



**National Public Health Emergency Team – COVID-19**

**Meeting Note – Standing meeting**

<b>Date and Time</b>	Thursday 30 <sup>th</sup> July 2020, (Meeting 43) at 10:00am
<b>Location</b>	Department of Health, Miesian Plaza, Dublin 2
<b>Chair</b>	Dr Ronan Glynn, Acting Chief Medical Officer, DOH
<b>Members via videoconference</b>	<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>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>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>Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital</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>Ms Yvonne O’Neill, National Director, Community Operations, HSE</p> <p>Mr Phelim Quinn, Chief Executive Officer, HIQA</p> <p>Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH</p>
<b>‘In Attendance’</b>	<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, Policy and Strategy Division, DOH</p> <p>Ms Marita Kinsella, Director, NPSO, DOH</p> <p>Ms Sarah Treleaven, CMO Division, DOH</p> <p>Ms Aoife Gillivan, Communications Unit, DOH</p> <p>Dr Matthew Robinson, Specialist Registrar in Public Health, DOH</p> <p>Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion)</p> <p>Ms Fidelma Browne, Head of Programmes and Campaigns, HSE (alternate for David Leach)</p>
<b>Secretariat</b>	Dr Keith Lyons, Ms Sarah Murphy, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, Ms Linda O’Rourke, Ms Ruth Brandon, DOH
<b>Apologies</b>	<p>Dr Jeanette McCallion, Medical Assessor, HPRA</p> <p>Dr Mary Favier, President, Irish College of General Practitioners (ICGP)</p> <p>Mr David Leach, Communications, HSE</p> <p>Mr Paul Bolger, Director, Resources Division, DOH</p> <p>Dr Colette Bonner, Deputy Chief Medical Officer, DOH</p> <p>Dr Alan Smith, Deputy Chief Medical Officer, DOH</p> <p>Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH</p>



## 1. Welcome and Introductions

### a) *Conflict of Interest*

Verbal pause and none declared.

### b) *Minutes of previous meeting(s)*

The minutes for the 23<sup>rd</sup> 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*

Further to the NPHE's recommendation to Government on 14<sup>th</sup> July 2020 that the wearing of face coverings should become mandatory in indoor retail environments and to inform the development of the associated regulations, the NPHE agreed the following list of locations, where the wearing of face coverings should become mandatory:

- retail outlets – supermarkets, shopping centres etc.;
- libraries;
- cinemas, theatres, and concert halls;
- bingo halls;
- betting offices and licensed bookmakers;
- museums;
- tattoo parlours;
- hair salons and nail salons;
- travel agents;
- laundrettes and dry cleaners;
- optician and optometrist outlets;
- outlets providing hearing test services or selling hearing aids and appliances.

The wearing of face coverings will be in accordance with guidance issued by the Health Protection Surveillance Centre (HPSC) on the use of face coverings by the general public.

## 2. Epidemiological Assessment

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

The DOH, HPSC, and IEMAG provided an overview of the latest epidemiological data regarding confirmed cases, including the current information on hospitalisation, critical care, mortality, as well as sampling, testing and contact tracing. The data presented were as follows:

- On 29<sup>th</sup> July 2020, there were 25,942 total confirmed cases of COVID-19, with 14 new cases confirmed and no deaths;
- There were 4 confirmed cases of COVID-19 in ICU, 2 of which were being ventilated. There were 2 suspected cases in ICU;
- There were 10 confirmed cases of COVID-19 in hospitals, and 170 suspected cases. There was 1 new admission of a COVID-19 case and 1 hospital discharge;
- During the previous 14 days to midnight 28<sup>th</sup> July 2020, there were 268 new cases notified, 194 of these had an epidemiological date within this period, with an incidence rate of 4.2 per 100,00 population;



- The confirmed cases were spread across 22 counties, with the majority in Dublin (113) and Kildare (23), with 16 counties having 5 cases or fewer;
- 10% of confirmed cases were related to healthcare workers and 8% of cases were travel-related, while 41% related to a close contact with a known confirmed case;
- The data are increasingly showing new cases in those aged under 45 years. These now account for 65% of cases. The largest number of cases is in the 25-34 years age group, with 49 cases. The median age for cases is 36 years;
- There were 136 new outbreaks notified in the past week, from 19<sup>th</sup> - 26<sup>th</sup> July 2020. 6 of these were confirmed as new and open outbreaks. Most outbreaks were now closed, with 8% of outbreaks remaining open;
- An increase in outbreaks in vulnerable populations and workplaces was noted as a concern, as was the increase in the number of cases in younger people;
- The sentinel GP Influenza-Like Illness (ILI) rate remained stable at 6.0 per 100,000 in the week 20<sup>th</sup> - 26<sup>th</sup> July 2020, compared to an updated ILI rate of 6.3 per 100,000 in the week 13<sup>th</sup> - 19<sup>th</sup> July 2020;
- The best estimate of the effective reproduction (R) number is approximately 0.95.

The DOH provided an update on the global situation in relation to the COVID-19 pandemic. The following points were highlighted:

- Globally the pandemic is continuing to accelerate in both numbers of cases and deaths;
- 16.6 million cases have been recorded in total, with an increase of over 1.7 million in 7 days, representing an 11% increase;
- Cases per 1 million population continue to increase in the Americas significantly, and in Europe, to a lesser extent. The Americas have the highest incidence of all continents, with 8,634 cases per 1 million population, as compared with 3,514 cases per 1 million population in Europe;
- The situation in Europe is deteriorating, with most countries observing a higher 14-day incidence than the previous 14-day period;
- Information quality issues may impact on the ability to fully understand the situation abroad.

The HPSC provided an update regarding outbreaks in specific settings:

- There were new cases in 6 Direct Provision centres;
- There was an outbreak related to a pet food processing factory in Co. Kildare;
- There was an outbreak among the Irish Travelling community associated with overseas travel;
- There were two outbreaks on construction sites in Dublin City Centre, one with 33 cases, and the second with 7 cases.

The NPHET noted the data were concerning and that more information and detail regarding new cases within these outbreaks was still emerging. The NPHET noted the data would be kept under review as it becomes available.

The NPHET highlighted the need to contain the outbreaks and take steps to prevent them from spreading in the community. The NPHET noted that protecting vulnerable groups will require a cross-government response and intersectoral approach. The NPHET underlined the need for a coordinated approach regarding Direct Provision Centres and the Traveller community.

The NPHET discussed and agreed the following actions:

- 1. Action: Recognising and building on the HSE's significant and ongoing work to develop and implement a Public Health Pandemic Workforce Plan, and in particular to augment the Department of Public Health in the East, the NPHET recommended that the HSE takes all necessary measures to support**



Departments of Public Health in continuing to respond comprehensively to cases and clusters over the coming weeks;

2. **Action:** The NPHE recommended that the Department of Health and the HSE engage proactively in relation to the implementation of the HSE Public Health Pandemic Workforce Plan and relevant priority recommendations in the *“Report on the Role, Training and Career Structures of Public Health Physicians in Ireland”*, with a view to the implementation of a sustainable plan for the future of public health;
3. **Action:** The NPHE recommended that all aspects of the testing, tracing, and reporting pathway be sufficiently resourced over the August bank-holiday weekend and future weekends to enable as close to real-time reporting and follow-up of cases as possible, so as to ensure continued accurate understanding of the current epidemiological position;
4. **Action:** The NPHE recommended that the relevant agencies, including the HSE, with cross-Government support, redouble efforts and urgently put in place any additional supports necessary to contain further transmission, including expediting the provision of alternative accommodation options, where required. The NPHE, having equal regard to the needs of other groups in society at potentially increased risk of infection, also recommended that the HSE, with appropriate cross-Government support, ensure the oversight and delivery of the necessary integrated cross-health sector responses to ensure the protection of these groups.

**b) COVID-19 outbreaks in meat processing factories**

*i) Final Outbreak Control Team report*

The HPSC presented the paper *“Investigation into a Series of Outbreaks of COVID-19 in Meat Processing Plants in Ireland, 2020”*.

This paper was submitted on 29<sup>th</sup> of July and in order to allow the NPHE members sufficient time to consider its recommendations, it was agreed that the NPHE would discuss this paper at its meeting on 6<sup>th</sup> August 2020.

**c) Ad hoc**

There were no matters raised under this item at the meeting.

**3. Expert Advisory Group**

The Expert Advisory Group (EAG) provided an update on its meeting of 30<sup>th</sup> July 2020. The NPHE was advised that the EAG had reviewed the HIQA Evidence Summary on the effectiveness of the use of thermal screening at ports of entry, concluding that there were no recommendations arising from the evidence for the consideration of the NPHE. The EAG confirmed that it would continue to keep the issue under review.

**4. Review of Existing Policy**

**a) Personal Behaviours and Social Distancing**

The DOH provided an update on the ongoing public opinion research. The following points of note were raised:

- The research shows that 86% of the population now self-report to wearing face coverings;
- 70% of people say they wear a face covering every time they are shopping, an increase from 37% last week, with 21% saying they wear a face covering most of the time while shopping;
- 91% of people, who use public transport, say they wear a face covering every time, with 2% saying they wear a face covering most of the time.



Reflecting the emerging epidemiological data, and proportion of younger people associated with new cases, the HSE is developing a communications campaign aimed at this cohort. The campaign will be launched on 5<sup>th</sup> August 2020.

**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:

For the period from 21<sup>st</sup> - 27<sup>th</sup> July 2020:

- 44,767 lab tests were completed, 30,143 of these tests were processed in community laboratories and 14,624 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 2 days and marks a slight increase, when compared to the previous week;
- The median end-to-end turnaround time for tests with a “COVID-19 detected” result in community settings for symptomatic individuals has been 3.17 days;
- A total of 778 calls were made from the National Contact Tracing Centre (CTC). A total of 127 calls were to communicate a positive result. A total of 651 calls related to contact tracing;
- The average number of close contacts per case was 5.2. The median number of close contacts per case over this period was 5.1.

For the period from 19<sup>th</sup> May - 26<sup>th</sup> July 2020:

- The positivity rate for close contacts tested on Day 0, and who were asymptomatic, was 5%, and on Day 7 was 1%;
- 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 50% for Day 7 testing.

The continued high “DNA” rates on close contact testing was noted as a concern by the NPHET and it suggested that the communications plan be reviewed to strengthen the messaging around the importance of close contacts engaging with the testing process.

**c) Serial testing of Healthcare Workers in nursing homes**

*i) Final report*

The HPSC presented a report on “*Serial Testing of all staff in Residential Care Facilities (Older People)*” to inform the NPHET of its conclusions following a programme of testing, which had been undertaken further to the NPHET recommendation on 4<sup>th</sup> June 2020.

The HPSC reported that the programme commenced on 24<sup>th</sup> June 2020. The final day of testing was 26<sup>th</sup> July 2020, with all staff in Residential Care Facilities (RCFs) being tested once a week, for 4 consecutive weeks. 99,705 staff were tested in 563 RCFs for older persons, representing a 69% participation rate. A total of 132 tests had a ‘SARS-CoV-2’ detected result. There was a total of 677 contacts identified from the 132 confirmed COVID-19 cases identified during serial testing. Robust processes were put in place to ensure that all staff from the facilities were appropriately referred, tested, tracked, and traced. There were significant logistical arrangements required to operate a programme of testing of this scale and complexity. To ensure sustainability of further serial testing, it will be important that RCFs can carry out the swabbing in-house, with training made available as necessary.



The NPHEP thanked the HSE and all those involved for the work carried out. It recommended that the programme of serial testing of all staff in nursing homes should continue for 2 further cycles of testing on a fortnightly basis, to commence on 10<sup>th</sup> August 2020. It was also noted that the recommendations of the Nursing Homes Expert Panel were due to be published shortly and any recommendations on serial testing would also be taken into consideration.

**Action: The NPHEP noted the very comprehensive report from the HSE on the programme of serial testing of all staff in nursing homes and recommended that this be continued with fortnightly testing for 2 further cycles. This would be kept under review, pending the recommendations of the Nursing Homes Expert Panel.**

**d) Testing of Healthcare Workers and Non-Consultant Hospital Doctors in hospitals**

*i) Report*

The HPSC presented a “*Report on Testing of Healthcare Workers and Non-Consultant Hospital Doctors in Hospitals*” to the NPHEP.

All healthcare workers moving to new posts were asked to complete a “*COVID-19 Healthcare Worker Relocation Self Risk Assessment*”, prior to moving. COVID-19 testing was recommended for Non-Consultant Hospital Doctors (NCHDs) moving from an area of higher COVID-19 endemicity, to an area of lower endemicity. Testing was also recommended for NCHDs moving from Residential Care Facilities (RCFs) to hospital posts or to other RCF posts, and for NCHDs, who had known or possible contact with COVID-19 patients. 635 NCHDs were tested for COVID-19 under the protocol.

The NPHEP noted the imminent completion of reports under recommendation 2 (relating to an enhanced investigation of the most recent HCWs Covid-19 infections) and recommendation 3 (relating to enhanced epidemiological studies of 6 hospital outbreaks of Covid-19) and looked forward to discussion on these reports to inform future action in this area. In relation to recommendation 8 (relating to an urgent risk assessment to be undertaken by all acute hospitals to determine which areas/services in their hospital are high risk for Covid-19 transmission to HSCWs and to ensure all necessary measures are put in place to mitigate those risks), the HSE undertook to follow up with the Hospital Groups to ensure implementation.

The NPHEP thanked the HPSC for the paper and reiterated the importance of protecting healthcare workers from COVID-19.

**5. Future Policy**

**a) Monitoring Framework for future response to pandemic**

The DOH presented a further iteration of its “*Framework for Future COVID-19 Pandemic Response: Monitoring Framework*”, which incorporated feedback received from the NPHEP members.

The DOH advised that the Monitoring Framework document accompanies the “*Framework for Future COVID-19 Pandemic Response*”, which was approved by the NPHEP on 23<sup>rd</sup> July 2020 and serves to guide decision making, with reference to a series of key indicators, in the provision of advice to the Minister for Health and Government. The DOH advised that the Monitoring Framework has been informed by the ECDC’s Monitoring Framework and that it represents a minimum dataset, which will be kept under review and modified as necessary in light of further ECDC guidance and emerging evidence and practice.

The NPHEP noted that the series of key indicators set out in the Monitoring Framework will support risk assessment at local, regional, and national level and will underpin decision making and responses to the epidemiological situation as it evolves nationally. The formalising of the Monitoring Framework represents



an important step in ensuring that a sustainable system, which allows for an accurate, robust, and timely assessment of the extent to which COVID-19 is transmitting in the community and the response to same, is in place.

Data for the majority of the indicators within the Monitoring Framework are already collected and reported. For those indicators, where data are not currently readily available, the NPHET recommended that the HSE puts in place arrangements for new data collection and/or reporting mechanisms, where appropriate, and ensures that data are available at sub-national level, where identified. Data should be made available to the Department of Health and should also be made available to HSE regional public health teams as appropriate to enable local and regional planning and response.

**Action: The NPHET agreed a “Framework for Future COVID-19 Pandemic Response: Monitoring Framework” to guide the ongoing response to COVID-19. The NPHET also requested the HSE to put in place arrangements for new data collection and reporting mechanisms for those indicators that are not already reported on, and to ensure that data is available at sub-national level, where identified.**

#### ***b) Travel Considerations***

The DOH provided a brief update on this matter and confirmed that the Government continued to be provided with the most up-to-date epidemiological data to inform its continuing review of its ‘green list’. The NPHET noted that the acceleration of the pandemic on a global scale continued to present a significant risk and that Government agreed on 21<sup>st</sup> July 2020 that non-essential travel would continue to be discouraged.

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

#### ***c) Use of Medical-grade Face Masks***

To facilitate consideration of the World Health Organisation’s recommendation on the wearing of medical masks by vulnerable individuals, when in areas of widespread transmission or where they cannot guarantee a distance of at least 1 metre from others, the DOH presented a review of the current evidence and international practice in this regard.

The DOH noted that many countries have now made the wearing of masks or face coverings mandatory in indoor settings and on public transport, especially where social distancing may prove difficult. In this regard, the DOH outlined the various grades of masks available. Mask grades include respirators (classified as PPE, designed to also protect against aerosols), medical (or “surgical”) face masks and non-medical or cloth masks.

The DOH recommended that the WHO’s recommendation on the wearing of medical masks by vulnerable individuals, not be adopted at the present time but that it be kept under review. This conclusion was reached on the basis that there is no strong evidence indicating significant additional benefit to the wearing of medical masks over non-medical masks for the purposes of infection prevention and control in the community.

The NPHET acknowledged that medical masks are vital supplies and should accordingly be prioritised for healthcare workers and people in self-isolation, who cannot keep a distance of 2 metres between themselves and other people in their household.

The NPHET recalled its recommendation of 14<sup>th</sup> July 2020 to Government that it be mandatory for face coverings to be worn in all indoor retail environments. This recommendation was accepted by Government and work is ongoing to amend the regulations accordingly.



**d) Guidance on testing children with possible COVID-19**

The HSE, referring to the letter dated 10<sup>th</sup> July 2020 from the Acting Chief Medical Officer requesting advice from the Integrated Care Programme for Children on the management of children with respiratory symptoms this winter, presented an outline of an assessment and testing pathway for children for the NPHET's consideration.

The NPHET noted the importance of ensuring that other diagnoses that are potentially dangerous for children are not overlooked during the diagnostic process.

The Integrated Care Programme for Children will continue to work on this as evidence and guidance develops. The NPHET underlined that communications material will be key to ensuring that parents are clear on the testing pathway for children and that consideration of the testing pathway itself is also important, in particular, where exactly testing would be carried out. The NPHET, noting that guidance from the ECDC on this matter is expected in the coming days, acknowledged that it would be beneficial to consider alternative, less-invasive testing modalities for primary school children and noted that the EAG would be considering this matter, with a view to providing advice to the NPHET at its next meeting.

**6. The NPHET Governance**

**a) Overview of NPHET Activity and Stocktake – January to end July 2020**

The DOH presented a paper to the NPHET entitled "*Report of NPHET Activity for the period 27 January to 30 July 2020*", which served as a further iteration of the paper it had presented to the NPHET on 9<sup>th</sup> July 2020 on "*Overview and Stocktake of NPHET Activity*" and incorporated input from the NPHET members provided in the intervening period.

The paper provided an overview of the activity of the NPHET since its establishment and the work of its subgroups. It gave consideration to how the NPHET may continue to operate effectively into the future, particularly in the context of the "*Framework for Future COVID-19 Pandemic Response*". Central to the Framework is the recognition that health and social care services and the wider cross-Government COVID-19 response, must become embedded and 'mainstreamed' into the usual operational response of the relevant organisations to ensure a long-term sustainable response. The NPHET considered its governance, terms of reference, subgroups and processes, to ensure it can continue to effectively contribute to the COVID-19 response into the future. This process highlighted the NPHET's strong focus on its core public health role, the effective collaboration between the Department of Health and other agencies and the strong focus on an effective cross-Government response to COVID-19. Also noted was the NPHET's commitment to transparency, fostering trust between the public and those steering the public health response.

It was also highlighted that the work of the NPHET to date has been supported by an Expert Advisory Group and 10 subgroups. A large body of work has been undertaken by each of the subgroups across multiple domains. On review, the majority of the subgroups have now met their terms of reference and it was determined that it is timely for their work to be realigned into the appropriate policy and operational functions of the Department of Health or other Departments, organisations, or agencies. This is with the proviso that the NPHET may require the subgroups to reconvene, as needed, in the future.

**7. National Action Plan/Updates**

**a) Irish Epidemiological Modelling Advisory subgroup**

There was no update under this item at the meeting.

**b) Behavioural Change**

**i) Update paper**



The Chair of the Behavioural Change subgroup provided an update on the group's final meeting on 24<sup>th</sup> July 2020. This concludes the work of the subgroup in its current configuration, however ongoing behavioural change work will provide support to communications, as required.

The NPHEP thanked the members of the subgroup for their substantial work.

**c) *Vulnerable People and Community Capacity***

There was no update under this item at the meeting.

**d) *Guidance and Evidence Synthesis***

*i) Overview and Next Steps*

The Chair of the Guidance and Evidence Synthesis subgroup presented a paper, which provided an overview of the work of the subgroup and proposed next steps. The paper detailed the membership and objectives of the group. The group has facilitated information exchange and coordinated capacity to support the NPHEP, the Expert Advisory Group, and other subgroups. The group has met its terms of reference and its activities will now be operationalised back into the agencies that have responsibility for them.

The NPHEP thanked the members of the subgroup for their substantial work.

**e) *Legislation***

There was no update under this item at the meeting.

**8. Communications Planning**

The DOH updated that a refresh on the communications messaging to reinforce the public health advice is due to be launched on Wednesday 5<sup>th</sup> August on radio, and subsequently on other media.

**9. Meeting Close**

**a) *Agreed actions***

The key actions arising from the meeting were examined by the NPHEP, clarified, and agreed.

**b) *AOB***

There was no other business raised at the meeting.

**c) *Date of next meeting***

The next meeting of the NPHEP will take place on Tuesday 4<sup>th</sup> August 2020, at 10:00am, via video conferencing.