



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

Date and Time	Thursday, 12th March 2020 (Meeting 14) at 6pm
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 Colm Henry, Chief Clinical Officer (CCO), HSE Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH Dr Siobhán O’Sullivan, Chief Bioethics, 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 Ms Deirdre Watters, Communications Unit, DOH Dr Kevin Kelleher, Asst. National Director, Public Health, HSE Dr Breda Smyth, Public Health, HSE Dr Darina O’Flanagan, Special Advisor to the NPHET Mr David Leach, Communications, HSE Mr Phelim Quinn, CEO, HIQA Mr Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE Mr Liam Woods, National Director, Acute Hospitals, HSE Dr Jeanette McCallion, Medical Assessor, HPRA Mr Colm Ó Conaill, Principal Officer, Policy and Strategy Division, DOH Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH
In Attendance	Ms Marita Kinsella, Director, NPSO, DOH Ms Aoife Gillivan, Communications Unit, DOH
Secretariat	Ms Rosarie Lynch and Ms Sarah Treleaven, NPSO, DOH

1. Welcome

The Chair welcomed the group.

2. Epidemiological Update

The group was updated on the latest figures of newly confirmed COVID-19 cases in Ireland.

3. Cross Government Action Plan for COVID-19 Response Individual measures

The group was briefed on the drafting of the above high-level action plan and the collaboration between DOH and HSE in this regard was acknowledged. In total, nine health priority actions areas have been identified. Each of these are underpinned by key enablers and ethical considerations.

It was noted that the HSE is providing input to be included in the document. It was also noted that across DOH there has been in contact with many other Government Departments during its development; with coordination led by the Department of the Taoiseach.



The NPHEET thanked all those involved for drafting the plan within a tight timeframe. It is planned to bring the action plan to the Senior Officials Group tomorrow (Friday 13th March 2020) and Cabinet next week (Monday, 16th March 2020).

Action: The NPHEET supports the broad framework for the draft Cross-Government Action Plan for COVID-19 Response, as outlined at the meeting, including the 9 health priority action areas.

Action: DOH to incorporate HSE and other feedback received into the draft Cross-Government Action Plan for COVID-19 Response.

4. Expert Advisory Group Advice

- a. Self-Isolation Criteria: The NPHEET was updated on the EAG discussions. It was noted that the date of onset or date of diagnosis should be used in determining the timeframe for self-isolation. It was also noted that the EAG recommended that people who have been tested should self-isolate at home while they await results.

NPHEET agreed that this would be kept under review, as the situation evolves.

Action: DOH to write to HSE regarding implementation of discharge criteria for self-isolation of confirmed cases, as outlined by the Expert Advisory Group.

Action: HSE to publish the guidance regarding the self-isolation of confirmed and suspected cases on their website.

- b. Consideration of Syndrome Symptoms: there was update on the EAG considerations on the clinical criteria and that fever 38 degrees or over and/or new onset continuous cough should be considered. Also noted, that if shortness of breath is present, then clinical care should be sought. This was discussed further under agenda item 5.
- c. Due to time pressures, the agenda item ECDC Advice on Swabbing was not taken.

5. Public Health Surveillance and Case Definitions

A discussion took place regarding the current case definition as published on the HPSC's website and latest evidence related to COVID-19 symptoms. NPHEET noted that the current case definition involves a combination of clinical symptoms and geographical criteria.

COVID-19 diagnostic testing capacity, the impact and burden of self-isolation on individuals, the role of algorithms, the role of testing and the need for the most up to date Irish epidemiological situational data were all discussed, including possible low-level community transmission.

It was agreed that at this point in the Delay Phase in Ireland, it is important to continue to control the spread of COVID-19 at the level of individual cases and at a population level, and that testing, contact tracing and laboratory capacity is key to this. Prioritisation of testing to certain groups was also discussed.

Action: HSE will update the case definition and algorithm in the following ways:

- a. **Geographic criteria will be removed from the case definition.**
- b. **Symptoms of new onset fever of 38 degrees and/or continuous cough will be considered when assessing the requirement testing.**



Action: The NPHET endorses the position that Ireland should continue to test all suspected cases of COVID-19 as per updated algorithm (above) and will continue to keep this position under review.

6. Flight and Travel Advice Considerations

There was consideration given to whether any travel restrictions should be recommended. There was update on the travel measures being used by other jurisdictions. The WHO advice on travel restrictions was noted. It was also noted by NPHET that the Department of Foreign Affairs and Trade (DFAT) publish travel advice for Irish citizens who wish to travel abroad, which includes consideration of COVID-19. For example, travel to France and Spain currently carries this advice.

It was agreed that since there is a higher risk of transmission in these countries, then it should be recommended that returning travellers restrict movements for 14 days. Supporting communications, including at the airports, would help to ensure this message is clearly conveyed to such travellers. This would be prospectively applied. The matter of travel would be kept under review.

Action: The NPHET agrees to recommend that all people returning from areas identified by the Department of Foreign Affairs and Trade (DFAT) for avoidance of non-essential travel / do not travel for COVID-19, should restrict their movements for 14 days. This will apply prospectively. DOH to write to DFAT regarding this issue and to develop communications materials.

There was further discussion on whether particular consideration should be given to travel and healthcare workers. It was agreed the EAG should be asked for their advice on this matter.

Action: DOH to write to the EAG regarding any travel restrictions to be considered for healthcare workers.

The papers on Port Health, submitted by the HSE on the 10th March and prepared by their Public Health and Environmental Health Departments, were noted and it was agreed they would be forwarded to the Senior Officials Group.

Action: DOH will forward HSE Port Health updates to the Senior Officials Group on COVID-19 for follow up and action.

AOB

Update on Testing and Contact Tracing

The HSE provided an update that work was continuing to increase contact tracing capacity with multi-agency assistance and a contact point had been nominated in the DOH to assist in the coordination of this. The need for additional resources is being addressed with a number of army cadets receiving training for contact tracing at the moment. Other agencies have indicated that they can also provide support.

NPHET also noted the importance of surveillance data in our understanding of the transmission patterns and need for complete data on this.

In terms of public health resources, the HSE advised that staff are being reallocated to Departments of Public Health to increase administration capacity and more timely reporting of data, including inputting of information into the CIDR public health system. It was noted with thanks to HIQA, that



their Health Technology Assessment team are supporting the HPSC with guidance development and that other HIQA staff will be made available to support contact tracing.

7. Date of Next Meeting

The next meeting is scheduled for Monday 16th March at 10.30am.