

The COVID-19 Daily Situation Report is for circulation to:

- NPHORT
- NVRL
- HCID
- HSE Emergency Management
- Department of Health
- All staff HPSC
- Additional stakeholders as appropriate

Link to WHO COVID-19 situation reports [here](#)

Link to Johns Hopkins COVID-19 situation reports [here](#)

Link to WHO technical guidance [here](#)

Link to ECDC COVID-19 updates [here](#)

Link to HPSC COVID-19 information and guidance [here](#)

## COVID-19 Daily Situation Report: HSE-HPSC and NPHORT Work Stream

**Date 25 02 2020**

### **Epidemiology**

#### **Case definition**

Case definitions for COVID-19 available [here](#)

#### **Ireland Case update**

To date, there are NO laboratory confirmed cases in Ireland meeting the above case definitions.

#### **NVRL SARS-CoV-2 testing update**

Updated line listings will be sent to HPSC twice weekly - the Situation Report will be updated accordingly on these days of the week.

As of 24/02/20:

- A total of 111 specimens from 90 patients have been received at NVRL for SARS-CoV-2 testing
- SARS-CoV-2 was not detected in any of the 90 patients

**International situation update – WHO**

In summary, as of 10:00 (CET), 25<sup>th</sup> February 2020:

**80, 238** confirmed cases (of which **77, 779** in China) have been reported by WHO including **2, 700** deaths. Cases have been reported from **34** countries.

**Table 1: Countries with COVID-19 confirmed cases**

China : <b>77779</b> Cases	Kuwait : <b>8</b> Cases
Republic of Korea : <b>977</b> Cases	India : <b>3</b> Cases
International conveyance (Diamond Princess) : <b>695</b> Cases	Philippines : <b>3</b> Cases
Italy : <b>229</b> Cases	Israel : <b>2</b> Cases
Japan : <b>157</b> Cases	Russian Federation : <b>2</b> Cases
Singapore : <b>90</b> Cases	Spain : <b>2</b> Cases
Iran (Islamic Republic of) : <b>61</b> Cases	Oman : <b>2</b> Cases
United States of America : <b>53</b> Cases	Belgium : <b>1</b> Cases
Thailand : <b>37</b> Cases	Cambodia : <b>1</b> Cases
Australia : <b>22</b> Cases	Egypt : <b>1</b> Cases
Malaysia : <b>22</b> Cases	Finland : <b>1</b> Cases
Germany : <b>16</b> Cases	Iraq : <b>1</b> Cases
Viet Nam : <b>16</b> Cases	Lebanon : <b>1</b> Cases
United Arab Emirates : <b>13</b> Cases	Nepal : <b>1</b> Cases
France : <b>12</b> Cases	Sri Lanka : <b>1</b> Cases
Canada : <b>10</b> Cases	Sweden : <b>1</b> Cases
United Kingdom : <b>9</b> Cases	Afghanistan : <b>1</b> Cases
Bahrain : <b>8</b> Cases	

**WHO RISK ASSESSMENT**

**China:** Very High

**Regional Level:** High

**Global Level:** High

Further information is available on the WHO [COVID-19 situation dashboard](#). The latest WHO situation report is available [here](#).

**International situation update – ECDC**

Since 31 December 2019 and as of 25 February 2020, **80 134** cases of COVID-19 (in accordance with the applied case definitions in the affected countries) have been reported. As of 25 February 2020, **2 698** deaths have been reported from China (2663), Hong Kong (2), Iran (12), South Korea (8), on an international conveyance (Japan) (3), Italy (6), Taiwan (1), the Philippines (1), Japan (1) and France (1).

**Cases have been reported in the following continents:**

- **Africa:** Egypt (1).
- **Asia:** China (77 658), Hong Kong (81), Macao (10), South Korea (893), Japan (144), Singapore (90), Iran (61), Thailand (37), Taiwan (30), Malaysia (22), Vietnam (16), the United Arab Emirates (13), Kuwait (5), India (3), the Philippines (3), Bahrain (2), Israel (2), Oman (2), Afghanistan (1), Iraq (1), Cambodia (1), Nepal (1), Sri Lanka (1), and Lebanon (1).

- **America:** the United States (53) and Canada (11).
- **Europe:** Italy (229), Germany (16), the United Kingdom (13), France (12), Spain (3), Russia (2), Belgium (1), Finland (1), and Sweden (1).
- **Oceania:** Australia (22).
- **Other:** Cases on an international conveyance (Japan) (691).

Further information is available on the [ECDC website](#).

### **ECDC Risk assessments**

**On 25 February, ECDC published an updated report on the situation; [Current risk assessment on the novel coronavirus situation, 25 February 2020](#)**

On the basis of the information currently available, ECDC considers that:

**The risk associated with SARS-CoV-2 infection for people from the EU/EEA and UK is currently considered to be low to moderate.**

This assessment is based on the following factors:

- All previously reported cases in the EU/EEA and UK have clearly established epidemiological links; contact tracing measures have been in place to contain further spread. Extraordinary public health measures have been implemented in northern Italy and strong efforts are being made to identify, isolate and test contacts in order to contain the outbreak. The probability of further transmission in the EU/EEA and the UK is considered to be low, but cannot be excluded because a high level of uncertainties with several unpredictable factors and a situation that is still evolving.
- The possibility of new introductions from other countries outside China in the EU/EEA appears to be increasing as the number of non EU/EEA countries reporting cases keeps going up. Among the increasing number of countries reporting COVID-19 cases are Israel, Lebanon, Iran, and Egypt, while the number of cases in countries outside of China (South Korea, Japan) has been increasing over the last few days. This also increases the possibility of cases being introduced from other countries outside China by travellers to the EU/EEA.
- The impact of sustained transmission in the EU/EEA would be moderate to high, especially for elderly populations with comorbidities, given that the reported case severity is high among these groups.

**The risk of the occurrence of similar clusters, similar to the ones in Italy, associated with COVID-19 in other countries in the EU/EEA and the UK is currently considered to be moderate to high.**

This assessment is based on the following factors:

- The current event in Italy indicates that local transmission may have resulted in several clusters for which an epidemiological link to areas where ongoing transmission is presumed, was not apparent. The accumulated evidence from clusters reported in the EU/EEA and the UK indicates that once imported, the virus causing COVID-19 can transmit rapidly. This may emanate from cases with mild symptoms that do not provoke healthcare-seeking behaviour.

The increases in cases and the number of countries outside China reporting those cases increases the potential routes of importation of the infection into the EU/EEA and the UK.

- The impact of such clusters in the EU/EEA would be moderate to high, especially if hospitals were affected and a large number of healthcare workers had to be isolated. The impact on vulnerable groups within affected hospitals or healthcare facilities is considered to be severe, in particular for the elderly.
- The rigorous public health measures that were implemented immediately after identifying the Italian COVID-19 cases will reduce the impact of such outbreaks as well as the further spread.

**The risk for people from the EU/EEA and the UK travelling/resident in areas with presumed community transmission is currently high.**

This assessment is based on the following factors:

- The overall number of reported cases in areas with community transmission is high or increasing. However, there are significant uncertainties regarding transmissibility and under-detection, particularly among mild or asymptomatic cases.
- For travellers/residents, the impact of one or more infections is considered high, especially for elderly populations with comorbidities, because the reported case severity is high in these groups. The impact will also depend on the capacity and availability of healthcare during the epidemic.

**The risk for healthcare systems capacity in the EU/EEA and the UK during the peak of the influenza season is low to moderate.**

This assessment is based on the following factors:

- As the number of reported COVID-19 cases in the EU/EEA and the UK remains low, the probability of widespread infection remains low during the peak of the 2019–2020 influenza season. The majority of countries reported widespread influenza activity for week 7/2020, but the proportion of specimens tested positive in sentinel surveillance is slightly decreasing; some EU/EEA countries might have already moved past the peak period of high influenza circulation. For the latest influenza update see the joint [ECDC-WHO/Europe weekly influenza update](#).
- If a significant increase in COVID-19 cases were to coincide with a high level of influenza activity, the potential impact on healthcare systems would be moderate to high. The increased number of cases would require additional resources for testing, case management, surveillance, and contact tracing. Increased transmission could result in further pressure on healthcare systems. This situation would be exacerbated should a substantial number of healthcare workers become infected.

## **NPHORT Topic area update**

Please note – A decision is awaited from the ECDC Advisory Forum regarding the COVID-19 case definition, specifically ‘areas with presumed ongoing community transmission’. All HPSC guidance documents will be updated ASAP to reflect any change in the ECDC case definition/ affected areas.

### **FAQs and general information**

FAQs and general information on HPSC and HSE webpages are regularly updated.

HSE Comms and HPSC are liaising closely to present information in the most appropriate manner for maximum accessibility by the appropriate audience.

Current guidance/resources available via the HPSC website include:

- Algorithms for Irish healthcare settings
- Clinical management for novel coronavirus (link to WHO guidance)
- Contact tracing guidance
- Educational settings guidance
- Employers guidance
- Infection Prevention and Control guidance for hospitals and primary care
- Laboratory testing guidance
- Occupational Health guidance
- Primary Care guidance
- FAQs
- Travel advice

### **Port Health**

- No new updates
- Linking with colleagues in Northern Ireland re. protocols for cruise ships and airports in the British Isles.
- Development of new desktop exercise for cruise ship response – aim to have this resource available within the next 2 weeks.

### **Education**

- Focus on preparedness for timely communication with stakeholders in the education sector in anticipation of change in case definition/ affected areas.
- All Public Health regions will prepare a list of all language schools in their regions in preparation for potential expansion of affected areas in case definition.

### **Contact tracing**

- No new updates.

### **Home management**

- Models of care for suspected cases are under development. HPSC document outlining potential home management options (investigation and management of suspected cases) will be brought to NPHET today (25/02/20) for discussion.

- It remains the stated policy of the HSE that if testing of suspected cases is required then they should be admitted to hospital and isolated until at least such time as the test result is known.

### **Healthcare worker and occupational health**

- Guidance for returning HCWs circulated. Public Health will monitor HCWs returning from Hubei who have not had an occupational exposure.

### **Infection Prevention and Control**

- EAG will make a decision regarding IPC guidance for aerosol generating procedures.
- Guidance for maternity hospitals has been circulated to colleagues in obstetrics and gynaecology and will be edited commensurate with feedback and referred to EAG this week.
- IPC guidance for non-healthcare and community settings is in development.

### **Surveillance**

- Contact tracing database finalised.
- Case and contact forms available on HPSC website.
- CIDR – core and enhanced data on cases can be now inputted. SOPs developed.
- CIDR – reports being developed to assist with data analysis and reporting to TESSy.
- All aspects of influenza surveillance will continue over the summer. Work ongoing to adapt systems in place for influenza surveillance to include SARS-CoV-2.
- HPSC reviewing potential severity indicators for reporting. Excess mortality can be reported via EuroMoMo.

### **Communications**

- Messaging prepared in anticipation of expansion of affected areas (decision from ECDC Advisory Forum awaited) - updated messaging would be agreed with NPHET.
- PH spokespeople at national level include Drs Kevin Kelleher (KK), John Cuddihy (JC) and Sarah Doyle (SD); spokespeople at regional level have also been identified – interviews ongoing at regional and national level.
- HSE not commenting on individual suspected cases/reported suspected cases.

### **Primary care and acute hospitals**

- Workstream lead and membership being finalised.

### **National helpline**

- National COVID-19 helpline online since 15/02/20. Helpline number has been included on HSE coronavirus webpage. SOPs will have been updated to assist helpline personnel in managing increase in queries in wake of COVID-19 cases and deaths in Italy.

### **Social Inclusion**

- Issue of PPE requirements for staff working with homeless people/section 39 agencies.
- Guidance being updated.

### **Modelling Working Group**

- Expressions of interest for membership have been received.
- Ireland will liaise closely with colleagues in the UK including PHE, LSHTM – collaborative approach to methodology for modelling. Professor John Edmunds (LSHTM), Dr Nick Gent (Health

Protection Research Unit, NHS) and Dr Jim Duggan (NUIG) have agreed to advise the Modelling Working Group.

- TOR and Project Initiation Document will be circulated to the EAG.

### Other

- Other sectors/ Government Departments (beyond Health Sector) to consider cascading information re. hand hygiene and respiratory etiquette via appropriate channels.
- Department of Social Protection have agreed to provide financial support for individuals asked to self-isolate as a result of being close contacts of COVID-19.
- Guidance for mass gatherings, religious ceremonies in development in HPSC.
- NVRL testing process/information available on HPSC website – testing will be undertaken on a daily basis (10am). Samples submitted should include contact details of Public Health Physician who undertook the risk assessment.
- Statutory Instrument signed 20/02/20 to add COVID-19 to list of notifiable diseases.

### Meetings

HPSC meet 3 times per week (Monday, Wednesday, Friday) at 10 am for debrief and task allocation.

#### ***Current National HSE Groups where HPSC and Public Health attend:***

1. **NPHORT** (daily).
2. **HSE-High Consequence Infectious Disease Group (HCID)** (twice weekly) Met 24/02/20. Discussion included: PPE; deep cleaning protocols for airlines; containment measures.
3. **HSE National Crisis Management Team (CMT)**. Meeting today (25/02/20).
4. **NPHET** (weekly on Tuesdays). Meeting today (25/02/20).
5. **Expert Advisory Group on COVID-19** (Chair - Prof Cillian De Gascun). Meeting tomorrow (26/02/20).
6. **Health Threats Coordinating Committee** (Chair - DoH).

#### ***Other national meetings:***

1. **Government Interdepartmental group** (Chair – DoH).

#### ***International meetings:***

1. **5 nations IMT teleconferences** (observer role). Met 25/02/2020. Topics discussed included: new cases internationally; case definition/ expansion of affected areas; management of returning travellers from affected areas; draft guidance for management of deceased persons with SARS-CoV-2 infection – under development in consultation with Office of the Chief Coroner; retrospective testing of respiratory samples for SARS-CoV-2; IHR/EWRS – some returned travellers from Diamond Princess testing positive for SARS-CoV-2 in UK when previously tested ‘not detected’ in Japan; IPC report from Diamond Princess requested – what PPE was worn.
2. **ECDC Advisory Forum** – Met yesterday (24/02/20). Decision awaited re. case definition/ expansion of affected areas. Additional topics discussed included surveillance challenges in some EU countries.