



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

**Meeting Note – Standing meeting**

<b>Date and Time</b>	Thursday 6 <sup>th</sup> August 2020, (Meeting 45) 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 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>Mr Phelim Quinn, Chief Executive Officer, HIQA</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>
<b>‘In Attendance’</b>	<p>Mr David Keating, Communicable Diseases Policy Unit, 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</p> <p>Mr Gerry O’ Brien, Resources Division, DOH (alternate for Paul Bolger)</p> <p>Mr Niall Redmond, Social Care Division, DOH (alternate for Kathleen MacLellan)</p> <p>Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion)</p> <p>Dr Trish Markham, HSE (alternate for Tom McGuinness)</p>
<b>Secretariat</b>	Dr Keith Lyons, Ms Sarah Murphy, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, Ms Ruth Brandon, DOH
<b>Apologies</b>	<p>Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH</p> <p>Dr Colette Bonner, Deputy Chief Medical Officer, DOH</p> <p>Dr Alan Smith, Deputy Chief Medical Officer, DOH</p> <p>Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE</p> <p>Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH</p> <p>Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH</p> <p>Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH</p> <p>Ms Deirdre Watters, Communications Unit, DOH</p> <p>Mr Paul Bolger, Director, Resources Division, DOH</p> <p>Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair</p> <p>Ms Yvonne O’Neill, National Director, Community Operations, HSE</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), including testing and contact tracing*

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:

- As of 5<sup>th</sup> August 2020, there were 50 new confirmed cases, with 0 new deaths;
- There were 6 cases in ICU and 14 suspected cases, with one case being ventilated;
- There was one new case admitted to ICU;
- There were 17 cases in hospital, with 194 suspected cases;
- There were 4 new hospital admissions;
- Case numbers have risen sharply with hospital and ICU admissions remaining low;
- The incidence rate increased to 8.1 per 100,000 population over the 14 days to midnight 3<sup>rd</sup> August. 58% of the cases over this period were associated with outbreaks;
- Seven counties have had more than 10 new cases in the 14 days to midnight 5<sup>th</sup> August. Some counties were experiencing high incidence rates (Kildare, Laois, Offaly & Clare);
- 77% of all cases in the 14 days to midnight 5<sup>th</sup> August concerned those under 45 years of age; there were also high incidence rates among those aged 20-34 years;
- The median age for cases notified in the 14 days to midnight 5<sup>th</sup> August was 31 years;
- The numbers of tests remained high and the positivity rate remained low but had increased in the previous two weeks. There were 23,469 tests completed in the previous seven days with a positivity rate of 1.4%;
- Over the 7 days to 5<sup>th</sup> August, the average number of close contacts per case was 5.8 and the median number was 5.7. The median turnaround time for community and hospital tests combined, from referral to the completion of contact tracing, was 1.82 days.
- The median turnaround time from referral to completion of contact tracing for tests with a “COVID-19 detected” result in community settings was 3.13 days;
- In week 31 (27<sup>th</sup> July – 2<sup>nd</sup> August), there were 40 COVID-19 outbreaks notified to the HPSC. 23 were current outbreaks, 4 outbreaks were workplace-related, 4 outbreaks were in direct provision centres;
- Two outbreaks with 47 cases were reported in meat processing plants in week 31 (27<sup>th</sup> July – 2<sup>nd</sup> August). A further two outbreaks and 10 cases have been recorded in other workplaces.
- Of the 251 cases where occupation status was recorded (57%), 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, and fast food).
- The influenza-like illness (ILI) rate per 100,000 population was 5.4 in week 30 (20<sup>th</sup> – 26<sup>th</sup> July), and 4.5 in week 31 (27<sup>th</sup> July – 2<sup>nd</sup> August);



The DOH also provided a summary of the global situation, including trends in the international 14-day incidence rate. The key points were as follows:

- There is a new ECDC Rapid Risk Assessment (11<sup>th</sup> Update), which is due to be published shortly;
- Globally, the pandemic is continuing to accelerate in numbers of both cases and deaths;
- Currently there are 18.4 million cases in total. This is an increase of over 0.5 million in since 4<sup>th</sup> August 2020;
- The situation in Europe is deteriorating, with most countries observing a higher 14-day incidence than the previous 14-day period. 31 out of the 39 EU+UK countries and territories have worse 14-day incidence rates for this period as compared to the last 14-day period;
- There is considerable uncertainty regarding the future course of the disease for some countries and regions. Information quality issues may impact on the NPHET's ability to fully understand the situation aboard.

The HPSC provided an update regarding outbreaks in meat processing plants and pet food factories across Laois, Offaly, and Kildare. Contact tracing and testing of close contacts is ongoing. It was noted that some employees in affected facilities were resident in direct provision centres in Laois and Kildare, and appropriate action is being taken with regard to contact tracing and testing. These outbreaks are ongoing and will be monitored closely as further information becomes available.

The NPHET noted its concern at the epidemiological situation presented and agreed to consider it further at a supplementary meeting on Friday 7<sup>th</sup> August when additional information will be available.

## **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*".

The report summarised the work and findings of the National Outbreak Control Team (NOCT), which was convened to provide coordination and guidance to Public Health in investigating the underlying circumstances and the management of outbreaks of COVID-19 in meat processing plants. Local outbreak control teams (OCTs) had been managing COVID-19 outbreaks in meat processing plants across the country. By 24<sup>th</sup> July 2020, notwithstanding those occurring since, all 23 outbreaks of COVID-19 in meat processing plants had been successfully controlled, with only 2 remaining open.

The production and circulation of national standardised guidance had been an immediate priority of the NOCT, and this guidance provided a single source of COVID-19 prevention and control guidance for the meat processing plants. The importance of effective communication and engagement with workers was also identified. Mass testing also took place within individual meat processing plants when required, based on Public Health risk assessment.

It was acknowledged that recent additional outbreaks had occurred since the completion of the report. The NPHET also recalled its recommendation on 4<sup>th</sup> August 2020 that a National Standing Oversight Committee on COVID-19 for food processing plants be established to maintain an ongoing review of the impact of COVID-19 on this industry and to oversee the establishment of a follow-up NOCT, in the event of any resurgence of outbreaks.

The NPHET thanked the HPSC for its substantial report and acknowledged the significant work carried out by the OCTs and the NOCT. The recommendations included in the report were noted by the NPHET and accepted as interim recommendations due to the evolving nature of current outbreaks in meat and food processing plants. The NPHET also requested that the newly established National Standing Oversight Committee



urgently consider the development of an appropriate and proactive approach to surveillance and testing within the food processing industry.

**Action: The NPHE noted and agreed a set of interim recommendations based on a report on the experiences of managing outbreaks of COVID-19 in meat processing plants to date.**

**The NPHE further recommended that the HSE's newly established National Standing Oversight Committee for such facilities considers, as an immediate action, the development of the most appropriate and proactive approach to surveillance and testing within the food processing industry.**

### 3. Future Policy

#### **a) Guidance on testing children with possible COVID-19**

##### *i) Expert Advisory Group advices*

The Expert Advisory Group (EAG) presented its advice from its meeting of 31<sup>st</sup> July 2020 and outlined that it considered the appropriateness of alternative sampling methods to gain a viable specimen from children given that the collection of nasopharyngeal/oropharyngeal specimens is likely to be traumatic for many children and unacceptable for many parents/guardians of a child with mild illness.

**Action: The NPHE accepted the advice of the Expert Advisory Group (EAG) from its meeting of 31<sup>st</sup> July 2020, in relation to the following:**

- a) Oral fluid/saliva has many practical advantages as a specimen type for testing for SARS-CoV-2 RNA in children from 3 months of age to completion of primary school in the community setting;**
- b) Testing of oral fluid/saliva is likely to be less sensitive than the nasopharyngeal/oropharyngeal specimen that represents current standard of care. However, given that the collection of this specimen type is likely to be traumatic for many children and unacceptable for many parents/guardians of a child with mild illness, the acceptability and practicality are such that oral fluid/saliva (pending validation results) may be considered an alternative specimen type in this context;**
- c) For adults in all settings, the current combined oropharyngeal/nasopharyngeal swab remains the preferred specimen type. In addition, in seriously ill children requiring hospitalisation, the current combined oropharyngeal/nasopharyngeal swab or a deep nasal swab are the preferred sample types.**

##### *ii) Briefing Document: Managing Children with Fever and Respiratory Symptoms Winter 2020/2021*

The HSE presented a briefing document on "Managing Children with Fever and Respiratory Symptoms – Winter 2020/2021", which was written at the request of the NPHE and the Chief Clinical Officer of the HSE to:

- examine the wider approach to the planning of care for children with respiratory symptoms this winter, including the rapid identification, isolation and testing of suspect cases of COVID-19 among children; and
- outline a differentiated approach in terms of alternative modalities of, and pathways for testing in community settings that may be appropriate for children, provide clear protocols and guidance regarding the small proportion of children who experience transient fever following immunisation, and provide guidance regarding return to school or childcare settings following the resolution of illness.

The Briefing Document gives guidance on the management of children from 3 months of age until the completion of primary school, considering the severity of the presenting illness and other epidemiological considerations.



The key recommendations made in the briefing document were that:

1. testing of suspected cases in line with Public Health strategy is supported;
2. there is a preference for less-invasive testing of children, with use of salivary or deep nasal samples recommended instead of nasopharyngeal/oropharyngeal for children in the community, if feasible;
3. the period of self-isolation of paediatric cases and restriction of movements of close contacts should be aligned with emerging ECDC guidance.

The NPHE, in considering the briefing document, stressed that a direct risk to children in this context was that other serious illnesses such as meningitis or septicaemia could initially go unrecognised because of a focus on COVID-19 as a diagnosis. The NPHE, being also aware of the importance of reopening schools in September 2020 and the need for parents and carers of children to have clear guidance on the management of COVID-19, agreed a number of actions concerning a number of work streams, with a view to developing recommendations and clear communications regarding the testing and management of COVID-19 in children by the week of 24<sup>th</sup> August 2020.

**Action: The NPHE agreed the recommendations set out in the briefing document “Managing Children with Fever and Respiratory Symptoms – Winter 2020/2021”, (pending an evidence synthesis review by HIQA in relation to the appropriate periods of self-isolation referred to in proposition 3). The NPHE further recommends that the HSE:**

- a. in collaboration with the NVRL, validate the use of oral fluid/saliva as a specimen type for testing for SARS-CoV-2 RNA in children and report back to NPHE by 20<sup>th</sup> August 2020;
- b. through the HPSC and the Integrated Care Programme for Children, develop algorithms based on those set out in the briefing document to support the identification of those requiring testing in advance of 20<sup>th</sup> August 2020;
- c. in anticipation of the adoption of oral fluid/saliva as a specimen type for testing of children and in line with the briefing document on “Managing Children with Fever and Respiratory Symptoms”, consider the most appropriate testing pathways for children;
- d. work with the Department of Health to develop communications to support understanding among parents, carers, and school authorities.

**Action: The NPHE recommends that HIQA review the evidence available relating to the necessary isolation periods for those who test positive for COVID-19.**

**Action: The NPHE recommends that the Expert Advisory Group examine occupational (return to work) guidance for health care workers who have children who test positive for COVID-19 or are close contacts of a confirmed case.**

#### **4. National Action Plan/Updates**

##### **a) Irish Epidemiological Modelling Advisory Group**

The Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) presented an “IEMAG Sustainability Options Paper” to the NPHE. The paper acknowledged the valuable role the IEMAG has played in advising the NPHE during the initial response to the COVID-19 pandemic, providing advice and expertise in the area of epidemiology data modelling, in line with its terms of reference.

The paper outlined that the context for the IEMAG’s work had changed and how it was appropriate to now review IEMAG’s programme of work and to consider options for sustaining any modelling work that may be needed. The uncertainty surrounding COVID-19 makes it difficult to predict how long modelling advice and



expertise will be required to support the NPHET and the nature of the expertise that would be most useful. However, the value of sustaining some specific statistical advisory and modelling capacity within the health system was acknowledged.

A number of options were outlined in relation to the way in which the work of IEMAG could be formalised in the future and realigned into the appropriate policy and operational functions of existing organisations or agencies. The NPHET thanked the IEMAG for the considerable contribution it had made in responding to the pandemic to date and acknowledged the importance of its work continuing, albeit through potentially different channels in time. It was agreed that further consideration would be given to the options proposed before a new approach to carrying out this significant work was formalised.

## **5. Meeting Close**

### ***a) Agreed actions***

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

### ***b) AOB***

There was no other business raised at the meeting.

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

The next meeting of the NPHET will take place on Friday 7<sup>th</sup> August 2020 at 11:00am via video conferencing.