



Mr. Stephen Donnelly TD,
Minister for Health,
Department of Health,
Miesian Plaza,
50-58 Lower Baggot Street,
Dublin 2.

11th September 2020

Via email to Private Secretary to the Minister for Health

Dear Minister,

I write further to yesterday's meeting of the COVID-19 National Public Health Emergency Team (NPHE).

The NPHE gave further consideration to the five-level framework it discussed last week and the final framework is now attached for consideration as part of the development of the Government's medium-term strategy.

The NPHE reviewed the current epidemiological situation nationally, and also specifically in three counties (Limerick, Kildare, and Dublin), which are currently experiencing a high level of cases. Enhanced public health measures have been in place nationally since the 18th August 2020.

National Picture

As part of these considerations, the NPHE noted:

- The increasing case numbers of COVID-19 currently being reported each day, and the increasing incidence observed nationally;
- The significant number of active clusters/outbreaks, the majority of which are in private households;
- Close contact with a confirmed case is the primary mode of transmission nationally;
- An increase in the number of cases and incidence rate in older people;
- An increasing number of cases in healthcare workers;
- As of the 8th September 2020, the latest estimate of R is just above 1.0, however the R value for Dublin alone is higher and is estimated to be approximately 1.4.

Ireland's current epidemiological situation at the time of consideration by the NPHE was as follows:

Cases and Deaths

- The number of confirmed cases stands at 30,164;
- The 5-day rolling average of cases was 172 cases; this number was 90 one month ago;



- The 14-day incidence per 100,000 population is 38.0; the 7-day incidence is 22.1 cases per 100,000 population, indicating that in recent days, there has been an upward trend of new cases identified;
- 8,805 cases (30% of all cases) were associated with healthcare workers; 210 cases were reported in healthcare workers in the fortnight to 8th September 2020;
- 1,781 deaths due to COVID-19 notified to date; 4 of these have been in the month of September;
- The positivity rate for all tests processed nationally in the past week was 1.6%.

Demographic and Location Trends

- 71% of cases notified in the past 14 days have occurred in people under 45 years of age;
- The incidence and average number of cases in those 65 years and older has been increasing since the third week in August;
- The median age for all cases remains stable; the median age for cases notified in the past 14 days is 32 years;
- 21 counties have incidence rates higher than 15 cases per 100,000 population.

Hospitalisations

- There were 47 confirmed cases in hospital yesterday with 3 admissions in the previous 24 hours.
- The number of confirmed COVID-19 patients requiring critical care yesterday was 6, with no new admissions in the previous 24 hours.

Clusters and Modes of Transmission

- The number of new clusters are increasing and spreading in geography;
- 145 additional new clusters were notified in the past week to 5th September 2020. There are 671 open clusters nationally;
- The vast majority of open clusters are associated with private households (487 of 671);
- Half of all cases in the fortnight to the 5th September 2020 have arisen as a result of close contact with a confirmed case. A third of cases are linked with community or possible community transmission. These proportions have remained relatively stable for the past several weeks, while the absolute number of cases has been rising.

The NPHET continued to express concern regarding the epidemiological situation nationally. The average number of cases and the incidence rates remain high and appear to be steadily increasing. Given its current volume of cases and its population size, in recent days Dublin has been influencing the national picture. However, there is still an average of 75 cases per day identified in the 25 counties outside of Dublin. Every county has had cases in the past fortnight. Incidence has decreased from high levels in some counties but is increasing in others.

There is also evidence of a subtle shift in the age profile of the cases identified in the past several weeks. While the majority of cases remain in younger age cohorts, more older people are contracting COVID-19 than was previously observed. This is of particular concern given older populations are at greater risk of adverse outcomes resulting from COVID-19.



Given the epidemiological data and the reasons outlined above, the NPHET remains concerned about the profile of the disease nationally and advises that Government implement the public health restrictive measures as set out in Level 2 of the five-level framework attached for a further three week period (4th October 2020) to allow sufficient time for the measures to take full effect and disrupt the current pattern of disease transmission and especially to prevent further community transmission. The NPHET also reiterated its advice that pubs and bars should only open if there has been at least 2 weeks of stabilisation in the disease trajectory, and no sooner than the 21st September 2020. This also applies to an increase in attendance to 200 people in outdoor venues with capacity of over 5,000 people.

The NPHET also considered the epidemiological situation in a number of counties that are of particular concern, namely Limerick, Kildare, and Dublin.

Limerick (City and County)

The epidemiological data for Limerick at the time of consideration by the NPHET is as follows:

Case Numbers

- The rolling 5-day average as of 8th September is 9.2.
- 123 cases were notified to HPSC (7% of all cases) during the 14-day period from 26th August to 8th September 2020.

Incidence Rates

- The 14-day incidence rate is 63.1 cases per 100,000 population, which is higher than most other counties.
- The 7-day incidence rate is 27.7 cases per 100,000 population, which indicates that the trajectory of the disease in Limerick may be stable or beginning to decline, relative to the previous week.

Clusters and Modes of Transmission

- 29% of cases in the fortnight to 5th September 2020 in Limerick have now been attributed to community transmission and a further 66% of cases have been linked close contact with a confirmed case;
- The majority of cases in Limerick appear confined to discrete geographical areas and there does not appear to be diffuse spread of cases across the county.

While the incidence rate in Limerick is high as compared to other counties, this appears to be stabilising, cases are confined to a number of areas within the county and there does not appear to be widespread community transmission of the virus. As such, the NPHET considers that additional measures are not required at this time in Limerick and that Level 2 measures as advised above should apply in Limerick. This will be kept under review.

Co. Kildare

The epidemiological data for Kildare at the time of consideration by the NPHET is as follows:

Case Numbers

- The rolling 5-day average as of 8th September is 11.8.



- 137 cases were notified to HPSC (8% of all cases) during the 14-day period to 8th September.

Incidence Rates

- The 14-day incidence rate is 61.6 cases per 100,000 population.
- The 7-day incidence rate is 35.1 cases per 100,000 population.

Clusters and Modes of Transmission

- 45% of cases identified in the fortnight to 5th September have been linked with close contact with a confirmed case.
- In addition, 35% of cases have been identified as having arisen through community transmission. While the incidence rates in Kildare remain higher than many other counties, the trajectory appears to be stabilizing.

As such, **NPHET considers that additional measures are not required at this point in time in Kildare and that current nationwide measures should continue to apply** in line with its advice above. This will be kept under continuous review.

Dublin (City and County)

The epidemiological data for Dublin at the time of consideration by the NPHET is as follows:

Case Numbers

- The rolling 5-day average as of 8th September is 97.6.
- 913 cases were notified to HPSC (50% of all cases) during the 14-day period to 8th September. Of those, 562 have been identified in the last 7 days.
- Cases in Dublin are evenly distributed across the county.
- 60 cases in Dublin (11%) notified in the last 7 days to 8th September, are in healthcare workers.
- The R value for Dublin is estimated to be 1.4.

Incidence Rates

- The rolling 14-day incidence rate is 67.8 cases per 100,000 population, which is the highest in the country and is significantly higher than the national incidence rate (38.0).
- The 7-day incidence rate is 41.7 cases per 100,000 population, which indicates that the trajectory of the disease in Dublin is increasing.
- The 14-day incidence rates in the 8 community care areas of Dublin ranged from 36.0 to 83.3 cases per 100,000 with 7 of the 8 areas over 60 cases per 100,000.
- The daily incidence rate in Dublin is much higher than the remainder of the country.

Modes of Transmission

- The primary mode of transmission in the last fortnight to 5th September has been close contact with confirmed case (51% of cases). 35% of cases were recorded as having arisen through community transmission;
- The majority of cases linked with outbreaks in Dublin are tied to private household outbreaks.



Hospitalisations

- As of the 8th September 2020, 32 of the 49 COVID-19 patients hospitalised are in Dublin hospitals.

The NPHET concluded that the epidemiological situation in Dublin differs considerably from that currently observed elsewhere in the country and it is of grave concern.

The recent day-to-day variation in case numbers makes it difficult to precisely estimate the rate of growth, but current estimations suggest the epidemic in Dublin is growing at a rate of 4% per day, a reproduction number of 1.4, and a doubling time of 16 days. The most likely scenario, if no additional measures are taken, is that approximately 300 cases a day will be reported in Dublin by the end of September.

While the number of cases in Dublin has been rising slowly and moderately, the population size of Dublin means that it represents a substantial disease reservoir that, if left unchecked, has the potential to transmit widely and quickly both within Dublin and to other areas of the country. Furthermore, there is growing risk that the overall volume of disease will result in greater levels of transmission in more vulnerable populations in the community and spread into residential care settings, both of which are likely to lead to increased hospitalisations and mortality. In addition, the NPHET is conscious that higher education and further education institutions will be recommencing programmes over the coming weeks, resulting in significant additional movement of people into, out of, and across the county.

As part of its deliberations, the NPHET considered whether the situation warranted an escalation of restrictive measures to Level 3 of the attached Framework. This is the next level of escalation in the Framework and involves restrictions applying across a broad range of areas of society and business.

On balance, and after detailed consideration and weighing of the different factors, the NPHET agreed that while the situation in Dublin is extremely concerning, the current epidemiological data does not strongly support a move to Level 3 at this time. However, it strongly advises that very close adherence to the basic public health measures and the additional recommendations as set out below, will be essential to contain transmission and bring the disease under control in Dublin. The following suite of measures specifically targeting social gatherings and inter-household interactions are recommended for the following 3 weeks:

- **No more than 2 households should meet at any given time. People should only have a maximum of 6 visitors from 1 other household to their home. People can continue to socialise in indoor or outdoor public venues, but only with people from their own household or one other household, and in groups of no more than 6 people;**
- **Pubs and bars (not serving food) in Dublin should not open on the 21st September. As previously advised, there are particular risks associated with these establishments and the NPHET has advised that they should not open until there has been at least 2 weeks of stabilisation in the disease trajectory. This also applies to an increase in attendance to 200 people in outdoor venues with capacity of over 5,000 people;**
- **In order to reduce the number of resident contacts, Long Term Residential Care Facilities should reduce the number of nominated visitors to one per resident;**



- Higher-level and further education institutions in Dublin should consider what enhanced protective measures are necessary to ensure safe recommencement of programmes;
- Those living in Dublin should be encouraged to limit travel outside of Dublin if possible, and when outside the county, they should not meet with more than one other household;
- There should be further intensified communications to encourage people in Dublin to work from home and to avoid public transport where possible to support efforts in reducing congregation;
- There should also be increased targeted communications for specific age cohorts i.e. those in younger age groups in terms of their social interactions and people who are over 70 years and medically vulnerable individuals regarding the exercise of personal judgement in relation to their social contacts.

In making this recommendation, the NPHET had regard to the following:

- The vast majority of cases in Dublin remain in younger age cohorts;
- Admissions to hospital remain relatively low and numbers in critical care are low and stable;
- Mortality levels are stable;
- Levels of community transmission are similar to those across the country;
- There is limited evidence of clusters of significant size and secondary spread; the majority of clusters confined to private households;
- The enormous impact that more widespread restrictive movements would have on the health and wellbeing of individuals, and society more broadly and the economy (with consequent knock-on implications for the resourcing of vital public health services);
- The need for a targeted and proportionate response, with measures focused on the areas that are of most concern and can have most impact.

The NPHET strongly cautioned that this approach is not without risk and there is **no guarantee that further measures may not be necessary in the coming days or weeks and that the situation will be monitored closely**. It also noted that the experience in other countries is that increased hospitalisations and deaths have followed an increase in cases in the following weeks, meaning there is a limited period in which to act. While the recommended enhanced measures have the potential to arrest the trajectory of the disease, there is also the very real potential that the situation could deteriorate further. Moreover, these measures can only have a substantial effect on the course of the disease if there is wholehearted widespread collective buy-in for and adherence to the measures.

Two key learnings of recent months have been the willingness of the vast majority of the population to comply with societal public health measures and the profound impact that measures taken individually can have in suppressing the disease at a population level. This demonstrates that the power to control this pandemic is in the hands of every member of the population, working in unison. NPHET appeals again to everyone to continue to adopt and enhance compliance with hand hygiene, respiratory etiquette, physical distancing, and the wearing of face coverings and to make every effort possible to reduce congregation and the risk of transmission. As individuals, we must all take responsibility for our own behaviour. There is also a firm responsibility on employers and organisations to ensure that workplaces, venues, events and other activities adhere to public health



advice and guidelines, and on relevant authorities and regulatory bodies to ensure that the measures advised and agreed are then subsequently applied, monitored and enforced.

The NPHET further cautioned that there is a narrowing window of opportunity to bring the current trajectory of the disease under control, and notwithstanding widespread adoption of the measures, it remains very possible that further measures will be required in the coming weeks. At all times, the very significant negative implications for our key priorities of protecting the most vulnerable, resuming non-COVID health and social care services and maintaining educational activities must remain to the fore, and absolute priority must be given to ensuring these priorities are protected.

The NPHET fully appreciates that this most recent advice will be disappointing, concerning and challenging for people across the country and for people in Dublin in particular. The national response to date has relied fully on the resilience, solidarity and resolve of the Irish people, and this will continue to be the bedrock of our response over the coming weeks.


The NPHET considered a number of other matters during its meeting and agreed the following:

- Revised guidance and testing algorithms for COVID-19. This includes a reduction in the self-isolation period for children and adults to 10 days, and the introduction of testing with a nasal swab for children;
- The programme of serial testing of staff in nursing homes will continue for 2 further cycles of testing on a fortnightly basis, at which point it will be further reviewed.

The NPHET of course remains available to provide any further advice and recommendations that may be of assistance to you and Government in relation to ongoing decision-making processes in respect of the COVID-19 pandemic.

I would be happy to discuss further, should you wish.

Yours sincerely,



Dr Ronan Glynn
A/Chief Medical Officer
Chair of the COVID-19 National Public Health Emergency Team

cc. Ms Elizabeth Canavan, Department of the Taoiseach and Chair of the Senior Officials Group for COVID-19