



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

<b>Date and Time</b>	Friday, 27 <sup>th</sup> March 2020 (Meeting 17) at 10am
<b>Location</b>	Department of Health, Miesian Plaza, Dublin 2 via videoconference
<b>Chair</b>	Dr Tony Holohan, Chief Medical Officer, DOH
<b>Members via videoconference</b>	<p>Dr Colm Henry, Chief Clinical Officer (CCO), HSE          Dr John Cuddihy, Interim Director, HSE HPSC          Prof Philip Nolan, President, National University of Ireland, Maynooth          Dr Kevin Kelleher, Asst. National Director, Public Health, HSE          Mr Liam Woods, National Director, Acute Operations, HSE          Mr David Walsh, National Director, Community Operations, HSE          Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair          Dr Darina O’Flanagan, Special Advisor to the NPHET          Mr Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE          Mr David Leach, Communications, HSE          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          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 Deirdre Watters, Communications Unit, DOH          Ms Marita Kinsella, Director, NPSO, DOH          Dr Breda Smyth, Public Health Specialist, HSE          Dr. Siobhán Ní Bhriain, Integrated Care Lead, HSE          Dr Jeanette McCallion, Medical Assessor, HPRA          Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH          Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA</p>
<b>‘In Attendance’</b>	<p>Dr Lorraine Doherty, incoming National Clinical Director Health Protection, HSE HPSC          Mr Muiris O’ Connor, Assistant Secretary, R&amp;D and Health Analytics Division, DOH          Mr Colm O’Conaill, Policy and Strategy Division, DOH          Mr David Keating, Communicable Diseases Policy Unit, DOH          Ms Aoife Gillivan, Communications Unit, DOH          Ms Sarah Treleaven, NPSO, DOH</p>
<b>Secretariat</b>	Ms Rosarie Lynch, Ms Sarah Murphy, Ms Liz Kielty, Ms Ruth McDonnell NPSO, DOH

**1. Welcome**

The Chair welcomed the group. Recalling the meetings already held this week (23<sup>rd</sup>, 24<sup>th</sup> and 26<sup>th</sup> March 2020), and the discussion at yesterday’s meeting, it was agreed that the meeting agenda today would focus on issues relating to Future Policy; location-specific and geographic-specific issues, the policy approach to extending Public Health measure and consideration of critical issues. The remaining agenda items would be carried over to future meetings.

The introduction of the additional public health measures last Tuesday (24<sup>th</sup> March 2020) was noted; in particular the national solidarity, community spirit, personal behavioural change and resilience that is required to reduce the spread of infection and minimise the impact for everyone and especially those in our society who are vulnerable.



**a) Conflict of Interest**

Verbal pause and none declared.

**2. Future Policy**

Location-specific and Geographic specific issues

The NPHE's discussion was focussed on location and geography in the context of the evolution of the disease. The group examined location-specific and geographic data in relation to the incidence rate of the disease, nature of outbreak transmission, ICU admissions and capacity. These data highlighted the particular potential for clusters in residential care settings in the community and in hospital settings and the necessity of a tailored approach to address these outbreaks.

The data also indicated the extent of the infection spread in urban centres, and particularly Dublin, in comparison with more rural areas.

The importance of real time surveillance data was again discussed, and the group noted the existing legal requirement on healthcare professionals and institutions to provide notifications of COVID-19 cases.

The NPHE discussed infection prevention and control in community and acute settings, in particular in relation to vulnerable people, and the group noted the necessity for the HSE to ensure the establishment of individual Outbreak Control Teams with appropriate public health input in respect of each such setting where clusters of infection are identified.

**Action: The HSE to ensure that individual outbreak control teams continue to be put in place for each outbreak which arises in both hospital and residential care facility settings. These teams should include an appropriate level of public health input.**

Policy Approach to extending Public Health measures

Following on from yesterday's meeting (Thursday, 26<sup>th</sup> March 2020), the updated paper entitled "A Tiered Approach to strengthening Physical/Social Distancing and certain other Measures" was presented. This version having incorporated the discussion and feedback received since the last meeting.

The group reviewed the available national data on:

- the number of confirmed cases,
- the number of patients requiring ICU, which is increasing,
- community transmission, which now accounts for 51% of cases
- the increasing number of clusters, many of which are in nursing homes and other residential care settings
- the 19 deaths recorded to date, with 10 notified as of 26th March.

The group also noted the ECDC "Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – seventh update" published (25<sup>th</sup> March 2020) which was acknowledged at yesterday's meeting and advises:

- *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**.*



Given the latest national data and the updated ECDC risk assessment, the group considered the existing policy and the related public health measures currently in place and agreed that a package of additional measures should now be recommended to slow the spread of COVID-19; with particular focus on those aged over 70 years and the extremely medically vulnerable groups. The nature and extent of the measures was discussed and agreed.

It was agreed that guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19 would be provided to support the implementation of these measures. Additionally, a list of the extremely medically vulnerable groups would be provided. (Note: see Appendix for final list).

A discussion on the appropriate duration and timeframe for these measures also took place. It was agreed that the measures should be recommended to be effective from midnight that night (Friday, 27<sup>th</sup> March) to be applied for a two-week period, up to Sunday 12<sup>th</sup> April 2020, and to be subject to review.

**Action: The NPHET recommends the implementation of further measures nationally, to attenuate the spread of symptoms of COVID-19, effective from midnight on 27<sup>th</sup> March and to be applied for a two-week period, up to Sunday 12<sup>th</sup> April 2020, and will be subject to review. These measures include the following:**

#### *Community Health*

1. Stay at home in all circumstances, except in the following situations:
  - to travel to and from work, or for purposes of work, in circumstances where the work is an essential health, social care and other essential service and cannot be done from home;
  - to shop for essential food and household goods;
  - to attend medical appointments and collect medicines and other health products;
  - for vital family reasons, such as providing care to children, elderly or vulnerable people, but excluding social family visits;
  - to take brief individual physical exercise within your locality, which may include children from the household (e.g. for a run or walk with/without dog) within 2 km of the home (i.e. half-hour from the home) adhering to strict 2m social distancing measures;
  - for farming purposes i.e. food production and/or care of animals.
2. All public and private gatherings of any number of people occurring outside a single household or living unit are prohibited.
3. Cocooning will be introduced for those over 70 years of age and specified categories of people who are extremely medically vulnerable to COVID-19

#### *Essential services*

4. Close a further range of non-essential shops and services, and everyone who can must work from home, excluding essential workers and workers in essential Government, utility or other specified functions.
5. Close adult community education centres and local community centres.
6. All those essential services and businesses that remain open, should ensure safe working conditions are in place.
7. Specific guidance will be available from the Health and Safety Authority for essential workers who, by virtue of their work, cannot maintain social distancing.

#### *Health Considerations*

8. All non-essential surgery, health procedures and other non-essential health services are postponed.
9. All visits to hospitals, residential healthcare centres, other residential settings, prisons to cease, with specific exceptions on compassionate grounds.



10. Pharmacists to be permitted by regulation to dispense medicines outside the current period of validity of the existing prescription in line with the pharmacist's professional judgement as to appropriateness.
11. A call be made to manufacturers, where possible, to adapt their existing manufacturing capacity to produce PPE, equipment, masks, and other essential products for national market, including compounding of hand gels and other essential medicines and products by pharmacies.

#### *Transport and travel*

Implement restrictions on travel as follows:

12. Nationwide restriction on travel outside of 2km from place of residence, except in the circumstances specified in point 1. *Community Health* above;
13. Restrict all public transport and passenger travel to essential workers and in line with exceptions specified under point 1. *Community Health* above;
14. Travel to Ireland's offshore islands is limited only to residents of those islands;
15. Local Authorities to relax on-street public parking restrictions to meet the travel needs of essential workers;
16. The exceptions specified under point 1. *Community Health* above will apply to these transport and travel measures.
17. Prohibit arrival of personal non-national maritime leisure vessels (subject to exceptions such as "port in a storm").

#### *Legislation and Regulation*

18. Measures above will be reflected in the Regulations made under the Health (Preservation and Protection and Other Emergency Measures in the Public Interest) Act 2020 and will be enforced by An Garda Síochána.

The group also discussed and emphasised the importance of a harmonised national approach to the implementation of additional measures. NPHET also recognised the need for the duration, nature and intensity of specific interventions across regions to be reviewed, as more information about the COVID-19 outbreak and contact patterns within those regions become available. It was noted that this may allow for a reduction in the intensity of measures over time.

#### Critical issues

The issue of contact tracing was discussed by the group and the need reiterated for continued testing and contact tracing in line with existing public health policy. Therefore, the implementation and rollout of contact tracing procedures and active surveillance in relation to case detection and contact tracing should be continued by the HSE.

**Action: The HSE is to ensure that the procedures for contact tracing continue to be implemented in line with existing public health policy.**

#### **3. Agreed actions**

These were presented to the group and agreed.

#### **4. AOB**

None.

#### **5. Date of next meeting**

The next meeting will take place on Tuesday, 31<sup>st</sup> March 2020 at 10am via video conferencing.



## Appendix – List of Extremely Vulnerable Groups.

**For the purposes of Cocooning, the categories of people who are 70 years of age or who are extremely medically vulnerable to COVID-19**

1. People aged  $\geq 70$  years
2. Solid organ transplant recipients
3. People with specific cancers:
  - a. people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
  - b. people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - c. people having immunotherapy or other continuing antibody treatments for cancer
  - d. people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - e. people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
4. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
5. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
6. People on immunosuppression therapies sufficient to significantly increase risk of infection.
7. Women who are pregnant with significant heart disease, congenital or acquired.