



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

Date and Time	Tuesday, 12 th May 2020 (Meeting 30) at 10am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via videoconference	<p>Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Mr Liam Woods, National Director, Acute Operations, HSE Mr David Walsh, National Director, Community Operations, HSE Dr Darina O’Flanagan, Special Advisor to the NPHE Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Dr Darina O’Flanagan, Special Advisor to the NPHE Mr David Leach, Communications, HSE Dr Mary Favier, President, Irish College of General Practitioners (ICGP) Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital 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 Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH Dr John Cuddihy, Interim Director, HSE HPSC Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Dr Jeanette McCallion, Medical Assessor, HPRA Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE</p>
‘In Attendance’	<p>Ms Laura Casey, Health Systems and Structures Unit, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Mr Colm Ó Conaill, Policy and Strategy Division, DOH Ms Sarah Treleavan, NPSO, DOH Ms Sheona Gilsean, Statistics and Analytics Service, DOH Mr Ronan O’Kelly, Statistics and Analytics Service, DOH Ms Deirdre McNamara, Office of the Chief Clinical Officer, HSE Ms Aoife Gillivan, Communications, DOH</p>
Apologies	Dr Colm Henry, Chief Clinical Officer (CCO)
Secretariat	Ms Marita Kinsella, NPSO, DOH, Ms Sarah Murphy, Ms Susan Reilly, Ms Linda O’Rourke, Mr John Harding, Ms Liz Kieley, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH



1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Minutes of previous meeting(s)

NPHET members were updated that the meeting notes of the 21st April 2020 have been published on the website. Further meeting notes are being finalised and will be circulated to the NPHET for review, feedback and approval via email.

c) Matters Arising

The following matters arising were raised:

- (i) The Health Products Regulatory Authority (HPRA) advised that it wished to provide an update on remdesivir following changes made at the European Medicines Agency yesterday. The Chair confirmed that such an update could be provided under AOB time permitting, or by means of written update after the meeting.
- (ii) The HSE indicated that clarification would be helpful in relation to whether acute admissions to psychiatric facilities comes within long-term residential care facilities. The Chair advised that this matter could be addressed as part of the discussion under agenda item 4 c).
- (iii) The Health Protection Surveillance Centre (HPSC) provided an update in relation to the paper being progressed under agenda item 4 b)(i) on “*Targeted Use of Testing Capacity-Strategy*” which was due to be considered at today’s meeting. By way of update it was confirmed that this paper is under development and a working group has been convened to consider the matter of testing going forward. The paper will come to the NPHET at a future meeting.

2. Epidemiological Assessment

a) Update on National Data and c) Modelling Report

The agenda items 2 a) on *Update on National Data* and 2 c) on *Modelling Report* were taken together.

An update was provided on the national epidemiological data. The update included information on the number of confirmed cases, mortality, testing, hospitalisation, critical care, and outbreaks (including workplace outbreaks).

The data indicated a steady decrease in the growth rate of new confirmed cases since the middle of April. A decline in the number of deaths reported by the HPSC was also evident, noting some delays in death notifications.

In terms of testing, NPHET noted that circa 12,000 per day were completed on 1st May 2020 being the highest number of tests completed in a single day. The data show that the number of positive test results has been in decline since the updated testing policy was introduced.

There was a downward trend in the number of patients being admitted to hospital over the past two weeks, with approximately 529 confirmed cases in hospital according to the information received from



the HPSC as at 11th May 2020. In a similar trend, the proportion of those COVID-19 confirmed hospitalised patients who needed to be admitted to a critical care unit had been steadily falling over the past week. The number of patients being discharged from hospitals was also increasing.

The NPHEt noted that the effective Reproduction number was still below 1, and the influenza like illness rate (ILI rate) had also declined and was below threshold.

The data showed a decrease in the overall number of clusters and outbreaks notified across a range of settings. However, the number of clusters and outbreaks reported in specific workplaces, in particular meat processing facilities, continues to be monitored closely. The NPHEt was advised that the National Outbreak Control Team has been coordinating the response to outbreaks notified in these settings.

Whilst the NPHEt welcomed the overall progress in suppressing the transmission of COVID-19 in recent weeks, it considered that a focussed strategy and cautious approach continued to be warranted as new cases of infection continue to be identified, outbreaks in workplaces and other settings continue to emerge, and the impact of the disease amongst healthcare workers and vulnerable groups remained concerning.

b) International Assessments

There were no items of note for update at the meeting.

c) Modelling Report

This matter was taken with agenda item 2a).

d) Epidemiology Report on COVID-19 in nursing home settings

The HPSC presented a draft report entitled “*Epidemiology of Covid-19 Outbreaks in Residential Care Facilities (RCF) in Ireland*”. The draft report documented that a national mass testing process of staff and residents in nursing homes settings was commenced on 18th April 2020 and contained an overview of the outbreaks to 8th May 2020.

This draft report provided–

- a summary of national level data on outbreaks and clusters of COVID-19,
- an outline of the epidemiology of outbreaks within residential care facilities in Ireland, at national and regional level,
- an outline of the epidemiology of outbreaks within nursing homes specifically,
- an enhanced epidemiological analysis of a sample of outbreaks managed within residential care facilities, and
- preliminary results from Public Health Departments on the outcome of the mass testing process.

The draft report noted that Public Health Departments have been actively engaging with residential care facilities across the country and are managing cases and outbreaks within these settings where they have arisen.



The draft report noted that the low positivity identified nationally for both residents and healthcare workers is re-assuring, given that the process was undertaken at a time where a number of facilities were experiencing outbreaks.

Importantly, the draft report found that virtually no outbreaks were identified that had otherwise previously been unknown and not under active investigation or management by Public Health Departments.

Arising from this report of the enhanced mass testing programme, draft recommendations and learnings were identified for future testing strategies and approaches. Learnings from a mass rapid testing programme of this type included matters such as testing turnaround time, data collection, batching of results, arrangements in relation to testing of staff not present on the day(s) of testing, managing consent etc. Draft recommendations included matters such as: agreeing a national approach to COVID-19 testing; testing in residential care facilities to be informed by a public health risk assessment and directed by Public Health; the timeliness of results; ensuring that all residents and staff in a nursing home are tested to aid outbreak control where a single confirmed case of COVID-19 is identified; and others.

The NPHET noted that it was not aware of other countries having done such a comprehensive testing 'sweep' of its long-term residential care sector in the way Ireland has done.

The Chair thanked the HPSC and HSE for the work in completing this report. The NPHET members were invited to provide feedback to the HPSC and it was agreed that the draft document would be updated by the HPSC and be considered again by the NPHET with a view to adoption at its meeting on 18th May 2020.

Additionally, in response to the query raised under Agenda 1 c)(ii), Matters Arising, the NPHET clarified that admissions to acute psychiatric facilities did not fall within the scope of admissions to long-term residential care facilities.

3. Expert Advisory Group (EAG)

The Chair of the EAG confirmed that there was no formal update from the EAG for the NPHET's consideration at the meeting.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

An update presentation on personal behaviours and social distancing was provided by DOH in relation to non-health-data sources.

Mobility data on movement trends over time by geography, was presented across different categories of places (such as retail and recreation, groceries and pharmacies, parks, transit stations, workplaces, and residential) to provide insights into what has changed in response to policies aimed at combating



COVID-19. These mobility data (Google COVID-19, CSO) over the last few months show that people spent more time in residential locations during March and April when compared with the same data for February. Since the middle of April, a small increase in the number of people attending workplaces was also evident.

According to information from transport infrastructure, since March the number of cars at selected points on the road network had dropped significantly. During this period, a decline in the number of lorries (HGV) was also observed, albeit the decrease was not as sharp as the decrease observed in the use of cars for the same period. Data from the National Transport Authority and CSO show a significant downward trend in the number of people using public transport since the introduction of the public health measures. Data from Apple mobility also show a drop in the numbers of people driving, walking and taking public transport since the announcement of restrictions at the end of March. The number of ATM transactions has also decreased during the period of the public health measures.

As part of Public Opinion research published by the Department of Health (DOH), 0% of those surveyed in the middle of March said they thought the pandemic was behind them, compared with 43% of people who now think the worst of the pandemic is over.

NPHET noted that these data continue to show high levels of adherence to the public health social distancing measures and the rapid adjustment to new personal and collective behaviours arising from these measures. NPHET expressed some concern at the public's perception that the worst of the pandemic might be over and that this might result in a relaxation in commitment to social distancing and hygiene behaviours, and a consequent risk of a rise in infection spread.

b) Sampling, Testing, Contact tracing and CRM reporting

The HSE updated in relation to the sampling, testing and contact tracing programme, with specific reference to testing in direct provision centres and meat processing facilities.

The NPHET was advised that following, engagement between the HSE Public Health Departments, the HSE National Office of Social Inclusion and direct provision centres where outbreaks were notified, a testing process has been defined for the direct provision centres, and associated guidance has been issued by the HPSC.

In regard to testing in meat processing facilities as part of the response, the HSE confirmed that it is continuing to collaborate with the Department of Agriculture, the Food Safety Authority of Ireland and other stakeholders. The national outbreak control team is coordinating the response to outbreaks in these settings, noting that some wider non-workplace factors were also playing a role, such as shared accommodation, language issues and others. Work is also underway to develop detailed sector-specific guidance on infection prevention and control in these facilities. The HPSC indicated that other countries, including Germany, are also beginning to report similar outbreaks in these settings, through the European Centre for Disease Prevention and Control (ECDC) advisory forum, and the HPSC undertook to link with the ECDC forum in terms of shared learnings.



The HPSC further advised that an epidemiological analysis of the outbreaks in the meat processing facilities is underway. The NPHET welcomed this development to better understand the transmission profile of the disease, the source/s of infection and the control measures which may need to be put in place to interrupt the spread of virus and to prevent further transmission of the disease.

(i) Targeted Use of Testing Capacity – Strategy

As outlined under Agenda item 1 c) (iii) Matters Arising, the HPSC paper on “Targeted Use of Testing Capacity-Strategy” is under development and will come to the NPHET shortly.

An update was provided by DOH on the testing turnaround time data based on information provided by the HSE. Current data available indicate that the median time for testing (i.e. end to end from referral to result) is now 5 days i.e. referral to testing is taking one day, the laboratory testing process is taking 3 days in the community and the time period between the receipt of results to the commencement of contact tracing is a further day.

In relation to contact tracing, further process improvements are expected to be rolled out in advance of 18th May, including automated text messages to communicate negative results. It was noted that efforts should be made to make the end-to-end process as comprehensive as possible, including from when patients contact the GP.

c) Setting and Cohort Specific Updates

(i) NPHET’s response to the Long-term residential Healthcare Facilities and COVID-19

DOH provided a brief overview of a draft paper for discussion entitled “*Overview of the health system response to date - Long-term residential healthcare settings*”. It was outlined that the draft paper provides: an overview of the timeline of events in terms of the pandemic in Ireland to date; epidemiological information; nature of guidance from WHO and ECDC based on the evolving understanding of the COVID-19 disease especially in February and March 2020; comparative information versus other countries internationally in terms of visiting restrictions; overview of enhanced testing programme; programmes of enhanced measures and supports implemented in relation to long-term residential healthcare facilities; and other measures.

NPHET members were invited to consider the draft discussion paper further and provide feedback on the draft paper. It was agreed that the draft document would be updated to incorporate relevant detail from the “*Epidemiology of Covid-19 Outbreaks in Residential Care Facilities (RCF) in Ireland*” (see agenda item 2 d)) and contributions from NPHET members with a view to adoption by the NPHET at its next meeting.



4. Future Policy

a) Use of Masks- Ongoing

A paper entitled “*Use of Barrier Masks/Face Coverings in the Community*” was presented by DOH.

The NPHEC recalled that, on 1st May applying a precautionary principle and bearing in mind the approaches adopted by many other countries, it had recommended to the Government that the use of face coverings in the community be implemented as part of the reduction of public health social distancing measures. As part of its recommendation, NPHEC stated that work should be progressed to ensure that supplies are available, having regard to the need to ensure availability of medical-grade masks for use by healthcare workers.

NPHEC also advised that guidance be developed in relation to the correct and appropriate use of such face coverings. The paper identified some matters to be addressed in relation to any recommendations or guidance regarding the use of face coverings (e.g. consumer specifications for non-medical face coverings, ensuring domestic and other supply, supporting appropriate communication and education regarding the use of face coverings).

There was a discussion in relation to use of face coverings in the community. Key points raised included–

- in relation to any recommendation that may be made about the wearing of face coverings, consideration will need to be given as to the settings in which a face covering might be worn (e.g. busy crowded indoor locations such as public transport or retail, but may not be necessary when outdoors taking exercise);
- the wearing of face coverings should only be a recommendation to the public rather than being mandatory in light of current evidence base and variation in expert opinion, noting that the evidence base may change as more studies are carried out;
- the need to ensure that the use of face coverings in the community does not inadvertently impact on availability of medical-grade masks and PPE for healthcare workers;
- the critical importance of clear communications with the public about:
 - (a) the reasons for wearing a face covering i.e. you wear one to protect others, i.e. solidarity was also emphasised,
 - (b) the use of face coverings in the community as a **complementary measure and not as a replacement** for established preventive measures, for example physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth. This was considered important as the use of face coverings may provide a false sense of security leading to suboptimal compliance with other public health measures,
 - (c) how to wear and how to dispose of a face covering. This was considered important because there is a risk that improper removal, handling of a contaminated face covering or an increased tendency to touch the face while wearing a face covering by healthy persons might actually increase the risk of transmission of COVID-19,
 - (d) the fact that some persons cannot wear face coverings for health or other reasons;



- absence of specific established standards for non-medical facemasks and the challenges associated with this. The ongoing work underway by the NSAI to develop a technical specification on barrier masks for consumer use was noted;
- the possibility that those who choose not to or cannot wear a face covering may be stigmatised and that issues need to be addressed in relation to ensuring face coverings are accessible for those who cannot access or afford coverings;
- need to ensure there is a sufficient supply of non-medical masks to the public through:
 - (a) the retail and wholesale sector, (collaboration between these sectors and the Department of Business Enterprise and Industry (DBEI) was noted),
 - (b) domestic supply, (ongoing work with Enterprise Ireland was referenced),
 - (c) the promotion of voluntary efforts at community level to make face coverings and make them available to people who may not easily be in a position to obtain or make their own;
- the benefits of wearing face coverings, especially in those settings where it may be difficult to socially distance, for example, enclosed indoor settings, retail settings and on public transport.

The NPHEP agreed that the wearing of face coverings in the community should not be mandatory. The draft proposal on the use of Barrier Masks/Face Coverings in the Community was to be updated by DOH based on meeting feedback and considered again by NPHEP at its meeting on 14th May 2020.

b) Review of Public Health Measures in preparation for 18th May

In preparation for 18th May, NPHEP considered a draft deliberative document entitled “*Options for consideration by NPHEP in relation to advising Government regarding the reduction of public health social distancing measures in preparation for 18 May 2020*”.

NPHEP noted that at its forthcoming meeting on 14th May 2020, depending on the status of and latest trends in the disease as well as the health service impact thereof, it would be advising Government in relation to Phase 1 of the Government’s “*Roadmap for Reopening Society & Business*”.

The purpose of the draft deliberative paper was to assist NPHEP in reviewing the Phase 1 measures set out in the *Roadmap for Reopening Society & Business* and the NPHEP’s *Public Health Framework Approach* to consider whether these needed to be adjusted, updated or further clarified in preparation for 18th May.

There was a detailed discussion on the Phase 1 measures and the following key points were considered:

- the NPHEP reiterated that its advice to Government in relation to the easing of measures is based on the transmission patterns of the disease, the trajectory and velocity of change, and the evolving analysis of the impact of COVID-19 on health system capacity;
- there was agreement that the Phase 1 measures were a suitable set of measures and some further clarity and guidance could be provided in relation to these;
- the current ‘*stay at home*’ restriction and the possibility of extending the distance requirement was discussed. It was noted that the implications of this would be examined and brought back to NPHEP again for further consideration and discussion at its meeting on 14th May in light of the public health rationale and regulatory policy impact;



- the need for consistency between measures and the easing of such measures was emphasised;
- the need to make available mental health, wellbeing and resilience supports designed for all and especially tailored for those in vulnerable groups in the current times;
- the impact of the current pandemic public health restrictions on children, families and young people, and the need for measures to support these groups;
- the importance of increasing the delivery of non-COVID-19 care and services alongside COVID-19 care in a safe manner to meet demand and the need for suitable communication encouraging people to present for care when they need it;
- the possible role for the use of face coverings in the community bearing in mind the need to ensure necessary availability of medical grade masks for use by healthcare workers;
- concerns that workplaces have the potential to become the centres for new clusters of infection as public health measures are eased and the need for employers, workers and relevant stakeholders to work together to promote adherence to public health guidance and advice appropriate to the relevant sector;
- the need for ongoing communication to ensure that the public are informed of the changes in restrictions as approved by Government, and the social distancing and other measures that are in place at each phase.

It was agreed that the draft deliberative paper should be updated based on the discussion and feedback provided to be considered further at the NPHET meeting on Thursday 14th May 2020.

c) Travel Considerations

The NPHET continued its consideration of issues in relation to travel from overseas in the context of preparing for easing the public health social distancing measures currently in place. DOH updated the NPHET in relation to work across Government regarding international travel.

The NPHET previously expressed the concern that as the public health social distancing measures are slowly and carefully lifted in Ireland, it is important that a swift increase in cases does not occur, including due to the importation of cases due to non-essential travel, whether as a result of visitors to Ireland or Irish residents returning from overseas travel.

The NPHET was updated regarding publication of the United Kingdom's plan in relation to the lifting its restrictive public health measures and it would appear that the countries of the UK will apply different approaches and timelines in relation to the lifting of their measures.

The NPHET examined available data on the status of the disease in Great Britain and in Ireland. There are differences in how the UK and Ireland collect and report on COVID-19 incidence rates and number of deaths, meaning that these data are not readily comparable. While the incidence rate data, in particular, were not easily comparable with Ireland due to significant differences in our testing approaches, it appeared that there were considerable differences in the incidence rate between the different regions of Great Britain.



NPHET specifically examined the UK rates for daily new hospitalisations and admissions to ICU which are considered to be good proxy indicators of disease incidence in the community. NPHET noted that the daily new hospitalisations and admissions to ICU in the UK per 100,000 population were considerably higher than currently the case in Ireland.

Consequently, the NPHET had a public health concern regarding the potential risk of imported cases associated with non-essential travel from and through Great Britain to Ireland, via Northern Ireland, if different travel arrangements were to apply to such overseas travel.

Action: The NPHET recommends that efforts be made to address the potential public health risk associated with non-essential travel from and through Great Britain to Ireland, via Northern Ireland, if different travel arrangements were to apply to such overseas travel.

a) Ad Hoc

There were no matters under this agenda item for update at the meeting.

6. National Action Plan/Updates

a) Hospital Preparedness

A written update under this item was noted at the meeting.

b) Vulnerable People and Community Capacity

A written update under this item was noted at the meeting.

(i) Community Capacity Working Group -Terms of Reference

Further to the NPHET's recommendation to Government on 27th March 2020 as part of the public health restrictive measures introduced on that date, a recommendation was made to pause all non-essential health services.

In respect of non-acute care, a paper entitled "*Community Capacity Working Group -Terms of Reference*" was presented to the NPHET. The paper proposed the establishment of a working group, by DOH, in collaboration with the HSE, to oversee the:

- (a) development of a view of the current level of delivery of services (non-COVID-19 and in response to COVID-19) in the community;
- (b) identification of the opportunities and challenges emanating from the current response to COVID-19; and
- (c) development of a high-level plan for the phased resumption of services and associated capacity requirements and dependencies for the community.

The NPHET agreed that a phased process to recommence the delivery of non-essential non-acute care should be initiated.



Action: The NPHE agreed that its recommendation of 27th March 2020 with regard to pausing all non-essential health services (i.e. as part of the public health restrictive measures introduced on that date), in respect of non-acute care is now to be replaced with a recommendation that a phased process is initiated to recommence the delivery of non-essential non-acute care in line with appropriate clinical and operational decision-making, and having regard to public health guidance.

c) Medicines and Medical Devices Criticality

There was no update under this item at the meeting.

d) Health Sector Workforce

A written update under this item was noted at the meeting.

e) Guidance and Evidence Synthesis

A written update under this item was noted at the meeting.

f) Legislation

There was no update under this item at the meeting.

g) Research and Ethical Considerations

A written update under this item was noted at the meeting.

h) Behavioural Change

A written update under this item was noted at the meeting.

7. Communications Planning

There was no update for the meeting.

8. Meeting Close

(a) Agreed actions

The key actions arising from the meeting were examined by the group, clarified and agreed.

(b) AOB

With regard to the update from the HPRA regarding remdesivir, this was provided by means of written update.

(c) Date of next meeting

The next meeting will take place on Thursday, 14th May 2020 at 9am via video conferencing.