



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

Date and Time	Thursday 16 th July 2020, (Meeting 41) at 10:00.
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Ronan Glynn, Acting Chief Medical Officer, 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>Mr Liam Woods, National Director, Acute Operations, HSE</p> <p>Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair</p> <p>Mr David Leach, Communications, HSE</p> <p>Dr Mary Favier, President, Irish College of General Practitioners (ICGP)</p> <p>Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA</p> <p>Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH</p> <p>Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH</p> <p>Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH</p> <p>Mr Paul Bolger, Director, Resources Division, DOH</p> <p>Dr Colette Bonner, Deputy Chief Medical Officer, DOH</p> <p>Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH</p> <p>Ms Deirdre Watters, Communications Unit, DOH</p> <p>Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH</p> <p>Dr John Cuddihy, Interim Director, HSE HPSC</p> <p>Dr Breda Smyth, Public Health Specialist, HSE</p> <p>Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital</p> <p>Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE</p> <p>Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE</p> <p>Mr Phelim Quinn, Chief Executive Officer, HIQA</p> <p>Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH (for part of the meeting)</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 Marita Kinsella, Director, NPSO, DOH</p> <p>Ms Aoife Gillivan, Communications, DOH</p> <p>Ms Sheona Gilson, R&D and Health Analytics Division, DOH</p> <p>Dr Matthew Robinson, Specialist Registrar in Public Health, DOH</p>
Secretariat	Dr Keith Lyons, Ms Sarah Murphy, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, Mr John Harding, Ms Linda O’Rourke, DOH
Apologies	<p>Dr Alan Smith, Deputy Chief Medical Officer, DOH</p> <p>Ms Yvonne O’Neill, National Director, Community Operations, HSE</p> <p>Dr Jeanette McCallion, Medical Assessor, HPRA</p> <p>Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH</p> <p>Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital</p>



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Minutes of previous meetings*

The minutes for the 9th July 2020 had been circulated to the NPHE for review and feedback. These minutes were agreed and formally adopted by the NPHE.

c) *Matters Arising*

No matters arising were raised at the meeting.

2. Epidemiological Assessment

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

The DOH provided an overview of the current status of the virus, noting the latest epidemiological data as follows:

- 14 cases and 2 deaths on 15th July 2020;
- The 14-day cumulative incidence per 100,000 had increased from 2.46 on 29th June to 3.86 on 14th July;
- During the fortnight to Tuesday 14th July, 233 cases were notified, of which 184 had occurred within the last 14 days;
- There were 8 confirmed COVID-19 patients requiring critical care in hospital, with a further 6 patients suspected of having COVID-19 also in critical care;
- The proportion of cases connected with travel was 23.37% on 15th July, however a note of caution was expressed that this percentage includes all cases which emerged from contact with a person who had travelled;
- The estimates of the effective reproduction (R) number indicate that it is between 1.2 and 1.4 and potentially up to 1.8.

While ICU admissions and deaths remain stable, the rise in the R number, the increasing 14-day incidence rate, the increasing number of cases in younger people, and the increasing proportion of cases connected with travel were noted as concerns.

3. Expert Advisory Group

The Expert Advisory Group (EAG) provided an update on the EAG meeting of 15th July 2020. The NPHE was advised that the EAG had reviewed two papers.

1. The first paper was an updated evidence summary from HIQA on facemask use by healthy people in the community;
2. The second paper considered the immune response for COVID-19 in people who had previously tested positive for the virus. Preliminary evidence has shown that almost all individuals tested in the study had antibodies detected up to 94 days post-infection. This was noted as requiring further review as timelines increased and more evidence emerged.

Consideration was given to an upcoming ECDC report, expected to be published in August, on transmission of COVID-19 involving children in congregated settings. An updated paper in relation to public health advice



for certain educational settings was noted as being prepared with an intention to bring this to the next NPHET meeting on Thursday 23rd July 2020.

4. Review of Existing Policy

a) 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 period 7-13 July 2020, over 49,345 lab tests were completed. Approximately 34,337 (70%) of these were processed in community laboratories and approximately 15,008 (30%) were processed in acute laboratories;
- 90% of tests were completed in 3 days or less;
- The median end-to-end turnaround time for community and hospital tests combined from referral to the completion of contact tracing is approximately 1.93 days and marks a slight increase when compared to the previous week's performance;
- Over the past seven days, the median end-to-end turnaround time for tests with a "COVID-19 detected" result in community settings for symptomatic individuals has been 2.44 days. This turnaround time represents the time from referral to completion of contact tracing;
- Since 14th July, the National Contact Tracing Centre (CTC) has been operating on an 8am – 8pm basis. Over the period 7–13 July, a total of 918 calls were made from the CTC. A total of 161 calls were to communicate a positive result. A total of 757 calls related to contact tracing;
- The average number of close contacts per case over the past seven days is 4.8. The median number of close contacts per case over the last seven days is 4;
- For the period from 19th May to 12th July 2020, the positivity rate for close contacts tested on Day 0 and who were asymptomatic was 6%, and on Day 7 was 2%;
- The high numbers of close contacts not attending for testing continues to be cause for concern with the "did not attend" (DNA) rate for Day 0 testing at 25% and increasing to 47% for Day 7 testing.

The HSE advised that it is exploring ways to improve data input with improved processes to allow for the faster transfer of data between the CRM and CIDR systems.

A communications campaign focusing on the need for close contacts to engage with the testing process, and to reinforce the need to seek a test and self-isolate if you present with even mild symptoms was agreed.

5. Future Policy

a) Discussion paper on potential future response to the pandemic

Further to presentations at the NPHET meetings on 2nd and 9th July, the DOH presented the next iteration of a draft deliberative paper on the framework for future response to the COVID-19 Pandemic.

The DOH will continue to refine this draft paper based on engagement and feedback from the HSE, and in light of the NPHET's previous advice and Government decisions. The DOH welcomed comments, input, and suggestions from the NPHET members on the draft document.

The NPHET discussion focussed on:

1. Approach involving macro, meso and micro level responses;
2. Framework Priorities; and
3. Draft monitoring framework.



Approach involving macro, meso and micro level responses

The NPHE, noting that the matter of a geographical approach is complex, and discussed that a future pandemic response framework needs to enable responses to be taken at the macro (national) level, meso (regional or sector specific levels) and micro (local) levels, depending on the nature of the outbreak in an area or status of the disease more generally.

With regard to the issue of regional responses, if this type of approach is adopted, it must be taken on a cross-Government basis. It must also be practical and effective and be feasible to implement. Issues of proportionality and national solidarity are also important considerations.

A regional response approach should ensure that the appropriate whole-of-society structures, in addition to health service structures, are in place to facilitate it. If there is an outbreak in an area, then that area needs to have a mechanism whereby it can implement localised measures. There is a need to enable and empower local and regional structures from a public health perspective to be able to carry out a risk assessment at local level. It was noted, in this regard, that the HSE is prioritising the pandemic workforce plan.

Framework Priorities

- The importance of different sectors developing response plans relevant to their sectors was emphasised;
- The NPHE noted there is a need for clarity around visitation to long-term residential care facilities, community and other hospitals, and other healthcare delivery settings in both the yellow and orange phases;
- The implementation of the forthcoming Nursing Home Expert Panel's final recommendations should be reflected throughout the different phases;
- The need to be clear, when communicating to the public the rationale and underlying justification for why certain services may or may not be open during the different phases, and why distinctions might be made between different services;
- A public health risk assessment within a given area, should cases arise, may be the appropriate mechanism to inform what measures are required to contain the virus, this approach would allow for a highly nuanced approach, taking into account local contextual information.

The DOH will continue to revise the draft paper in line with the NPHE's input with a view to reaching a final decision at the next NPHE meeting on Thursday 23rd July 2020.

Draft monitoring framework

The NPHE noted the draft monitoring framework and work ongoing to refine it. NPHE recalled that the development of the draft monitoring framework is in line with the ECDC's *Monitoring and evaluation framework for COVID-19 response activities in the EU/EEA and the UK*, published on 17 June 2020.

It was noted that regional public health departments will also need to have access to the data collated through the monitoring framework, when finalised. This will enable them to respond promptly at regional level and enable indicators to be evaluated in the relevant contexts.

i) Development of Indicators

The DOH presented a draft discussion paper titled "*Draft proposed Disease Indicators for inclusion in NPHE's Framework for Future Response to the COVID-19 Pandemic*". This paper is intended to underpin and support the framework document.

The paper contains suggested high-level indicators proposed for inclusion in the *Framework for Future Response to the Pandemic*. These are intended to be considered on a collective basis to inform and guide



decisions regarding the movement between phases of the framework. The NPHET also noted the importance of the context in making judgements and assessments to inform decisions regarding movement between phases.

The indicators will be updated in line with the input of the NPHET members and will be incorporated into the framework document.

ii) Communications

The DOH presented the paper “*COVID-19 Communication Strategy for ongoing management of the pandemic*”.

The paper outlined the context for the communication strategy and sets out a joint DOH/HSE approach to communicating with the public. The paper included communications principles, objectives, strategy and specific actions.

The DOH presented concepts for potential future management that would communicate the status (blue/yellow/orange/red). A variety of communication channels will continue to be used and the public will also have the ability to track the status for themselves as the data will be made available.

The NPHET noted that the content in the strategy is supported and informed by the work of the Behavioural Change subgroup of NPHET.

b) Travel Considerations

The DOH provided a verbal update on this matter. The NPHET noted that Government is due to meet to consider a “green list” of countries, where the epidemiological situation is comparable to Ireland’s. Travellers coming to Ireland from these countries may be exempt from restrictions on movement.

The NPHET reiterated its previous recommendations on travel, including that all non-essential travel overseas should be avoided.

c) Guidance on visiting Residential Care Facilities

The HSE referred to a draft paper in development to further update the “*COVID-19 guidance on visitations to Residential Care Facilities*”.

The NPHET noted that engagement with stakeholders was ongoing. The HSE advised that this discussion and engagement is expected to happen over the coming days to ensure that any proposed changes to the guidance are feasible and implementable for the sector. NPHET members were invited to provide comments and feedback on the document to the HSE. The NPHET agreed the guidance in principle, subject to the above.

It was noted that following the finalisation and agreement of a future pandemic response framework, additional visiting guidance to reflect this framework should be brought to the NPHET for approval.

6. National Action Plan/Updates

a) Irish Epidemiological Modelling Advisory subgroup

There was no update under this item at the meeting.

b) Vulnerable People and Community Capacity

There was no update under this item at the meeting.



c) Medicines and Medical Devices Criticality

i) Overview of the work of the NPHE Medicines and Medical Devices Criticality Subgroups

The Chair of the Medicines and Medical Devices Criticality subgroups presented an overview paper of the work of the subgroups in achieving their objectives to date, noting the intention to stand certain elements of the work of these groups down, with strategic objectives and priorities identified to be incorporated into the work of the Department and the appropriate agencies going forward.

The cooperation and integrated approach taken by members of the subgroups and the relevant agencies was noted as being an effective part of the response and something to build on, going forward. The NPHE thanked the Chair of the subgroups for the work carried out by these groups.

d) Health Sector Workforce

There was no update under this item at the meeting.

e) Guidance and Evidence Synthesis

There was no update under this item at the meeting.

f) Legislation

There was no update under this item at the meeting.

g) Ethical Considerations

i) Summary Report of the PEAG:

The Chair of the Research and Ethical Considerations subgroup presented an overview paper of the work of the subgroup in achieving its objectives to date, noting the learning and priorities. In acknowledging that the subgroup has completed its work, the NPHE noted its thanks for the work carried out to date in aiding the national response.

h) Behavioural Change

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

7. Communications Planning

There was no further update under this item at the meeting.

8. Meeting Close

a) Agreed actions

There were no actions arising from the meeting.

b) AOB

There was no other business raised at the meeting.

c) Date of next meeting

The next meeting of the NPHE will take place on Thursday 23rd July at 10:00am via video conferencing.