



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

<b>Date and Time</b>	Friday 10 <sup>th</sup> April 2020 (Meeting 21) at 10am
<b>Location</b>	Department of Health, Miesian Plaza, Dublin 2
<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 Kevin Kelleher, Asst. National Director, Public Health, HSE  Mr Liam Woods, National Director, Acute Operations, HSE  Mr David Walsh, National Director, Community Operations, HSE  Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group  Dr Lorraine Doherty, Director, HSE HPSC  Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair  Dr Darina O’Flanagan, Special Advisor to the NPHE  Mr David Leach, Communications, HSE  Dr Mary Favier, President ICGP  Mr Phelim Quinn, Chief Executive Officer, HIQA  Dr Micheal Power, Consultant in Anaesthetics / Intensive Care Medicine  Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA  Prof Colm Bergin, Consultant in Infectious Diseases  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 MacLellan, Assistant Secretary, Social Care Division, DOH  Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division. DOH  Ms Deirdre Watters, Communications Unit, DOH  Dr Breda Smyth, Public Health Specialist, HSE  Dr Jeanette McCallion, Medical Assessor, HPRA  Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH  Ms Marita Kinsella, Director, NPSO, DOH  Dr John Cuddihy, Interim Director, HSE HPSC  Mr Tom McGuinness, Assistant National Director, Office of Emergency Management, HSE  Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE</p>
<b>‘In Attendance’</b>	<p>Mr David Keating, Communicable Diseases Policy Unit, DOH  Mr Colm O’Conaill, Policy and Strategy Division, DOH  Ms Aoife Gillivan, Communications Unit, DOH  Ms Sarah Treleavan, NPSO, DOH  Ms Elizabeth Adams, NPSO, DOH  Mr Niall Redmond, Services for Older People, DOH</p>
<b>Secretariat</b>	Ms Rosarie Lynch, Ms Sarah Murphy, Ms Susan Reilly, Ms Linda O’Rourke, Ms Ruth McDonnell, Ms Liz Kielty, Mr John Harding NPSO, DOH



## 1. Welcome and Introductions

### **a) Conflict of Interest**

Verbal pause and none declared.

### **b) Minutes of previous meeting(s)**

Meeting notes in respect of recent meetings have been circulated for review and feedback and there are further meeting notes to follow, which are for agreement by email. It was noted that all immediate actions are agreed during the NPHE meetings and are communicated by letter to the relevant parties after each meeting in order that the actions can be progressed.

### **c) Matters Arising**

The Chair proposed that today's discussions focus on the data, modelling and evidence required to inform the Review of current Public Health Measures and NPHE recommendations in this regard.

The NPHE agreed to defer the following agenda items to the NPHE meetings of the week commencing 13<sup>th</sup> April 2020:

1. c (i) Health Protection Governance;
6. (a) Use of masks within health care settings;
6. (c) Travel Considerations;
6. (e) Childcare considerations.

## 2. Epidemiological Assessment

The HPSC, DOH and the Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) each presented overviews of the national COVID-19 including:

### **a) Update on National Data**

#### **i. HPSC**

Update on the national epidemiological data was presented by the HPSC. The HPSC's report included the total number of confirmed cases of COVID-19, the total number of deaths, the number of patients requiring critical care, the extent of community transmission, the number of clusters, including in residential healthcare settings

The most recent national data for confirmed cases show that the day on day increase of confirmed cases has been relatively consistent in recent days but it remains that the majority of the confirmed cases are still most likely a consequence of community transmission. The latest figures show approximately a quarter of notified cases are aged 65 years or over. It was noted that 60% of cases are found in the Eastern region and that in general urban areas tend to have a higher concentration of cases. The data show evidence of geographical spread out to peripheral areas outside Dublin city.

Update was also provided on the epi-curve, numbers of cases, cases in healthcare workers and numbers of outbreaks in healthcare settings, including residential healthcare settings. It was noted that it may be useful to examine if age-related data is available for the data on Healthcare Workers.

Overall, the data available to the HPSC still has a gap in the data reporting of the number of deaths. The HPSC advised they are working with the HSE and the General Register Office to get more timely mortality data via the notifications of deaths.



ii. DOH

An overview spreadsheet was presented by DOH, based on the daily HSE reports and the HPSC data received. The input from the Office of the Chief Operations Officer was noted with thanks.

It was noted that there is increasing provision of data to populate key indicators including for community testing; contact tracing; and ICU data. There remains a gap in the data with regard to the destination of patients at discharge.

**b) International Assessments**

NPHET noted that the ECDC published its *Rapid risk assessment: Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – eighth update* on 8<sup>th</sup> April. NPHET considered this in detail as part of its discussion under Agenda item 5b).

**c) Modelling Report**

Update was provided by the Chair of the IEMAG. Modelling data show that currently the cumulative growth rate is on a downward curve. Scenario data were also presented showing the potential impacts on growth rates in the event of the lifting of the public health measures. The NPHET were advised that more data on sampling, testing and contact tracing were required in order to better monitor any change in measures and to both inform the model and future policy decisions. The  $R_0$  value is very sensitive to people moving about and mixing. The role of the  $R_0$  value in determining likely outcome and the potential for rapid escalation in the numbers of cases should measures be removed was again noted.

**3. Review of Existing Policy**

**a) *Rapid HTA on alternative diagnostic tests for COVID-19***

The NPHET were presented with the report on *Rapid Health Technology Assessment of Alternative Diagnostic Testing Approaches for the Detection of Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2)*, which was undertaken by HIQA. Some key points were outlined as:

- It summarises the current technologies and / or those in development and outlines where these could be deployed in the clinical care pathway;
- There are a number of tests in development in areas such as molecular testing and antibody testing, however they are only in the development stage and for use for research purposes;
- All tests under development still require further quality assurance and clinical validation processes, currently the tests are self-declared for CE purposes;
- Ireland is the first country among the EU Member States to undertake such a HTA and the paper will be shared with the EU Commission to help inform their development of an EU-wide HTA;
- Due to the evolving evidence base, this report will need to be kept under review as new information becomes available.

It was noted that additional technologies may play an important part in the future approach and response to COVID-19. Thanks were expressed to HIQA for the preparation of the report and to HPRA, NVRL and DOH who had provided input and review. The final document will be circulated when ready.



It was agreed that this item would be discussed further at future meetings, including how best this evidence can best inform the testing strategy at a given time. It was also suggested that Testing Approaches could be included as a theme at an upcoming NPHET Press Conference at a date to be agreed.

**b) *Sampling, Testing, Contact Tracing and CRM reporting***

The HSE provided updated that the work on increasing capacity across this pathway continues apace and a senior lead for the HSE to oversee this has now been appointed.

**c) *Public Health advice implications***

In tandem with the update under 3 (b) above, the HSE advised that this work was aiming to increase public health capacity.

**4. HSE's update to the NPHET further to:**

**a) Residential Healthcare settings**

An overview of the epidemiological data currently available on residential care settings were presented to the NPHET including outbreak data, infection rates and mortality rates. The data show that there have been outbreaks reported in approximately a quarter of residential care settings.

The NPHET considered that the mortality data should be further refined including specifically categorising COVID-19 deaths as suspected or confirmed. Data on identifying place of death; and more timely data on confirmed cases among staff would also be important to get a more complete picture. HIQA also provided update on the reports they receive.

It was agreed that there should be continued focus on this sector and to continue to collect, expand and monitor data, with the CRM system data being a critical enabler for this.

The HSE provided an update of the plans in place including: increased supports for staff; ongoing work to ensure that the DOH package are accessed and used to deliver advances in care by providers; occupational health support is now in place; restriction of staff movement between sites; increased use of staff from other agencies to support; and re-emphasis to staff of the two-test rule to determine suitability for patient discharge back to long-term residential care settings. Staffing challenges in the context of COVID-19 were also noted.

In the discussions of the NPHET which followed, the key points raised included:

- The infection rate among clients and staff emphasise the need to step up efforts to support this sector and in particular to protect the facilities which have not had an outbreak.
- The importance of more comprehensive data and validation of the current data for this sector in order to inform modelling scenarios and increase understanding of transmission.
- The NPHET noted and welcomed the ongoing engagement at HSE level to progress the extension of the remit of the HSE Antimicrobial Resistance and Infection Control (AMRIC) National Oversight Team to include the residential care setting.
- The interface between residential care facilities and acute hospital settings and whether data on this can add understanding.
- Internationally, the transmission of COVID-19 nursing home settings is recognised as an area of particular risk.



The HPSC is to provide a further breakdown of the residential care facility data and it was agreed to have further consideration of this, to see if additional actions should be recommended at the NPHE meeting, planned for Tuesday, 14th April 2020.

HIQA also advised that they have carried out a risk assessment to identify public Nursing Homes which will need some additional level of support. They also advised NPHE that they are recommencing inspections of sites, in particular the high-risk services.

#### **b) Acute Hospitals settings**

An update of the plans in place for the acute hospitals was presented to the NPHE. DOH are receiving comprehensive updates from the HSE and continue to engage bilaterally. HIQA have finalised the self-assessment questionnaire for acute hospitals, which has been circulated to the hospitals. The main area of focus centres on progressing the supports to the community sector, especially in the East, and putting the oversight and governance arrangements in place by the AMRIC team. The NPHE were advised of the availability of the National Ambulance Service to undertake testing for the residential care settings. Staffing challenges in the context of COVID-19 were also noted. The intensive work on the acute hospitals interfacing with and supporting the community services was acknowledged.

### **5. Future Policy**

#### **b) *Review of current Public Health measures***

Following on from the discussion at the meetings, (Friday, 3<sup>rd</sup> and Tuesday, 7<sup>th</sup> April 2020), the NPHE reviewed a draft paper setting out considerations for the future phased reduction of social distancing measures currently in place.

The paper, along with the HPSC epidemiological report, the Modelling Report and the ECDC Updated Rapid Risk Assessment – Eighth Update and information presented at the meeting, formed the basis of the discussion of the Group to inform the review of the current public health measures in place and which are due to expire on Sunday 12<sup>th</sup> April 2020. In particular, the question of what measures, if any, of these could be recommended to the Minister for Health and Government to be lifted?

It was noted that while there is a time differential between the implementation of these public health measures and observing their outcome in terms of disease progression, there are encouraging signs that the measures implemented to date have positively impacted the progression of COVID-19 in the Irish population. In the early days of the epidemic, the day-on-day increase in growth rate of confirmed cases was 33%. Last week, this rate had reduced to 15% and this week it has further reduced to 9%. In addition, the number of people in critical care units is now relatively stable.

This current position was considered along with the recent international expert advice and experience. Notably the following advice:

- most recent Rapid Risk Assessment (8<sup>th</sup> April 2020) from the ECDC on the increased risk of transmission if sufficient mitigation measures are not in place
- EU Commission draft Roadmap (6<sup>th</sup> April 2020) that even any level of relaxation of social distancing measures will unavoidably lead to an increase in new cases and therefore must be stepwise, with sufficient time between different steps (e.g. one month) so the effects can be measured and Member States need to be prepared to reinstate stricter measures in the event of epidemic resurgence.



The consensus of the Group was that the rate of new cases, the rate of community transmission, and the rate of ICU admissions are still above a level which would allow some phased lifting of restrictions. There was consensus agreement that the current public health measures should be recommended to Government to remain in place.

Discussion ensued on an appropriate time period to recommend as an extension.

In this regard, the immense collective solidarity and responsibility of the people in Ireland in complying with the range of public health measures initially commenced on 13<sup>th</sup> March last was acknowledged. In particular, there was acknowledgement that significant and fundamental changes had been asked of people across society in the way they live their lives to comply with the public health measures. Initiatives and campaigns to support resilience and mental health were welcomed.

It was also noted that as COVID-19 still remains a very new disease, the NPHET is aware of the significant uncertainties that still exist regarding its nature and transmission. Consequently, a further period of observation is needed to determine whether the response to date has achieved the required public health impact. Any lifting of restrictions would need to be informed by assurances received through more comprehensive testing and surveillance strategies, contact tracing, community measures including physical distancing, strengthening of healthcare systems and informing the public and health community.

Consequently, the NPHET agreed to recommend to Government that the current public health restrictions should remain in place for a further three-week period until midnight on the 4<sup>th</sup> May 2020. The NPHET will keep this under review during the intervening period.

**Recommendation: Given the latest national data and the updated ECDC risk assessment, the NPHET today considered the public health measures currently in place (as recommended previously on 12<sup>th</sup>, 24<sup>th</sup> and 27<sup>th</sup> March 2020). Arising from the discussion at the meeting, the NPHET recommends the extension of the current public health measures; with this extension effective until midnight on Monday 4<sup>th</sup> May 2020. The NPHET will keep this under review during the intervening period.**

## 6. Meeting Close

### **a) Agreed Actions**

The key actions from the meeting were examined to the Group, clarified and agreed.

### **b) AOB**

An update was provided from the EAG that at their recent meeting the questions of masks being recommended for healthcare staff in residential care settings was raised, being mindful of the operational aspects. The EAG will discuss further and the NPHET are keeping this matter under review.

The Chair thanked all for their input and considerations today. Members were reminded that that the recommendation will now be communicated to the Minister for Health for consideration by Government.

### **c) Date of Next Meeting**

The Chair offered best wishes to all for Easter. However, it was recognised that since the work needs to continue at pace, there would be no break in the NPHET meeting schedule due to public holidays.

The next meeting is scheduled for Tuesday, 14<sup>th</sup> April 2020 at 10am via videoconference.