



National Public Health Emergency Team – COVID-19
Meeting Note – Standing meeting

Date and Time	Wednesday 12 th August 2020, (Meeting 47) at 3:30pm
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Ronan Glynn, Acting Chief Medical Officer, DOH
Members via videoconference	<p>Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA Dr John Cuddihy, Interim Director, HSE HPSC Prof Colm Bergin, Consultant in Infectious Diseases, St James’s Hospital Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH Dr Mary Favier, President, Irish College of General Practitioners (ICGP) Mr David Leach, Communications, HSE Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH Dr Colette Bonner, Deputy Chief Medical Officer, DOH Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Ms Yvonne O’Neill, National Director, Community Operations, HSE</p>
‘In Attendance’	<p>Ms Marita Kinsella, Director, NPSO, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Laura Casey, Policy and Strategy Division, DOH Ms Sarah Treleaven, CMO Division, DOH Dr Matthew Robinson, Specialist Registrar in Public Health, DOH Ms Lyndsey Drea, Communications Unit, DOH (alternate for Deirdre Watters) Mr Gerry O’ Brien, Resources Division, DOH (alternate for Paul Bolger) Mr Niall Redmond, Social Care Division, DOH (alternate for Kathleen MacLellan) Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion) Dr Trish Markham, HSE (alternate for Tom McGuinness) Ms Deirdre McNamara, HSE (alternate for Colm Henry)</p>
Secretariat	Dr Keith Lyons, Ms Sarah Murphy, Ms Sorcha Ní Dhúill, Mr. Liam Robinson, Ms Ruth Brandon, DOH
Apologies	<p>Dr Darina O’Flanagan, Special Advisor to the NPHE Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Dr Breda Smyth, Public Health Specialist, HSE Dr Alan Smith, Deputy Chief Medical Officer, DOH Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Ms Deirdre Watters, Communications Unit, DOH Mr Paul Bolger, Director, Resources Division, DOH Dr Colm Henry, Chief Clinical Officer (CCO), HSE Mr Liam Woods, National Director, Acute Operations, HSE</p>



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Minutes of previous meetings*

The minutes of 30th July 2020 had been circulated to the NPHET in advance of the meeting. These were agreed subject to minor amendments and formally adopted by the NPHET.

c) *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)*

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

- As of 11th August 2020, there were 26,801 total confirmed COVID-19 cases, with 35 newly confirmed cases;
- There were 1,773 total deaths, with 1 new death;
- As of the 12th August, there were 6 cases in ICU, with 3 being ventilated; 7 suspected cases in ICU and 1 discharge from the ICU; there were 13 cases in hospital, with 189 suspected cases. There was 1 new hospital admission and 1 discharge;
- The 14-day national incidence rate per 100,000 population by notification date is increasing and stood at 18.3 on 10th August 2020;
- For the 14-day period 29th July to 11th August: Kildare has a 14-day incidence rate of 147.4 per 100,000 population and Laois has a rate of 82.6 and Offaly has a rate of 134.7;
- 73% of all cases in the 14 days to midnight 11th August 2020 were in those under 45 years of age. The median age for cases notified in the same period was 31 years of age;
- Close contact with a confirmed case was the most frequently cited mode of transmission. There was limited confirmed community transmission reported in Kildare, Offaly, and Laois from 28th July to 11th August 2020;
- There were 245 new cases notified in meat processing plants in the week to 10th August;
- In week 32 (3rd to 9th August 2020), there were 28 COVID-19 outbreaks notified to HPSC. 23 were current outbreaks. These included:
 - 3 outbreaks were workplace-related, 2 in meat processing plants in HSE East and Midlands;
 - 1 in a Direct Provision Centre in HSE East;
 - 1 in a disability centre in HSE Northeast;
 - 1 outbreak was reported in an acute hospital in HSE Southeast;
 - 1 outbreak was reported in a community hospital/long-stay unit in HSE East;
 - 2 outbreaks were travel-related;
 - 1 outbreak was notified in a childcare facility in HSE Northeast;
 - 1 outbreak was notified in a restaurant/café in HSE Northwest.
- In total, 674,695 tests have been completed to date with 29,989 total positive tests. The total positivity rate is currently 4.4%;
- In the last 7 days, there were 30,372 tests completed showing a positivity rate of 1.7%.



The DOH summarised the key messages as follows:

- The incidence rate and number of cases overall are both increasing, particularly concentrated in the counties of Kildare, Offaly, and Laois;
- There are multiple significant outbreaks in workplaces and residential facilities;
- The new cases are largely concentrated in younger age groups;
- Hospitalisations and ICU admissions will continue to be monitored.

It was noted that there does not yet appear to be any substantial level of confirmed community transmission, with cases currently stable at below 10 cases per day, however there are a number of cases, for which mode of transmission is yet to be confirmed. This may indicate that the large outbreaks across Laois, Kildare, and Offaly appear to be contained. However, smaller outbreaks, including household outbreaks, which are widely distributed across the country may now be increasing. The evolving situation both nationally and within Kildare, Laois, and Offaly will be monitored closely. The NPHEP noted the most recent *ECDC Rapid Risk Assessment (11th update)* and the primary importance of contact tracing and testing.

b) Update on operational response and status of outbreaks across Kildare, Laois, and Offaly

The HPSC presented the paper *“Update Report to NPHEP: Outbreaks in Meat and Food Processing Industry and Construction Sites in Kildare, Offaly, and Laois”*.

The HPSC outlined the currently available epidemiological data in relation to outbreaks across Kildare, Laois, and Offaly. Data was presented on outbreaks in meat processing plants, the construction industry, other workplaces and in direct provision centres. The NPHEP was briefed on the ongoing work to contain these outbreaks, including details of testing carried out to date, results received, specific actions taken, and links to other known outbreaks.

The paper outlined a number of potential risk factors that may contribute to the increased risk of transmission among workers, including but not limited to: high-density workplace settings; prolonged contact times between workers; sharing of transportation such as car-pooling between employees; and shared or congregated housing between workers.

The paper outlined data currently available relating to 4 ongoing outbreaks in the food processing sector in Kildare and Offaly as of 11th August 2020:

- 312 cases are linked to the four ongoing outbreaks in the food processing sector in Kildare (303) and Offaly (9);
- Dates of onset of symptoms are available on 108 cases, earliest reported onset date is 14th July and the latest 6th August 2020;
- Majority (96%) of cases reside in Kildare, Offaly, and Laois;
- Median age is 35 years, ranging from 17-66 years;
- Majority (76%) of cases are in males;
- 73% (n=227) of cases are in foreign nationals;
- 41% (n=127) of cases are symptomatic;
- 14% (n=45) of cases have underlying clinical conditions.

The NPHEP, with regard to the further development of effective communications on COVID-19, emphasised the importance of remaining cognisant of the potential language barrier that may exist for those working in the food processing industry and also for those living in direct provision centres, where English may not be spoken as a first language in some cases. The NPHEP noted in this regard that engagement with the



relevant bodies and trade unions was ongoing to ensure effective communication of key messages to all concerned.

The NPHE also noted the risk of potential stigmatisation of vulnerable groups in certain outbreak settings and underlined the need for Public Health teams to remain cognisant of this risk in carrying out their daily work.

The HPSC also provided an overview of the membership and draft remit of the National Standing Oversight Committee on COVID-19 in High Risk settings – Food Processing and Construction Sectors. This Committee was established on 7th August 2020, upon the recommendation of the NPHE on 4th August.

3. Review of Existing Policy

a) Sampling, Testing, Contact Tracing, and CRM Reporting

The HSE presented its “National Public Health Emergency Team (NPHE) Report 19th May – 9th August”, covering close contacts of cases of COVID-19 identified during the reporting period. Key data included:

- 5460 Day 0 Tests were carried out in total, of which 434 (8%) returned a positive result;
- There were 1,779 close contacts where the initial Day 0 Test result was negative, and Day 7 Test results were available. Of these, 38 (2.1%) converted to positive between Day 0 and Day 7;
- Of the close contacts referred for testing between August 2nd and 7th, 76% attended their Day 0 Test and 56% attended their Day 7 Test;
- On 9th August the median number of close contacts per person was 3, and the average was 4.7
- Household contacts made up the largest group of close contacts (796), of which 124 presented as symptomatic and 605 presented as asymptomatic, followed by Social contacts (404), of which 64 presented as symptomatic and 300 presented as asymptomatic;
- 5024 daily active follow-up text messages were sent to close contacts of cases between 2nd and 6th August, representing a 75% increase from the same period the previous reporting week;

The HSE also provided an update on 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 3rd – 9th August 2020:

- 27,075 swabs were taken for COVID-19 testing, in excess of 13,300 of these were taken in the community and over 13,600 swabs were taken in acute settings. The number of community swabs has risen in recent weeks reflecting increased GP referral and increased close contact referral from positive cases. In the coming week the overall number will increase with serial testing volume;
- 28,303 lab tests were completed, 13,905 of these tests were processed in community laboratories and 14,398 were processed in acute laboratories;
- A total of 2,265 calls were made in the Contact Tracing Centre. A total of 554 of these were to communicate a “COVID-19 detected” result. A total of 1,711 calls were completed relating to contact tracing. The median time to complete all calls was 1.1 days;
- The average number of close contacts per case was 5 and the median number of close contacts per case over this period was 3;
- From 4th to 10th August, the median end-to-end turnaround time for community and hospital tests combined, from referral to the completion of contact tracing, was approximately 3 days. A technical issue with auto texting occurred on 7th August, which impacted on turnaround times, but the issue has since been resolved;



- The median end-to-end turnaround time from referral to completion of contact tracing for tests with a “COVID-19 detected” in community settings was 3.3 days;
- For 86% of tests the time from referral to lab result was less than 48 hours;
- In the community, the median time for referral to appointment was 0.8 days. 82% received an appointment in less than 24 hours.

The NPHET thanked the HSE for its comprehensive update, noting the vital importance of receiving up-to-date data and the need to ensure a sufficient standing capacity across the testing, tracing, and reporting functions is available to respond immediately to future outbreaks.

The HSE presented an additional update paper to the NPHET on “*Serial Testing in Residential Care for Older Persons, Meat/Food Processing, Direct Provision*”, outlining progress made to date on the priority testing programmes areas, namely:

- The resumption of the serial testing programme of healthcare workers in residential care facilities for older persons on a fortnightly basis;
- The commencement of serial PCR/RNA testing for COVID-19 for persons living in Direct Provision Centres (DPCs);
- The commencement of serial PCR/RNA testing for COVID-19 for workers in meat processing and food production sites (based on a risk assessment).

The HSE outlined that as the epidemiological situation and consequential demands on the Testing and Contact Tracing service continue to evolve, it was making a conscious effort to plan serial testing programmes holistically, to ensure efficient and targeted use of resources in the areas required.

The NPHET thanked the HSE for its update and recalled its earlier recommendation that fortnightly testing should take place for the Homeless, Roma Community, and those living in direct provision. With regard to Meat Processing Plants, weekly testing should take place in the 3 counties affected by the large outbreaks (Kildare, Laois, and Offaly) for a 2-week period. The NPHET also noted that the HSE should reflect further on whether the upper testing capacity limit of 100,000 tests per week should be reviewed in light of the increase in serial testing. The NPHET also raised concern with the provision of testing by private companies and stressed that where a Public Health investigation is taking place, testing should be conducted through the HSE to ensure that no delays with data collection arise. The NPHET reiterated that the success of serial testing programmes will require continued close collaboration between large numbers of stakeholder groups including multiple HSE teams, the Department of Justice and Equality (DOJE), Department of Agriculture, Food & The Marine (DAFM), Department of Business, Enterprise and Innovation (DBEI), and management in the facilities themselves.

4. Future Policy

a) Criteria for closing and reopening premises during COVID-19 clusters or outbreaks

This item was discussed following item 2 above.

The HPSC presented the paper “*Closure and Reopening Criteria for Meat Processing Plants, Food Processing Plants, and any Large Business affected by COVID-19 outbreaks*”, prepared by members of the National OCT for Meat Processing Plant Outbreaks, with further input from the HPSC, Public Health Midlands, HSE Public Health, and NCD Health Protection.

The HPSC, noting at the outset that meat factories operated as essential services, outlined the criteria identified in the paper to be applied for the closure of a facility affected by an outbreak of COVID-19. The



HPSC, noting that it was unlikely that a single issue would automatically lead to a decision to close a facility, confirmed that a unique pattern of local factors would be incorporated into any Risk Assessment to guide decisions regarding closure or staff removal, or any other control measures. The HPSC emphasised that any closure must be based on a robust Public Health assessment. As a result, each meat processing plant COVID-19 outbreak will be assessed on an individual basis and a unique decision made as to whether it is safe for the plant to continue in operation, or whether closure is necessary.

The NPHEP thanked the HPSC for the paper and noted it outlined part of the current approach being taken by the NOCT. The NPHEP reiterated that a public health risk assessment should take primacy in decisions to close and reopen facilities affected by an outbreak of COVID-19. The NPHEP also noted that work was ongoing on legislation in this regard.

b) Retrospective Contact Tracing

The DOH presented its paper “*Note re ‘retrospective contact tracing’ or ‘source finding’*” for the NPHEP’s consideration. The DOH noted that its review of international research to date indicated that the addition of retrospective contact tracing for the 14-day period prior to symptom onset has the potential to add to the understanding of transmission chains, especially for sporadic cases and community transmission.

Action: The NPHEP recommends that the HSE examines the feasibility and develops a proposal, as appropriate, for the inclusion of retrospective contact tracing into the contact tracing process.

5. National Action Plan / Weekly Updates

a) Irish Epidemiological Modelling Advisory Group (IEMAG)

(i) Options paper

The IEMAG presented its paper “*IEMAG Sustainability Options Paper, August 2020*”, with a view to providing the NPHEP with an opportunity to consider sustainable options for maintaining an ongoing epidemiological modelling and enhanced statistical analyses capacity.

The NPHEP thanked the IEMAG for its considerable work to date and approved the options paper in principle, requesting that the IEMAG draft a more detailed proposal for submission to the DOH, via the HSE’s HPSC.

6. Meeting Close

a) Agreed actions

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

b) AOB

The following point was raised:

- The potential of alternatives to nasopharyngeal swabs as the primary specimen collection method to be considered by the NPHEP in the near future with a view to increasing engagement with the testing process and ensuring future capacity in the context of serial testing programs.

c) Date of next meeting

The next meeting of the NPHEP will take place Thursday 20th August 2020, at 10:00am via video conferencing.