



National Public Health Emergency Team – COVID-19

Meeting Note – Standing meeting

Date and Time	Tuesday 4 th August 2020, (Meeting 44) at 10:00am
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 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>Mr Fergal Goodman, Assistant Secretary, Primary Care Division, 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>Ms Yvonne O’Neill, National Director, Community Operations, HSE</p> <p>Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH</p> <p>Dr Mary Favier, President, Irish College of General Practitioners (ICGP)</p> <p>Mr David Leach, Communications, HSE</p> <p>Mr Phelim Quinn, Chief Executive Officer, HIQA (for part of the meeting)</p> <p>Ms Deirdre Watters, Communications Unit, 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 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 Lyndsey Drea, Communications Unit, DOH (for part of the meeting)</p> <p>Dr Elaine Breslin, Clinical Assessment Manager, HPRA (for part of the meeting) (alternate for Jeanette McCallion)</p> <p>Dr Trish Markham, HSE (alternate for Tom McGuinness)</p>
Secretariat	Dr Keith Lyons, Ms Sarah Murphy, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, Ms Ruth Brandon DOH
Apologies	<p>Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH</p> <p>Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH</p> <p>Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH</p> <p>Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE</p> <p>Dr Lorraine Doherty, National Clinical Director Health Protection, HSE</p> <p>Dr Jeanette McCallion, Medical Assessor, HPRA</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) *Matters Arising*

There were no matters arising at the meeting.

2. Epidemiological Assessment

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

(i) *Report from Department of Health under decision making framework of Roadmap for Re-opening of Society and Business*

The DOH presented the latest national epidemiological data, which had been compiled into a report prepared in accordance with the decision-making framework set out in the *Roadmap for Reopening Society and Business*. The report updated on the:

- latest data regarding the progression of the disease;
- capacity and resilience of the health service in terms of hospital and ICU occupancy; and
- capacity of the programme of sampling, testing, and contact tracing.

The situation was as follows:

Cases and Deaths

- The number of confirmed cases stands at 26,208;
- The 5-day rolling average of cases was 53 cases;
- The 14-day epidemiological incidence per 100,000 population was 7.54;
- 8,437 cases (32% of all cases) were associated with healthcare workers;
- 1,763 deaths due to COVID-19 notified to date;
- the positivity rate for all tests processed nationally in the past week was 0.7% and this number had increased over the previous week (albeit, this may reflect the previously undertaken serial testing programme in healthcare workers).

Demographic and Location Trends

- 73% of cases in the past 14 days have occurred in people under age 45 years;
- The incidence among those 25-34 years of age is over 18 cases per 100,000 population;
- The median age for cases notified in the past 14 days is 32 years and some days, within that time period, have seen a median age of under 30 years;
- Only 27% of cases in the last 7 days have occurred in Dublin, with 6 counties having a greater 7-day incidence than Dublin. The majority of cases are no longer predominantly limited to the greater Dublin region;
- Of the cases where occupation sector status was recorded, the construction, food production, and healthcare sectors had the highest numbers of cases. In addition, 12 cases were noted as working in the hospitality sector (bars, restaurants, catering, etc.).



Hospitalisations

- There were 10 confirmed cases in hospital as of 3rd August 2020;
- The number of confirmed COVID-19 patients requiring critical care as of 3rd August was 5, with a further 7 patients suspected of having COVID-19 also in critical care.

Clusters

- 37 new outbreaks in total were notified in the previous week. The total number of outbreaks notified to date was 2319, with 188 of these remaining open;
- 21 outbreaks in Direct Provision Centres, involving 235 cases. 5 of these outbreaks remain open. 47 new cases and 4 new clusters were notified in the past week in Direct Provision Centres;
- 10 COVID-19 outbreaks, involving the Irish Traveller Community, involving 89 cases. 3 of these outbreaks remain open. 21 new cases and 2 new clusters were notified in the past week in the Irish Traveller Community;
- 51 clusters in workplaces, including 24 in meat processing plants. 9 of these outbreaks remain open, including 4 in meat processing plants. 4 new outbreaks were notified in the past week in workplaces, 2 of which, were in meat processing plants. 57 new cases associated with workplace outbreaks were notified in the past week, of which, 47 were in meat processing plants;
 - In total, the 4 outbreaks open in meat processing plants have been associated with 94 cases, with the results from additional testing of employees in these settings pending;
- the total number of clusters in residential care facilities to date has been 479;
 - the number of confirmed cases in residential care facilities stands at 7,550, of which 5,871 have been in nursing homes;
- 4 COVID-19 outbreaks involving the Roma community, involving 42 cases. One of these outbreaks remains open. No new cases or outbreaks were notified in the past week in this cohort;
- 4 COVID-19 outbreaks notified in residential facilities for the homeless, involving 15 cases. All of these outbreaks have been closed. No new cases or outbreaks were notified in the past week in this cohort.

Mode of Transmission

- “Close contact with a confirmed case” is now the most frequently cited mode of transmission for cases that have occurred in the past 14 days (49% of cases);
- the proportion of cases that are noted as being attributable to community transmission appears to be stable.

International Situation

The NPHET noted that 7.8% of cases notified over the past fortnight have been associated with travel. Importantly, the NPHET also took note of cases where travel-related transmission has been linked to further clusters, within private households or within extended family units.

Furthermore, the NPHET continued to note with concern the experience internationally, with many countries experiencing increases in cases resulting in actions being taken to reimpose public health restrictive measures in those countries or regions of those countries. It noted that:

- 17.9 million cases and 686,000 deaths have been recorded globally to date; 1.8 million cases were recorded within the last 7 days (10% increase);
- the epidemiological profile of the disease remains uncertain in many countries due to limited testing and/or reporting.



3. Future Policy

a) *Review of public health measures in advance of 10th August 2020*

Given the current epidemiological status of the COVID-19 disease in Ireland, the pandemic situation globally, and the current overall public health risk, as set out in the above data and in the report to Government as provided for in the *Roadmap for Reopening Society & Business*, and cognisant of the most recent ECDC risk assessment, the NPHEP further considered the public health measures currently in place. The DOH presented a draft deliberative paper outlining potential adjustments to the prevailing measures, which formed the basis of the NPHEP's consideration.

The NPHEP's attention was drawn in particular to the following:

- the latest data regarding the progression of the disease; the capacity and resilience of the health service in terms of hospital and ICU occupancy; and the capacity of the programme of sampling, testing, and contact tracing;
- the experiences internationally, in particular in countries following the easing of public health measures, resulting in the requirement to reimpose public health restrictive measures;
- ongoing evidence and information regarding the experiences of members of the public, adherence to the public health personal behaviours and social distancing measures in place through regular quantitative and qualitative public opinion research and focus groups, and analysis of non-health information sources such as transportation, mobility, and congregation data;
- the NPHEP's Advice to Government in relation to Phase 4 measures of 14th July 2020;
- that there are other important considerations for Government with regard to the reduction of measures, such as social and economic considerations, while noting the potential effects of the current measures on the wider health and wellbeing of the population;
- the key priority of recommending essential societal services, such as education, health, and social care for all.

The NPHEP's attention was further drawn to Appendix 1 of the deliberative paper, which outlined potential adjustments to the public health measures currently in place in advising Government in advance of Phase 4 on 10th August.

The NPHEP, after thanking DOH for its paper, recalled that on 14th July, it had advised Government that a cautious approach should be pursued and that the public health measures in place at the time, with some adjustments, should be extended until 10th August 2020, rather than progressing to Phase 4 of the *revised Roadmap for Reopening Society & Business*.

The NPHEP further recalled that on 23rd July, it approved a "*Framework for Future COVID-19 Pandemic Response*", which envisaged 3 phases of response based on the level of risk and is intended to inform the future strategic approach to COVID-19 across Government and society. The NPHEP noted in this regard that this Framework is forming part of ongoing considerations across Government.

In addition, the NPHEP recalled its recommendation of 30th July, for a series of actions aimed at strengthening the State's public health structures and resources to ensure a sustainable and robust response to COVID-19 in the months ahead.



The NPHET expressed significant and growing concerns in light of the progression of the disease over recent weeks, in particular, regarding the following:

- the increasing case numbers of this disease currently being reported each day, and the increasing incidence observed nationally;
- the increasing number of cases observed in vulnerable groups, including the Irish Traveller community and direct provision centre residents;
- multiple significant outbreaks notified in workplaces, particularly in the construction and food production sectors;
- the increasing number of cases reported in younger people, particularly those aged between 25-34 years of age;
- the observed shift of the location of the majority of cases from the greater Dublin region to other counties over the past 7-10 days.

The NPHET also expressed that it was critical that the State be prepared to respond at all times to any changes in the profile of the disease nationally, given that international experience is proving that countries are likely to experience periods of resurgence of the disease, and given that the World Health Organisation has also advised that based on current evidence, it is likely that there will be recurring epidemic waves, interspersed with periods of low-level transmission.

The NPHET, taking the above information into account, recommended that a cautious approach must now be pursued and that the current public health measures in place, with some adjustments, should be extended rather than progressing to Phase 4 of the *revised Roadmap for Reopening Society & Business*. The NPHET noted that this would be further reviewed in advance of 31st August, in light of the epidemiological position at that time.

In providing its public health advice to Government, the NPHET–

- reiterated the critical importance of low levels of community transmission of this disease in order to ensure the protection of the most vulnerable and to enable the recommencement of essential societal services, such as education, health, and social care services for all;
- emphasised that while community transmission remained reasonably low at present, with the majority of cases accounted for within known outbreaks and close contacts, Ireland was no different to other countries, and there remained a continuing and heightened risk that the evident increase in cases, could potentially lead to increasing levels of community transmission in the coming weeks;
- noted the continuing risk associated with any social gatherings indoors and recommended a number of additional measures for the restaurant and café sector, including the requirement for premises to close by 10.30pm, other than for takeout and delivery, and the mandatory wearing of masks for staff. The NPHET emphasised that, in recommending the reopening of these premises in late June, it was on the basis of strict adherence to the detail and spirit of public health guidelines, and also on the basis that the intended premises are controlled restaurant environments. The NPHET recognised that the vast majority of such premises have adhered to the guidelines in place, but also called for continued robust inspection and enforcement arrangements and the enhancement of these arrangements, where necessary;
- recommended that a series of targeted actions and supports be implemented at known areas of infection risk, including vulnerable groups and high-risk workplace environments, to immediately contain current outbreaks and to put in place sustainable measures to mitigate the risk of further outbreaks;



- reiterated advice in relation to other areas of known risk such as overseas travel and private home social gatherings;
- recommended a refreshing of cross-Government communications in relation to COVID-19, noting the centrality of communication of key messages to the public, recognising that it is only through individual and collective action that the State will be able to manage and control the disease. This is especially important for those aged under 45 years.

Action: The NPHET advises Government that a cautious but measured approach must now be pursued and that current public health measures in place, with some adjustments, should be extended rather than progressing to Phase 4 of the revised Roadmap for Reopening Society & Business. This advice will be further reviewed in advance of 31st August, in light of the epidemiological position at that time.

b) Advice on the “Guidance on testing children with possible COVID-19”

This item was deferred for discussion at the next NPHET Meeting, scheduled for Thursday 6th August 2020.

4. Meeting Close

a) Agreed actions

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

b) AOB

There was no other business raised at the meeting.

The next NPHET meeting will take place on Thursday 6th August 2020, at 10:00am, via videoconference.