



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

17th September 2020

Via email to Private Secretary to the Minister for Health

Dear Minister,

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

The NPHE reviewed the current epidemiological situation nationally, and specifically in Dublin (detailed epidemiological data in Appendix 1). The situation nationally remains concerning and has deteriorated further from last week. In particular, the NPHE noted:

- The numbers of cases per day, the 7 day and 14-day incidence rates, and the numbers in hospital and ICU are all continuing to increase at an accelerating rate;
- The number of deaths remain low but are increasing;
- The reproduction number is now estimated to be between 1.3 and 1.7. The growth rate in cases is between 5-7% per day, and the doubling time is 10-14 days;
- Close contact of a confirmed case remains the primary mode of transmission nationally. There has been an increase in the absolute number of cases linked with community transmission; in the week to 12th September, 39% of cases have been linked with community transmission.
- The significant number of active clusters/outbreaks, the majority of which continue to be in private households;
- The noticeable increase in the number of cases and incidence rate in older people. There has been a 38% increase in the number of cases in people aged 65 years and older in the week to 15th September as compared with the previous week (to 8th September).
- The increasing number of cases in healthcare workers;
- An increase in the absolute number of cases associated with nursing homes (staff and residents) in recent weeks;
- An increase in the influenza like illness (ILI) rate reported in the week to 12th September to 35.8 as compared to 24.4 in the previous week.

There is an average of 107 cases per day being identified in the 25 counties outside of Dublin. Every county has had cases in the past fortnight. Incidence is increasing across all age groups. There are



different patterns across the country, with incidence increasing in some counties and decreasing in others.

Modelling based upon the most current information estimates that if the current pattern of disease transmission remains unchanged there will be between 500 - 1,000 cases per day one month from now, 50-60% of which will be in Dublin.

Further details on the epidemiology considered by NPHET are available in the appendix to this letter.

Overall, the NPHET continued to express concern about the current situation nationally and cautions that cases, hospitalisations and deaths will increase if the pattern of disease continues along its current trajectory. **While the NPHET concluded that further measures, over and above current Level 2 measures, are not needed at this time nationally, it will require a united, concerted effort by everyone to prevent a further deterioration in the profile of the disease and to bring the situation back under control.**

As set out above, while NPHET remains concerned about the situation nationally, its major concern at present is in relation to Dublin. In light of the most recent data, the NPHET gave particular and significant consideration to the epidemiological situation in Dublin and reviewed its advice to Government last week in light of this data. In particular the NPHET noted:

- The level and pattern of cases in Dublin is very different than anywhere else in the country;
- The combination of a very high incidence rate and a high growth rate means that the force of infection in Dublin is currently about 3-5 times greater than in the rest of the country;
- The continuing rising incidence rates and average number of cases reported daily;
- The spread of cases is distributed across the city and county;
- That the number linked with community transmission in the week to September 12th is higher in Dublin (41%) than in the rest of the country (35%);
- The majority of hospital admissions and admissions to critical care are in Dublin. There is already reduced capacity within our hospital system as a result of the preventative measures that have had to be put in place as a result of COVID-19. Even small increases in the number of admissions have the potential to put strain on the hospital system and, were the current pattern of admissions to continue, this would impact on healthcare delivery more broadly.
- The reported influenza like illness (ILI) rate in the eastern region of the country is double the national rate in the week to 12th September (74.6 per 100,000 in Dublin vs 35.8 per 100,000 nationally).

The NPHET concluded that the situation has further deteriorated in Dublin and there is now a very real risk of widespread transmission both across the county but also to other areas of the country. **The NPHET is of the view that the profile of the disease in Dublin is at an extremely critical juncture and it believes that the window of opportunity to bring the disease under control in the county without significant additional measures is no longer available. It is the strong view of the NPHET that further measures must now be taken.** The NPHET was clear in its advice last week that



there was no guarantee that further measures would not be necessary in the coming days or weeks, and following its considerations today, it advises that the Government now give consideration to, as a matter of real urgency, the application of Level 3 measures¹ in Dublin (county and city) for a period of three weeks. In relation to particular measures within Level 3:

- The NPHET advises that visitors to private homes (including gardens) should be restricted to one other household only and this should be accompanied by strong messaging on safe visiting.
- NPHET notes the proposed measures for restaurants under Level 3 of the Government's Framework and understands that this encompasses all measures up to and including the closure of indoor dining. NPHET today considered a number of alternative additional restrictions that could be applied to indoor dining, including for example limitations on groups gathering, reduced capacity and earlier closing times. However, given the severity of the epidemiological situation in Dublin, NPHET concluded that, on balance, there was a necessity to apply measures at the limit of the options available under Level 3 which is to no longer permit indoor dining. NPHET recommends that restaurants and cafes (including bars/pubs serving food) can remain open for take away and delivery and outdoor dining to a maximum of 15 people.
- NPHET recommends that wet bars remain closed in Dublin.
- NPHET recommends that those living in Dublin be advised to stay within the county apart from work, education and other essential purposes. People outside of Dublin should be similarly advised not to travel into the county apart from work, education and other essential purposes².

The NPHET is very cognisant of the impact of escalating measures to Level 3, and it is doing so only after detailed consideration and weighing of the different factors. In making these recommendations, the NPHET had regard to the following:

- the continuing 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 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.
- the growing risk that the overall volume of disease in Dublin will further accelerate the rise in cases seen across the country, given its population size and connectivity to other parts of the country.

¹ Framework for Restrictive Measures in Response to COVID-19, Plan for Living with COVID-19

² Travel through Dublin is permitted for the purpose of reaching a destination outside of Dublin. People will also be able to undertake one initial journey either into or out of Dublin for the purpose of returning home from vacation.



- 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.
- the impact that these measures will 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 believes that the suite of measures in Level 3 represents a proactive and proportionate response to the current situation in Dublin. Measures are targeted specifically at limiting social contacts and reducing congregation. In advising these measures, the NPHET is fully cognisant of the impact that these measures will have on people, not only in Dublin, but across the country. However, the NPHET's strong advice is that these measures are necessary now to disrupt the current pattern of disease transmission and contain ongoing outbreaks, to protect the health and wellbeing of those living in these and surrounding areas, and to protect public health, the economy and society more broadly.

The NPHET again advised that 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. The NPHET reiterated its appeal to everyone – as individuals, employers, organisations - to do everything that they can to follow public health advice and help prevent further transmission of the virus. The power really is in everyone's hands.

The NPHET was also conscious of the particular impact that these measures will have on people aged 70 and over and the medically vulnerable. While the advice to these groups is to continue to exercise individual judgement, it is recommended that they stay at home as much as possible, limit engagement to a very small network for short periods of time, while remaining physically distanced. When taking exercise outdoors, it is important to maintain 2 metres distance from others and wash hands on returning home. It is recommended to shop during designated hours only, while wearing a face covering, and to avoid Public transport. The NPHET also advises Government that Community Call supports are immediately stood up to provide support to those that need it.

NPHET is extremely cognisant of the implications of the measures it is recommending with regard to Long Term Residential Care Facilities visiting. While visiting will be suspended it will be permitted in critical and compassionate circumstances. NPHET has not taken this decision lightly. This decision has been taken to protect the most vulnerable. It is critical that there be clear communications on ensuring visiting in critical and compassionate circumstances can continue and guidance is being developed in this regard.

The NPHET again acknowledged the criticality of robust processes of sampling, testing, contact tracing, surveillance and reporting. It was noted that an enhanced operating model is being finalised and it is recommended that all necessary steps are taken to continue to enhance and sustainably resource testing and contact tracing services. The NPHET also recognised the significant work underway in relation to the Public Health Pandemic Workforce Plan and actions that are being taken to augment Departments of Public Health, in particular in the East. The NPHET recommended the



HSE take all necessary measures and deploy any additional necessary resources to support Departments of Public Health and the testing and contact tracing operations in continuing to respond comprehensively to cases and clusters over the coming weeks.

The NPHET also noted the need for immediate activation by all State agencies and other bodies (including transport companies) of all necessary processes, plans, supports and measures to ensure the necessary services are available to the population of Dublin, including health and social care services. It was noted that the HSE's National Crisis Management Team will be asked to consider and implement any operational actions that need to be taken within the health service.

Once again, the NPHET fully appreciates that this most recent advice will be disappointing, concerning and challenging for the people of 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 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,

A handwritten signature in black ink, appearing to read 'R Glynn', is written over a horizontal line.

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



Appendix 1: Epidemiological Data

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

Cases and Deaths

- The number of confirmed cases stands at 31,799;
- The 5-day rolling average of cases was 246 cases;
- The 14-day incidence per 100,000 population is 56.4; the 7-day incidence is 34.3 cases per 100,000 population, indicating that in recent days, there has been an increasing upward trend of new cases identified;
- 8,922 cases (28% of all cases) were associated with healthcare workers; 245 cases were reported in healthcare workers in the fortnight to 15th September 2020;
- 1,788 deaths due to COVID-19 notified to date; 14 of these have been in the month of September;
- The positivity rate for all tests processed nationally in the past week was 2.1%.

Demographic and Location Trends

- 67% 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 33 years;
- Only two counties have an incidence rate lower than 15 cases per 100,000 population.

Hospitalisations

- There were 73 confirmed cases in hospital yesterday with 9 admissions in the previous 24 hours.
- The number of confirmed COVID-19 patients requiring critical care yesterday was 14, with one new admission in the previous 24 hours.

Clusters and Modes of Transmission

- 158 additional new clusters were notified in the past week to 12th September 2020. There are 812 open clusters nationally;
- The vast majority of open clusters are associated with private households (537 of 812);
- Half of all cases in recent days 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.



Dublin (City and County)

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

Case Numbers

- The rolling 5-day average as of 15th September is 138.6.
- 1,477 cases were notified to HPSC (55% of all cases) during the 14-day period to 15th September. Of those, 912 have been identified in the last 7 days.
- The spread of cases is distributed across the city and county.
- 60 cases in Dublin (11%) notified in the last 7 days to 16th September, are in healthcare workers.
- The R value for Dublin is estimated to be similar to the national estimates.

Incidence Rates

- The rolling 14-day incidence rate is 110.0 cases per 100,000 population, which is the highest in the country and is significantly higher than the national incidence rate (56.4).
- The 7-day incidence rate is 68.4 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 65.4 to 135.0 cases per 100,000 with 5 of the 8 areas over 100 cases per 100,000.
- The daily incidence rate in Dublin is much higher than the remainder of the country.

Hospitalisations

- As of the 16th September 2020, 48 COVID-19 patients hospitalised are in Dublin hospitals, 8 of whom are in critical care.

Clusters and Modes of Transmission

- The primary mode of transmission in the last fortnight to 12th September has been close contact with confirmed case (50% of cases). 41% of cases were recorded as having arisen through community transmission;
- The majority of cases in the fortnight to the 12th September (59%) that were linked with outbreaks in Dublin have been tied to private household outbreaks.