



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

Date and Time	Thursday 2 nd July 2020, (Meeting 38) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Acting Chair	Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH
Members via videoconference	<p>Dr Darina O’Flanagan, Special Advisor to the NPHE</p> <p>Dr Kevin Kelleher, Assistant National Director, Public Health, HSE</p> <p>Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG)</p> <p>Dr Lorraine Doherty, National Clinical Director Health Protection, HSE</p> <p>Dr Colm Henry, Chief Clinical Officer (CCO), HSE</p> <p>Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair</p> <p>Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital</p> <p>Mr David Leach, Communications, HSE</p> <p>Dr Mary Favier, President, Irish College of General Practitioners (ICGP)</p> <p>Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital</p> <p>Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA</p> <p>Dr Ronan Glynn, Deputy Chief Medical Officer, DOH</p> <p>Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH</p> <p>Dr Siobhan O’Sullivan, Chief Bioethics Officer, DOH</p> <p>Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH</p> <p>Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH</p> <p>Mr Paul Bolger, Director, Resources Division, DOH</p> <p>Ms Deirdre Watters, Communications Unit, DOH</p> <p>Dr Breda Smyth, Public Health Specialist, HSE</p> <p>Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH</p> <p>Dr John Cuddihy, Interim Director, HSE HPSC</p> <p>Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE</p> <p>Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH</p> <p>Mr Phelim Quinn, Chief Executive Officer, HIQA</p> <p>Dr Alan Smith, Deputy Chief Medical Officer, DOH</p>
‘In Attendance’	<p>Mr David Keating, Communicable Diseases Policy Unit, DOH</p> <p>Mr Colm Ó Conaill, Policy and Strategy Division, DOH</p> <p>Ms Laura Casey, Health Systems and Structures, DOH</p> <p>Ms Sheona Gilsenan, R&D and Health Analytics Division, DOH</p> <p>Ms Marita Kinsella, Director, NPSO, DOH</p> <p>Ms Linda O’Rourke, Scheduled & Unscheduled Care, DOH</p> <p>Ms Aoife Gillivan, Communications, DOH</p> <p>Ms Yvonne O’ Neill, Acting National Director, Community Operations, HSE (alternate for Mr David Walsh, National Director, Community Operations, HSE)</p> <p>Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Dr Jeanette McCallion, Medical Assessor, HPRA)</p>
Secretariat	Dr Keith Lyons, Ms Sarah Murphy, Ms Susan Reilly, Mr John Harding, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH
Apologies	<p>Dr Tony Holohan, Chief Medical Officer, DOH</p> <p>Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE</p> <p>Mr Liam Woods, National Director, Acute Operations, HSE</p> <p>Mr David Walsh, National Director, Community Operations, HSE</p> <p>Dr Jeanette McCallion, Medical Assessor, HPRA</p>



1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Minutes of previous meeting(s)

The minutes for 25th June 2020 had been circulated to the NPHE for review and feedback. These minutes were agreed and formally adopted by the NPHE.

c) Matters Arising

There were no matters arising.

2. Epidemiological Assessment

a) Evaluation of Epidemiological data: (incorporating National Data Update and Modelling Report)

The DOH provided an overview of the current status of the virus, noting the latest epidemiological data on confirmed cases, hospitalisation, critical care, mortality, and sampling, testing and contact tracing.

The current data were as follows:

- 6 cases and 3 deaths on 1st July 2020,
- During the previous 14 days, the overall incidence rate was 2.5 cases per 100,000 population, the majority of cases have occurred in the greater Dublin region,
- 17 counties had reported fewer than 3 cases each,
- During the fortnight to midnight Tuesday 30th June 2020, 158 cases had been notified, 119 of which occurred within the previous 14 days,
- 44% of those 158 cases have occurred in people under 34 years of age and 27% were in healthcare workers,
- Of note, the proportion of travel-related cases continues to increase week-on-week with approximately 13% of cases notified over the past two weeks being travel-related,
- There have been no new clusters in vulnerable groups. Some 220 out of a total 1,400 clusters remain open,
- 6 new outbreaks were notified in the previous week however, a total of 389 outbreaks had been notified in that week due to a linking of existing cases,
- On 1st July 2020, there were 19 confirmed cases in hospital, 12 confirmed cases are in critical care, 7 of which were ventilated. There were a further 7 suspect cases in critical care, of which 2 were ventilated,
- While the number of tests requested and carried out is increasing (in excess of 25,000 tests completed in last seven days) and the serial testing programme has commenced, the positivity rate remains low at between 0.3% and 0.4%.
- The HSE reported that the average number of close contacts per case for the last 7 days is 4.9, while the median number of close contacts is 2,
- The estimates of the effective reproduction number may be increasing to 1.
- The ILI rate is currently below the normal threshold, despite an increase in week 26 of 2020, from 22nd to 28th June.

Overall, the majority of key disease parameters are stable or improving. While the R number may be increasing to 1, there are wide confidence intervals, as such this increase should be interpreted with caution.



b) International Update

The DOH updated that the ECDC had circulated a draft version of the *“Rapid Risk Assessment: Resurgence of reported cases of COVID 19 in the EU/EEA, the UK and EU candidate and potential candidate countries”*, published on 2nd July 2020. Key points included:

- the risk in countries with increased incidence of COVID-19 cases is **high** for those within the population who have additional risk factors and **moderate** for the general population.
- the risk of further increase is **high** in countries which do not have appropriate monitoring systems and capacities for extensive testing and contact tracing in place.
- ECDC does not consider travel considerations within and to the Schengen area as an efficient way to reduce transmission within the EU since community transmission is already taking place in the EU/EEA.

The NPHET noted ECDC guidance in relation to travel considerations within and to the Schengen area, however, noted in particular that it is given in the context of ongoing community transmission within the EU/EEA. NPHET noted that Ireland has achieved low rates of community transmission and consequently the relative risk of travel-related cases is higher. As such Ireland may be in a different position to some continental EU/EEA countries in relation to overseas travel and open to higher risk from travel-related cases.

Further discussion in relation to travel is included under Agenda Item 5(c) below.

c) Ad hoc

i) Update on enhanced review of healthcare worker (HCW) cases

The Health Protection Surveillance Centre (HPSC) presented paper titled *“Status update on elements of the current Healthcare Worker COVID-19 RNA/PCR testing strategy in Ireland”* which provided preliminary insights from an enhanced review of health care workers (HCW) who previously tested positive for COVID-19 from 13th May 2020 to 9th June 2020.

NPHET welcomed this report, which provided initial detail on the impact and epidemiological data associated with COVID-19 affected healthcare workers. The paper was noted as preliminary with further work needed to better understand aspects of disease transmission and provide evidence for infection prevention and control, with the final report to be submitted to the NPHET when complete.

ii) Update on testing strategy for Healthcare Workers (in residential care facilities for older persons)

The Health Protection Surveillance Centre (HPSC) presented an update report on *“Serial Testing of all staff in Residential Care Facilities (Older People).”* The NPHET was advised as follows:

- Testing began on 24th June 2020 and will run for five weeks, ensuring all residential care facilities are testing for four weeks concurrently.
- 136 Residential Care Facilities completed testing within the first cycle with a total of 6,329 swabs taken in week 1, a participation rate of 82% and 14 COVID-19 infections were identified.



Where infections are detected among staff, NPHEt was advised that outbreak guidance is followed, and all residents may be tested. NPHEt was further advised that decisions regarding the testing of residents will be based on a robust public health risk assessment.

NPHEt noted the relatively low infection rates identified in staff tested to date. NPHEt further noted that this testing regime will continue over the coming weeks, and additional updates will be provided with data from a larger numbers of residential care facilities to be included.

3. Expert Advisory Group (EAG)

The Chair of the Expert Advisory Group (EAG) advised that the Group met on 1st July 2020 and the following matters were discussed at the Group:

- A HIQA document on the potential for airborne transmission of SARS-CoV-2 via aerosols was reviewed and the EAG concluded that there is no significant evidence that airborne transmission via aerosols is contributing to disease spread in Ireland.
- A paper submitted jointly by HSE Occupational Health and the HSE Health and Wellbeing Division which detailed a risk assessment process for healthcare workers in higher risk categories returning to work.
- An updated HSE guidance paper setting out derogations for essential healthcare workers who are required to travel into Ireland from another jurisdiction to provide essential critical services was reviewed by the EAG. In the main, this derogation applies to a small number of senior medical professionals providing essential services. It was acknowledged that the risk assessment provided in the HSE document allows hospitals, as ultimate decision-makers, to make informed risk-based decisions on a case by case basis with due regard for the impact of not providing such derogations.

Biobank infrastructure:

The NPHEt noted a proposal from the research subgroup of the Expert Advisory Group regarding the establishment of a national COVID-19 biobank structure. The Chair of the research subgroup observed that the question of shared research infrastructure such as a biobank was an important and integral part of the broader COVID-19 research response. It was recognised that biobanking was a complex issue and there was a need to ensure that any such resource would comply with ethical and legal requirements and be consistent with national policy under development in this area. The advantage of a national COVID-19 biobank was recognised as this would avoid a fragmented, uncoordinated approach being adopted.

It was agreed that the proposal would be advanced by the Department of Health in conjunction with the HSE in the context of broader health policy considerations.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

The DOH provided an update on personal behaviours from the latest Amárach tracker. It was reported that the percentage of people who feel the “worst of the pandemic is behind us” has fallen to 50%, that there is larger number proportion of the population “worried” about the future course of the disease, with many feeling the “worst is still to come”. There is also increased worry about local outbreaks and the interaction of influenza and COVID-19.



A study is due to commence which focuses on comprehension of self-isolation, including symptom-recognition and decision-making. This will be benchmarked against similar perceptions recorded in expert populations.

The qualitative online consultation with young people is currently ongoing. This is being carried out in cooperation with the Department of Children, Disability, Equality and Integration and SpunOut.ie. The findings from this consultation will feed into wider consideration across Government regarding supporting young people.

With regard to face coverings the Amárach tracker is showing that the percentage of people who self-report to be wearing face coverings is approximately 40%. It was noted that for members of the public who have a hearing impairment the use of non-transparent face coverings may pose a difficulty and consequently this should be given consideration.

The DOH is currently working with the Department of Climate Action, Communications, Networks, and Transport regarding making regulations on the wearing of face coverings on public transport.

b) Sampling, Testing, Contact Tracing, and CRM Reporting

The HSE provided an update in relation to the end-to-end timeframe of referral, swabbing, laboratory testing and contact tracing. The data and considerations noted included the following:

- Over the 7 days to 2nd July 2020, over 23,900 lab tests were completed. Approximately 12,500 of these were processed in community laboratories and approximately 11,400 were processed in acute laboratories;
- The median end-to-end turnaround time for community and hospital tests combined from referral to the completion of contact tracing is approximately 1.95 days. This represents a marginally increased end-to-end turnaround time, but it was noted that the commencement of serial testing of all staff in nursing homes had had an impact due to the complexity of that operation, which is discussed under Agenda Item 2(c);
- The HSE updated that Process Overview workshops and interviews had been conducted with all eight Public Health Departments in order to establish areas for improvement and proposed solutions emerging from these had been presented to the Public Health Departments and were being prepared for implementation;
- Engagement is ongoing across the laboratories supporting testing with the purpose of prioritising and scheduling tests;
- The testing capacity continues to exceed current requirements, which has cost implications but is necessary to maintain in case required, particularly in the context of easing restrictions.
- Testing of close contacts of cases of COVID-19 for the period from 19th May to 28th June 2020 showed that the positivity rate for those tested on Day 0 and who were asymptomatic was 6%. This was noted as potentially significant considering there is an ongoing trend of identified close contacts not attending for testing.

5. Future Policy

a) Discussion Paper on potential future response to the pandemic

At its meeting on 25th June 2020, the NPHET agreed to commence work on the development of further public health advice to provide for a more nuanced approach to the ongoing future response to the pandemic. In this context, the DOH presented an early draft of the “*Future Policy – Discussion Paper*” to facilitate an initial discussion on the topic.



The paper acknowledged that the experience of dealing with the COVID-19 pandemic to date has given rise to a number of lessons which could help to anchor a plan for the future response to the disease. It was also noted that evidence continues to evolve rapidly and that key principles should be used to guide future actions in the response to the pandemic.

The paper introduced the concept of a three-level “traffic light” system, each level of which is associated with different triggers, objectives and key actions. Three groups were identified as the key audiences for the actions identified - the public, the health sector and cross Government/society. It was also outlined that a future response to the virus could be taken at either a national or local/regional level, depending on a range of defined triggers.

The DOH suggested that a monitoring framework should be used to assess the status of the disease in the country and/or a region at any point in time. This framework would be aligned with the pillars of the ECDC framework to monitor responses to the COVID-19 pandemic and the pillars of the WHO “COVID-19 Strategic Preparedness and Response Monitoring and Evaluation Framework”. The epidemiological situation around the country and health service impact thereof, would continue to be closely monitored and would be central to informing the response required at any given point in time in the future. The paper also advocated for a robust approach to planning across Government, the civil and public service, and a wide range of sectors with risk communication and community engagement also being core elements.

The NPHE discussion included the following points:

- The need to ensure preparedness is key to any plan concerning future response to the pandemic, particularly in terms of the resources required.
- Any future resurgence of the disease will have significant workforce planning implications, the current level of staff redeployment is unlikely to be sustainable, and longer-term planning will be required across all areas to ensure a sustainable future response.
- It is increasingly important to be able to detect local resurgences of the disease and to respond promptly. While reporting has centred on a national approach to date, a move to include data at local/regional level may be required and engagement with regional partners should be included in developing the plan.
- If a regional approach is adopted, a clear communications campaign outlining the region or regions affected and the rationale behind this approach will be required.

There is a strong need to minimise unintended consequences of any public health response on mental health, children and vulnerable populations. Further evidence synthesis work in this regard would be useful, as well as further engagement across the public sector to fully understand the impact of restrictive measures on various cohorts of the population. Experiences at the international level should also be considered.

- An integrated IT system to allow for the extraction of accurate and timely data, at both regional and national level will be required.
- A cross-sectoral approach in the future response to the pandemic is key.

The approach outlined in the paper received broad support from the NPHE, and it was agreed that the DOH would iterate the paper to accommodate the relevant points raised during the discussion



and to inform further discussion at its next meeting planned for 9th July 2020. Members were invited to submit any further observations or feedback.

b) Travel Considerations

Agenda item 5(b) was discussed with agenda item 2(b) and informed by the epidemiological data presented in relation to the following:

- the deteriorating situation globally,
- the ongoing progress in Ireland in suppressing transmission of COVID-19,
- and the increasing proportion of travel-related cases amongst the overall low level of cases in the country.

The NPHET considered issues in relation to the continuing risk of imported cases resulting from overseas travel which included:

- EU Schengen countries opening up to unimpeded travel from 15 countries outside of the Schengen Zone,
- The Government, as part of a *Roadmap on Safe Overseas Access*, drawing up a 'Green List' of countries with a broadly similar or better epidemiological profile to Ireland (which can be verified as such) with which to institute reciprocal travel arrangements.
- The need to ensure the credibility of these arrangements by taking urgent steps to prevent, to the greatest extent possible, imported cases to Ireland. Such measures would include legal restrictions on overseas travel, as is the approach taken by other EU Member States.
- The continuation of strong public messaging on overseas travel, including clear advice for those who do need to travel.

These issues were noted as being a continuing concern that will, in the current and future response to the pandemic, have a considerable impact on disease progression and response to COVID-19 within Ireland. The NPHET reiterated with urgency its prior recommendations, that urgent steps should be taken to prevent, to the greatest extent possible, imported cases to Ireland.

6. National Action Plan/Updates

a) Vulnerable People and Community Capacity

The NPHET was advised that the Subgroup is currently engaged in a discussion regarding the future of the group and its ways of work.

Furthermore, the NPHET was updated that the Expert Panel on Nursing Homes completed a rapid consultative process and submitted its interim report to the Minister for Health on 30th June 2020.

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

b) Medicines and Medical Devices Criticality

There was no update under this item at the meeting.

c) Health Sector Workforce

There was no update under this item at the meeting.

d) Guidance and Evidence Synthesis

There was no update under this item at the meeting.



e) Legislation

There was no update under this item at the meeting.

f) Ethical Considerations

(i) Procedural Values for Decision-Making in a Pandemic

The DOH provided an overview of the paper "*Procedural Values for Decision-Making in a Pandemic.*"

It was noted that this paper was intended as a companion to the paper entitled "*Ethical Framework for Decision-Making in a Pandemic*" previously approved by the NPHE. The paper outlined a set of ethical principles and procedural values. The paper provided guidance to clinicians and other decision-makers regarding decision-making during a pandemic. These might be clinical or other decisions. The paper aimed to provide a robust decision-making process, based on the procedural values, which can be used as a practical tool to aid decision-makers. The paper had been circulated to the necessary stakeholders, including the Board of the HSE.

The NPHE supported and welcomed the paper and agreed to approve it to be published on the Department of Health website. The DOH advised that it will work with the HSE to disseminate the paper as an aid to decision-makers.

Action: A paper '*Procedural Values for Decision-Making in a Pandemic*' submitted by the Ethical Considerations subgroup was considered and agreed by the NPHE. The paper will be published on the Department of Health website along with a suite of ethical guidance documents.

g) Behavioural Change

Updates under this heading were discussed under Agenda Item 4 "*Personal Behaviours and Social Distancing*".

7. Communications Planning

There were no additional matters for noting under this agenda item.

8. Meeting Close

a) Agreed actions

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

b) AOB

There was no other business raised at the meeting.

c) Date of next meeting

The next meeting will take place on Thursday 9th July 2020 at 10:00am via video conferencing.