnell, Ms Liz Kielty, NPSO, DOH

1. Welcome and Introductions

The Chair welcomed the Group to the meeting and expressed his sincere thanks to all who participated at the meetings which had taken place earlier in the week on Monday 23rd and Tuesday 24th of March.



a) Conflicts of Interests Declarations

Verbal pause and none declared.

b) Matters Arising

The minutes from meeting 16 (23rd and 24th March 2020) are being drafted and will be circulated for agreement.

All matters were noted as having been completed or covered by today's agenda.

2. Epidemiological Assessment

a) Current National Assessment

The HPSC provided an update on the national epidemiological data which showed an increase in the number of confirmed cases reported throughout the country and in particular across the Dublin area. The numbers of healthcare workers infected, and clusters of infection were also particularly noted by the NPHE.

The Chair emphasised the vital need for comprehensive, timely and real-time information regarding the epidemiological profile and the evolving impact of the infection. The purpose of the GeoHIVE central repository is to compile COVID-19 information in order to continue to inform and support decision making and planning in the public health response.

The HSE updated in relation to the deployment of its new Contact Management (CRM) IT system which is currently being operationalised. There was a discussion on the data and sources of information available, and ongoing work underway to harmonise different ICT systems and data sources to allow for enhanced data sharing and reporting of critical data in real-time.

The NPHE underlined the need for an agreed process between HSE, DOH, GeoHive and Irish Epidemiological Modelling Advisory Group (IEMAG) in relation to the generation and sharing of information reports and that this should be supported by data governance.

Action: The HSE is to ensure that all data on COVID-19 be transferred to a single central repository for the purposes of informing Ireland's response.

b) International Assessments:

An update was provided on the ECDC "*Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – seventh update*" published yesterday (Wednesday, 25th March 2020) and the following risk assessments were noted:

- *The risk of severe disease associated with COVID-19 for people in the EU/EEA and UK is currently considered **moderate** for the general population and **very high** (previously **high**) for older adults and individuals with chronic underlying conditions;*
- *the risk of occurrence of widespread national community transmission of COVID-19 in the EU/EEA and the UK in the coming weeks is **moderate** if effective mitigation measures are in place, and **very high** if insufficient mitigation measures are in place;*
- *the risk of healthcare system capacity being exceeded in the EU/EEA and the UK in the coming weeks is considered **high**.*



c) Modelling Report

An update on modelling and forecasting was provided by the Chair of the IEMAG. The current status shows that Ireland has a growing but monitored outbreak. There was a discussion on the additional data and sources of information available which may be required to facilitate enhanced modelling. The NPHE also discussed the potential impact of the baseline influenza like illness (ILI) rate on patient presentations.

3. Expert Advisory Group

An update was provided by the Chair of the EAG. The ECDC guidance in relation to the use of face masks by symptomatic patients in the community was discussed and it was decided to seek the expert advice and guidance of the EAG in relation to the use of face masks by symptomatic patients in the community, across a variety of settings, as appropriate, to inform national guidance.

Action: The NPHE seeks the expert advice and guidance from the EAG on: the ECDC guidance in relation to the use of face masks by symptomatic patients in the community, across a variety of settings as appropriate.

An update was also provided that the EAG is considering dental guidance and is awaiting the results of the peer review.

There was discussion on the case definition, as it relates to hospital settings, and it was clarified that the current algorithm for use in a hospital setting remains unchanged.

4. Review of Existing Policy

a) Personal Behaviours

An update was provided by the Chair of the Communications Subgroup. The data from the research (surveys and public health departments) suggests widespread understanding and adherence to the social distancing public health measures which are in place. The high level of public adherence with public health measures was welcomed by the NPHE.

b) Social Distancing

This item was dealt with under Agenda item 5(a).

c) Testing

The HSE provided an update on COVID-19 testing and testing capacity further to the updated case definition and advised in relation to the recent supply constraints.

The NPHE emphasised the importance of ensuring that risk categories are identified and prioritised for testing on the basis of public health need as well as the importance of continuing to secure access to laboratory capacity, laboratory equipment and materials.

The NPHE discussed the need for the HSE to designate a single point of co-ordination and reporting across the testing pathway with responsibility for testing strategy.

It was agreed that NPHE would keep the matter of testing, as part of Ireland's disease control strategy, under close review.



d) Contact Tracing

This was dealt with under the discussion for item 5 (c) above.

e) Public Health Advice

A draft paper entitled “A Tiered Approach to strengthening Physical/Social Distancing and certain other Measures” was presented for decision.

An updated draft document outlining a tiered approach to strengthening physical distancing and the national response to COVID-19 was examined by the NPHET, following on from the discussions on Monday and Tuesday (23rd and 24th March 2020). The draft document presented the public health measures currently in place and proposed options to strengthen the response through additional measures and / or expansion of existing measures.

The updated paper was discussed in light of the current data and information and was considered having regard to public health protection and the need for a proportionate response.

There was broad agreement with the proposals outlined and it was agreed that the paper should be updated by DOH based on the discussion and feedback provided at the meeting. The paper would be considered again at the NPHET meeting tomorrow (27th March 2020) with a view to adoption, and thereafter, be considered if and when, the evolving COVID-19 circumstances required the consideration of additional measures by NPHET for recommendation to Government.

5. Future Policy

(a) Policy Approach to Extending Public Health Measures

On foot of the epidemiological update today, the NPHET undertook to consider information relating to geographic specific issues, in particular, the case pattern in East of the country at an ad hoc NPHET meeting to be convened tomorrow (Friday, 27th March 2020).

(b) Travel Considerations

The NPHET agreed that no further travel restrictions were to be implemented at this time subject to further consideration of possible additional / extension to public health measures.

(c) Ad Hoc

(i) Irish Prison Service Proposal in relation to temperature testing

The NPHET approved proposals to implement temperature testing, in relation to Prisons and detention in Garda Stations in line with the guidance issued by the WHO recognising the unique environment of a prison setting. The NPHET acknowledged that the same rationale applies to detention in Garda Stations.

Action: The NPHET approved the proposal submitted by the Irish Prison Service and supported by the Department of Justice and Equality (DJE) in relation to temperature testing in prisons and detention settings in Garda Stations, in line with WHO guidance. Implementation of this approach is now to commence.



6. National Action Plan/Updates

a) Vulnerable People and Community Capacity

The Chair of the Vulnerable People Subgroup presented a deliberative paper on *Community Support for Vulnerable People* for discussion and gave an overview of the work to date. The importance of community support for vulnerable people was noted and the NPHET approved a framework in this regard.

Action: The NPHET approved the Framework for Community Support proposals presented by the Vulnerable People Subgroup.

b) Acute Hospital Preparedness Subgroup Update

The Chair of the Hospital Preparedness Subgroup presented a paper on *Parallel System Framework for Acute Care* for decision and gave an overview of the work to date. The paper sets out a framework for maintaining critical essential work while freeing up and increasing existing capacity through a number of measures. The significant work commenced regarding implementation of the National Action Plan in response to COVID-19 was noted.

The NPHET approved the principles of the approach proposed in the paper.

Action: The NPHET approved the principles of the approach proposed in the Parallel System Framework Approach for Dublin Hospitals from the Acute Hospital Preparedness Subgroup.

c) Medicines and Medical Devices Criticality

An update was provided by the Chair of the Medicines and Medical Devices Criticality Subgroup which reported in relation to the procurement of medical devices by the HSE and others. The priority will continue to be on securing the availability of PPE, medicines and medical devices used in diagnosis and treatment of COVID-19, as well as supportive care and treatments of secondary infections.

d) Guidance and Evidence Synthesis

An update was provided by the Chair of the Guidance and Evidence Synthesis Subgroup. Work is underway by the Health Technology Assessment (HTA) Team, HIQA to provide evidence synthesis support to the Expert Advisory Group in relation to the asymptomatic transmission of COVID-19 and to develop a bank of international evidence synthesis sources to be leveraged generally.

e) Legislation

Due to time constraints, this item was carried over on the agenda.

f) Research and Ethical Considerations

An update was provided by the Chair of the Research and Ethical Considerations Subgroup which has now been established. Research is to be carried out in line with the WHO roadmap and work underway to prioritise the research to be completed with specific reference to the Irish context.

g) Behavioural Change

Due to time constraints, this item was carried over on the agenda.

7. COVID-19 Mobile Phone Application (App) Project

Due to time constraints this item was carried over on the agenda.



8. Consideration of other societal issues/consequences and possible measures

This item was carried over on the agenda.

9. Risk Register

Due to time constraints, this item was carried over on the agenda.

10. Communications Planning

Due to time constraints, this item was carried over on the agenda.

11. Meeting Close

(a) Agreed actions

Actions were presented and agreed, acknowledging that further discussions were planned for the meeting tomorrow (27th March 2020).

(b) AOB

HSE Pathways of Care document

The HSE advised that the Pathways of Care document was available to be circulated to the group. This was noted and welcomed and it was agreed this would be an agenda item at a future meeting.

Expansion of NPHEM Membership

It was agreed to expand the membership of the team to include a general practitioner, an intensive care specialist and an infectious diseases consultant and invites will issue to join the meeting on Tuesday next, 3rd April 2020.

(c) Date of next meeting

As per earlier discussion, the next meeting will take place tomorrow (Friday, 27th March 2020) at 10am via video conferencing.