Background

Following a recommendation from the COVID-19 National Public Health Emergency Team (NPHET) on the 16th March 2020, a NPHET subgroup responsible for Guidance and Evidence Synthesis has been convened. The NPHET Subgroup on Guidance and Evidence Synthesis will report to NPHET and facilitate information exchange on the public health and clinical guidance relating to COVID-19, currently in development and to be developed in Ireland. In addition, the subgroup will provide assurance to the NPHET on coordination of surge evidence synthesis capacity to support the development of guidance relating to COVID-19 and to inform decision making by NPHET and related bodies.

The subgroup will meet weekly, or more frequently as required. Each meeting will have an agenda, a short meeting note and a set of assigned actions.

Terms of reference and current membership of the subgroup are provided in Appendix 1.

1. COVID-19 NPHET Subgroup – Guidance and Evidence Synthesis – Meeting 2

The Subgroup met again on 2nd April 2020. The purpose of the meeting was to provide an overview and update of the various workstreams being undertaken by subgroup members and to enable information exchange. The meeting agenda (Appendix 2) is attached.

Proposed actions arising from this meeting include:

- DOH and HPSC/AMRIC to discuss how best to streamline the rapid development or update of guidance requested by NPHET and/or involving contributions from multiple stakeholders.
- DOH to share with subgroup members details of the new HSE Repository for Interim Clinical Guidance and Evidence for the Clinical Community launched Tuesday 31st March 2020.
- HSE to consider establishing a link from the Repository for Interim Clinical Guidance and Evidence for the Clinical Community to national HPRA guidance on medicines.
- HSE Library Service to provide evidence summaries already developed by them to HPSC/AMRIC to ensure that the available evidence has been considered in development of national guidance.
- HTA HIQA, Research subgroup of the NPHET Expert Advisory Group and HPSC to share information in relation to diagnostic agents used in COVID-19.

2. Work Progress to date:

Details of completed work is provided in Appendix 3. Ongoing work, as follows:

a) A template for recording details relating to guidance/evidence synthesis, current, in development and planned, has been developed following input from the HSE, DOH, HPSC and HIQA and will be updated regularly. This will assist in establishing a communication between these groups with the database available to all on sharefile.

b) A central online repository for Clinical Guidance developed by Clinical Design and Innovation in the Office of the CCO and HSE Research and Evidence went live on Tuesday 31st March 2020.
The repository is open access across public and private providers and is mobile compatible. As this is a work in progress, a facility for the developers to receive feedback from users of the repository has been introduced on the website.

c) A dedicated email address COVID_19_Guidance_Coordination@health.gov.ie has been set-up as a single point of contact for all queries, relating to requests for guidance to be developed, coming through and arising from the DOH. Queries continue to be received and are triaged before forwarding to the appropriate group for action.

d) Evidence synthesis support is being provided by the Health Technology Assessment (HTA) Directorate, HIQA to the HPSC and AMRIC. This has taken the form of an ongoing scan of public health guidance published, and review and identification of any differences or gaps with HPSC/AMRIC guidance. A daily update is provided to the HPSC and AMRIC which facilitates updates on changes in international guidance as well as collection of material to inform future guidance in development.

e) The HTA Directorate, HIQA is providing ongoing evidence synthesis support to the COVID-19 NPHET Expert Advisory Group (EAG). To date six research questions have been addressed through systematic review and the reports relating to four of these were published on the HIQA website on Wednesday 1st April 2020.

The following two research questions are subject to continuous systematic review:

I. What is the evidence for asymptomatic transmission of COVID-19?
II. What is the viral load over the course of the infection (including in the pre-symptomatic phase), and the duration of infectivity?

A systematic review to address one other research question is underway:

III. For individuals who have COVID-19, what clinical samples and collection sites are suitable for SARS-CoV-2 testing?

f) Evidence synthesis support has been requested to inform the next iteration of the HSE’s Model of Care for COVID-19 and this will be provided by HIQA HTA.

g) Ongoing rapid evidence reviews are underway by HTA, HIQA at request of NPHET members on:
   • International public health restrictive public policy measures
   • Public health measures for vulnerable groups

h) Following a request from NPHET, a rapid HTA, is underway in relation to alternative diagnostic testing approaches for COVID-19. HIQA will issue a report in relation to this by Monday 6th April 2020.

i) Collaboration with the modelling subgroup is underway to ensure no duplication of effort and to facilitate access to the best available evidence to inform the model as it emerges.

j) Work continues to develop a bank of international evidence synthesis sources to be leveraged. Information exchange processes are in development with international colleagues including NICE, EUnetHTA and EC DG Sante with regard to evidence synthesis and guidance work undertaken and in development.

k) Offers of additional evidence synthesis surge capacity continue to be received and are welcomed.
Appendix 1:

Terms of Reference

1. To coordinate information to support the development of public health and clinical guidance relating to COVID-19.
2. To coordinate surge evidence synthesis capacity to support the development of public health guidance.
3. To coordinate surge evidence synthesis capacity to support the development of models of care and clinical guidance (as determined and prioritised by the NPHET and/or the HSE Office of the Chief Clinical Officer (CCO)).
4. To provide a mechanism to enable rapid evidence synthesis in response to the requirements of the Expert Advisory Group (EAG) reporting to the NPHET.
5. To ensure capacity for evidence synthesis to support the work of the NPHET as required.
6. To coordinate requests to HIQA for rapid Health Technology Assessment as required by NPHET.
7. To provide weekly progress reports to the NPHET on the work of the NPHET Subgroup on Guidance and Evidence Synthesis.

Membership (to be expanded as necessary)

- Department of Health
- HSE, Office of the Chief Clinical Officer, Director of Integrated Care with responsibility for development of clinical guidance
- HPSC, Public Health Guidance Lead
- Expert Advisory Group reporting to the NPHET
- HSE Research and Development Lead
- HIQA Health Technology Assessment
- HSE, National Clinical Lead Antimicrobial Resistance & Infection Control Team

30th March 2020
Appendix 2:

NPHET COVID-19 - Subgroup Guidance and Evidence Synthesis
Department of Health, Miesian Plaza, by Teleconference
Meeting 2: Thursday 2nd April 2020 from 11am

AGENDA

1. Welcome & Conflict of Interest declarations.
2. Minutes from previous meeting.
3. Matters Arising.
5. Update from NPHET.
8. Update on the National Health Library and Knowledge service activities
9. Update on Evidence Synthesis activity by HIQA
10. AOB.

Date of Next Meeting: 9th April 2020 at 11am
Appendix 3:

Work completed to date:

1. Agreement has been reached between the DOH, HSE and HPSC on the process through which guidance relating to public health and clinical responses to COVID-19 will be monitored and information will be exchanged.

2. The HTA Directorate, HIQA has provided evidence synthesis support to the COVID-19 NPHET Expert Advisory Group (EAG) in relation to the following questions:
   a. What evidence is available to indicate that children spread COVID-19?
   b. What is the natural history of COVID-19 infection in children?
   c. What is the average length of stay in ICU for affected persons?

3. A rapid evidence review of international public health guidance on protective measures relating to vulnerable groups was undertaken by HIQA at the request of the NPHET subgroup on vulnerable people and informed the development of the “Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19” published by HPSC on 27th March 2020.

4. Rapid reviews completed in relation to:
   - Public health measures for Residential Care facilities
   - Public health measures for workers