



Mr. Simon Harris TD,
Minister for Health,
Department of Health,
Miesian Plaza,
50-58 Lower Baggot Street,
Dublin 2.

27th March 2020

Via email to Private Secretary to the Minister for Health

Dear Minister,

Arising from the meetings of the COVID-19 National Public Health Emergency Team (NPHET) which took place on 26th and 27th March 2020, I wish to bring to your attention the decisions and actions agreed by the NPHET set out in Appendix 1 to this letter.

The NPHET would like to acknowledge the widespread change which people have made in their ordinary lives and the support of the public and society, as a whole, for the significant public health measures required to date as part of Ireland's response to COVID-19.

Ireland's situation is now such that-

- i. the number of confirmed cases exceeds 1,800,
- ii. the number of patients requiring ICU is 71, with a day-on-day increase in admissions to ICU having doubled since Monday last (23rd March),
- iii. community transmission now accounts for 51% of cases,
- iv. there continues to be an increasing number of clusters, many of which are in nursing home and residential care settings, and
- v. there have been 19 deaths recorded to date, with 10 notified yesterday (26th March).

Furthermore, the ECDC published an updated risk assessment for the EU/EEA and the UK on 25th March 2020 and the NPHET 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, and*
- *the risk of healthcare system capacity being exceeded in the EU/EEA and the UK in the coming weeks is considered **high**.*

Consequently, given the latest national data and the updated ECDC risk assessment, the NPHET considered the existing policy (letters of 12th and 24th March refer) and the related public health measures currently in place.

At the meeting today (27th March), the NPHET agreed to recommend the implementation of further measures nationally, effective from midnight tonight (27th March):

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 2km 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 as set out in Appendix II.

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 and 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 to be 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.

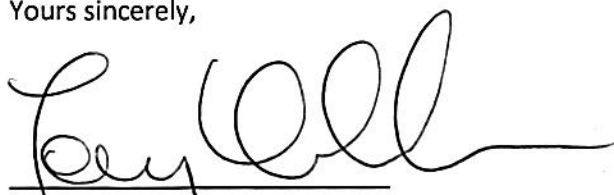
The NPHET further recommends that these additional measures are to be applied for a two-week period, up to Sunday 12th April 2020, and will be subject to review.

The NPHET emphasised the importance of a harmonised national approach to the implementation of additional measures. It 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. This may allow for a reduction in the intensity of measures over time.

Officials from this Department have been and will continue to be available to work with relevant HSE staff, other health agency staff and staff across Government on the implementation of these actions.

I would be happy to discuss further, should you wish.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Holohan', with a horizontal line underneath.

Dr Tony Holohan

Chief Medical Officer

Chair of the COVID-19 National Public Health Emergency Team

c.c. Ms Elizabeth Canavan, Department of the Taoiseach and Chair of the Senior Officials Group for COVID-19

Appendix I

Decisions and actions agreed by the NPHET at its meetings which took place on 26th and 27th March 2020

1. 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.
2. The HSE is 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.
3. The HSE is to ensure that the procedures for contact tracing continue to be implemented in line with existing public health policy.
4. The NPHET approved the *Framework for Community Support* proposals presented by the Vulnerable People Subgroup.
5. The NPHET approved the principles of the approach proposed in the *Parallel System Framework Approach for Acute Care* from the Acute Hospital Preparedness Subgroup.
6. 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.

Appendix II

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 ≥ 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 poly ADP ribose polymerase (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 severe combined immunodeficiency (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.