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 4

The Subgroup met again on 16th 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:

- HIQA to share the rapid HTA on diagnostic testing with the subgroup once published.
- DOH to feedback suggestions on issues for potential research from NPHET subgroup Guidance and Evidence Synthesis to the Research subgroup of the NPHET EAG.
- HSE to provide an update at the next subgroup meeting (23rd April 2020) on the most commonly accessed documents on HSE Repository for Interim Clinical Guidance intended for the Clinical Community.
- Action: HSE Health Library and Knowledge Service to direct requests for information on IPC not addressed in guidance to AMRIC, and for information on public health to the HPSC.

2. Work Progress to date:

An overview of guidance and evidence synthesis work is provided in Appendix 3. Further details of work completed to date is provided in Appendix 4. Ongoing work, as follows:

a) A process document is being developed to help streamline the rapid development or update of guidance requested by NPHET and/or involving contributions from multiple stakeholders. This document has been shared with the HPSC and will be considered in an overarching document detailing the interaction between the NPHET and HPSC.

b) Following input from the HSE, DOH, HPSC and HIQA, the first summary overview of guidance/evidence synthesis, current, in development and planned was published and made available to all on sharefile on 14th April 2020. The report is populated with information contained in the template for recording guidance/evidence synthesis activities, from the HSE, DOH, HPSC and HIQA. It is anticipated that such reports will be produced on a weekly basis. Access to the sharefile will be provided beyond subgroup members on request to relevant parties in DoH and NPHET.
Feedback from users of the central online repository for Interim Clinical Guidance for the Clinical Community, developed by Clinical Design and Innovation in the Office of the CCO and HSE Research and Evidence continues to be positive. From 29/03/2020 to 03/03/2020 there were 34,800 views/hits to the repository.

d) 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.

e) 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. This database in published at www.hiqa.ie

f) The HTA Directorate, HIQA is providing ongoing evidence synthesis support to the COVID-19 NPHET Expert Advisory Group (EAG). Details of research questions that have been responded to, to date, are available in Appendix 4. In addition, details of some of these research questions have been published on the HIQA website.

At an EAG meeting on 15th April 2020, HIQA was asked to address further research questions:

I. What is the rate of reinfection and duration of immunity in individuals who recover from a laboratory-confirmed coronavirus infection?
II. Is there evidence for placental transfer of antibodies from infected mothers that confers immunity in the newborn in coronavirus spectrum infections?

An additional evidence summary requested by AMRIC lead will commence this week in relation to aerosol generating procedures in healthy individuals.

g) Ongoing rapid evidence reviews are underway by HTA, HIQA at request of NPHET members on:
I. International public health restrictive public policy measures
II. Public health measures for vulnerable groups
III. Public health measures in nursing homes

h) The ongoing HIQA review of international public health restrictive public policy measures as well as other information collated by Department of Health colleagues is now available on the subgroup sharefile to inform NPHET decision making.

i) Rapid HTA undertaken by HTA, HIQA in relation to alternative diagnostic testing approaches was tabled at COVID-19 NPHET meeting 10th April 2020 and will be published week commencing April 20th 2020. This work will input to the development of a rapid European HTA by the European network of HTA agencies (EUnetHTA). The rapid HTA was presented to the Medical Forum on 18th April 2020.

j) 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.

k) 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.

l) 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, Clinical Design and Innovation
- HPSC, Public Health Guidance Lead
- Expert Advisory Group reporting to the NPHET
- HSE, Head of Research and Evidence
- HIQA Health Technology Assessment
- HSE, National Clinical Lead Antimicrobial Resistance & Infection Control Team

3rd April 2020
Appendix 2:

NPHET COVID-19 - Subgroup Guidance and Evidence Synthesis
Department of Health, Miesian Plaza, by Teleconference
Meeting 4: Thursday 16th April 2020 from 11am

AGENDA

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

Date of Next Meeting: 23rd April 2020 at 11am
## Appendix 3

**Table 1:** Summary of guidance development and evidence synthesis activities across contributing organisations up to 18/04/20.

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<th>Completed Direct circulation</th>
<th>Direct circulation</th>
<th>In development</th>
<th>Not yet commenced</th>
<th>Ongoing updates</th>
<th>Preliminary approval²</th>
<th>Published</th>
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Appendix 4:

Further detail on 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. 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 is being updated regularly. This will assist in establishing a communication between these groups with the database and a summary overview available to all on sharefile.

3. A central online repository for Interim Clinical Guidance intended for the clinical community was developed by Clinical Design and Innovation in the Office of the CCO and HSE Research and Evidence and 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.

4. The HTA Directorate, HIQA has provided evidence synthesis support to the COVID-19 NPHET Expert Advisory Group (EAG) in relation to the following questions:

   I. What evidence is available to indicate that children spread COVID-19?
   II. What is the natural history of COVID-19 infection in children?
   III. What is the average length of stay in ICU for affected persons?
   IV. For individuals who have COVID-19, what clinical samples and collection sites are suitable for SARS-CoV-2 testing?
   V. For individuals who have COVID-19, what clinical samples and collection sites are suitable for SARS-CoV-2 testing?
   VI. What is the evidence for asymptomatic transmission of COVID-19?
   VII. What is the viral load over the course of the infection (including in the pre-symptomatic phase), and the duration of infectivity?

Two evidence summaries requested by AMRIC lead have been completed and provided to AMRIC and to the NPHET EAG:

   I. Use of facemasks by healthcare workers when treating patients who do not have respiratory disease (also requested by EAG)
   II. Use of masks by healthy individuals in the community.

5. 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.

6. Rapid reviews completed in relation to:

   I. International public health measures for Residential Care facilities
   II. International public health measures for workers
III. International guidance on use of masks by healthcare workers.