



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

<b>Date and Time</b>	Thursday 20 <sup>th</sup> August 2020, (Meeting 49) 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 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 Colm Henry, Chief Clinical Officer (CCO), HSE          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 Siobhán Ní Bhriain, Lead for Integrated Care, HSE          Dr Breda Smyth, Public Health Specialist, HSE          Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH          Dr Mary Favier, President, Irish College of General Practitioners (ICGP)          Mr David Leach, Communications, HSE          Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH          Dr Siobhán O’Sullivan, Chief Bioethics Officer, DOH          Dr Colette Bonner, Deputy Chief Medical Officer, DOH          Ms Deirdre Watters, Communications Unit, 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>
<b>‘In Attendance’</b>	<p>Ms Laura Casey, Policy and Strategy Division, DOH          Ms Aoife Gillivan, Communications Unit, DOH          Mr. Tony Flynn, Policy and Strategy Division, DOH          Mr Paul Bolger, Director, Resources Division, DOH          Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH          Ms Sheona Gilsean, R&amp;D and Health Analytics Division, DOH          Ms Sarah Treleaven, CMO Division, DOH          Mr Ronan O’ Kelly, R&amp;D and Health Analytics Division, DOH          Ms Justyna Szewczyk, Policy and Strategy Division, DOH          Mr Gerry O’ Brien, Acting Director, Health Protection Division          Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion)          Dr Trish Markham, HSE (alternate for Tom McGuinness)          Ms Mary Dunnion (alternate for Mr Phelim Quinn)          Dr. Heather Burns, Deputy Chief Medical Officer, DOH</p>
<b>Secretariat</b>	Dr Keith Lyons, Ms Sorcha Ní Dhúill, Mr. Liam Robinson, Ms Ruth Brandon, Mr Ivan Murphy, DOH
<b>Apologies</b>	<p>Ms Marita Kinsella, Director, NPSO, DOH          Mr Phelim Quinn, Chief Executive Officer, HIQA          Dr Darina O’Flanagan, Special Advisor to the NPHE          Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH          Dr Alan Smith, Deputy Chief Medical Officer, DOH          Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE          Mr Liam Woods, National Director, Acute Operations, HSE          Mr David Keating, Communicable Diseases Policy Unit, DOH</p>



## 1. Welcome and Introductions

### a) *Conflict of Interest*

Verbal pause and none declared.

### b) *Minutes of previous meetings*

The minutes of 30<sup>th</sup> July, and 4<sup>th</sup> and 6<sup>th</sup> August had been circulated to the NPHE in advance of the meeting. These were agreed subject to minor amendments and formally adopted by the NPHE.

### c) *Matters Arising*

A request for the prior circulation of the epidemiological data presented at each meeting was made. The DOH outlined the constraints in providing data in advance of the meetings due to the time at which it becomes available, and the time to analyse and interpret these data. The DOH agreed to circulate the data sets that are available, in addition to what is already circulated regularly by the HPSC, prior to each meeting. The DOH will explore ways to provide data in a timely manner going forward.

## 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. At national level, the NPHE noted the following:

- relatively high absolute numbers of new cases continue to be notified daily.
- the primary mode of transmission is close contact with a confirmed case (including cases associated with outbreaks), though this varies between counties;
- multiple significant outbreaks associated with workplaces, households, social and sporting activities have been notified;
- as of the 19th August, the R number is estimated at 1.2, this number is updated weekly;

Ireland's current epidemiological situation was as follows:

#### Cases and Deaths

- Number of confirmed cases: 27,547;
- Five-day rolling average: 112 cases;
- 14-day incidence: 26.3 per 100,000 population;
- Number of cases in healthcare workers: 8,523 (31% of all cases);
- Number of deaths due to COVID-19: 1,775;
- Positivity rate for all tests processed nationally in the past week: 1.3%;

#### Demographic and Location Trends

- 71% of cases notified in the past 14 days were in people aged under 45 years;
- The median age for cases notified in the past 14 days is 34 years;
- 12 counties have incidence rates higher than 15 cases per 100,000 population in the past 14 days.



### Hospitalisations

- As of 19<sup>th</sup> August 2020, there were 16 confirmed cases of COVID-19 in hospital, with 2 new admissions in the previous 24 hours;
- As of 19<sup>th</sup> August 2020, 6 confirmed cases of COVID-19 were in receipt of care in Intensive Care Units/ Critical Care Units. There were no new ICU admissions in the previous 24 hours.

### Clusters and Modes of Transmission

- An increasing number of clusters related to social and family engagements, sporting activities and workplaces are being identified;

### Contact Tracing and Testing

From 11<sup>th</sup> August – 17<sup>th</sup> August:

- the average number of close contacts per case was 5.61 and the median number of close contacts per case was 4;
- the median turnaround time for all tests, from referral to the completion of contact tracing, was approximately 2.83 days;
- the median turnaround time from referral to completion of contact tracing for tests with a “COVID-19 detected” (positive) result in community settings was 3.8 days;
- the median turnaround time from referral for testing to communication of test result to symptomatic patients with a “SARS-CoV-2detected” (positive result) in community settings was 2.9 days.

#### (i) *Update on operational response and status of outbreaks across Kildare, Laois, and Offaly*

This item was discussed following item 2(a)(ii) below.

The HPSC presented the paper *“Update Report for NPHE: Update on outbreaks in meat plants, food processing plants, construction sites and large businesses”*. This incorporated an Update from the National Standing Oversight Committee Subgroup on Cases and Outbreaks of Covid-19 in High Risk settings – Food Processing and Construction sectors.

The NPHE thanked the public health teams for their considerable work towards this useful report that provides a good understanding of the current situation and how it is evolving.

The paper outlined the currently available epidemiological data available relating to outbreaks in the food production & processing, and floristry industries. An overview of the data as of 18<sup>th</sup> of August was provided:

- 429 cases are linked to the 10 recent outbreaks in the food production/processing and floristry sector.
- One outbreak in a meat plant accounted for 176 cases (41%)
- Majority (58%) of cases reside in Kildare
- 75% <45 years
- Majority (67%) of cases are in males
- 73% (n=314) of cases are in foreign nationals
- 41% (n=177) cases are symptomatic
- 13% (n=56) of cases have underlying clinical conditions



The Paper further outlined the epidemiological situation with regard to outbreaks in the construction sector. An overview of the data as of 18<sup>th</sup> of August was provided:

As of 18<sup>th</sup> of August:

- 42 cases are linked to the 4 recent outbreaks in the construction sector.
- 50% are <45 years, and 90% of cases are in males
- 67% (n=28) of cases are in foreign nationals
- 31% (n=13) cases are symptomatic

(ii) *Review of Public Health Measures in place across Kildare, Laois, and Offaly*

The DOH presented the paper “*NPHET paper on advising Government in relation to the public health restrictive measures currently in place in certain counties*”.

The NPHET also specifically considered the epidemiological situation in Laois, Offaly and Kildare following the introduction of additional public health measures in those counties on 7<sup>th</sup> August.

### **Laois and Offaly**

Having reviewed the epidemiological data specifically relating to Laois and Offaly, the NPHET considered that the situation in these counties has improved. The mean number of new cases per day is low in both counties and incidence rates are stable or falling. As such, the NPHET considered that the additional public health measures in Laois and Offaly introduced on the 7<sup>th</sup> August can be discontinued and these counties can be aligned with the nationwide measures agreed by Government on the 18<sup>th</sup> August. The epidemiological data for Laois and Offaly are as follows:

#### **Case Numbers**

- The rolling 5-day average in Laois as of 18<sup>th</sup> August is 3.4, compared to 5.3 on 6<sup>th</sup> August;
- Similarly, the rolling 5-day average in Offaly as of 18<sup>th</sup> August is 2.2, compared to 14.5 on 6<sup>th</sup> August;
- In Laois, 50 cases were notified to HPSC (4% of all cases) over the 14-day period to 18<sup>th</sup> August, 30 of these cases were notified in the first 7 days of this period;
- In Offaly, 103 cases were notified to HPSC (8% of all cases) over the 14-day period to 18<sup>th</sup> August, 90 of these cases were notified in the first 7 days of this period.

#### **Incidence Rates**

- The rolling 14-day incidence rates in Laois and Offaly remain high compared to other counties. In Laois, as of 18<sup>th</sup> August, the 14-day incidence rate is 56.7 cases per 100,000 population. In Offaly, the 14 day-incidence rate as of 18<sup>th</sup> August is 136.0 cases per 100,000 population;
- However, the rolling 7-day incidence rates are declining. In Laois, as of 18<sup>th</sup> August, the 7-day incidence is 22.4 cases per 100,000 population. In Offaly this number is 23.1 cases per 100,000 population. This, combined with the 5-day average in both Laois and Offaly, indicate that the progression of the disease in these areas is declining compared to what was observed in late July-early August.

#### **Modes of Transmission**

- Lastly, the NPHET considered that the majority of cases in recent days in Laois and Offaly have now been attributed to known outbreaks and the number of cases attributable to community transmission is considered low (less than 10 in each county in the 7-day period to 18<sup>th</sup> August), in both counties.



## **Kildare**

The NPHET determined that the epidemiological situation in Kildare differs considerably from that observed in Laois and Offaly. While there appears to be a certain level of stabilisation, a high number of cases continue to be reported on a daily basis, with cases widely distributed across the county. The 7-day and 14-day incidence rates remain very high, at several multiples of the national averages. There are also a significant number of clusters, some with suspected secondary spread, and there are a number of facilities that are currently undergoing mass testing as a result of recent cases. Finally, there has been evidence of some increasing community transmission. The key epidemiological data relating to county Kildare are as follows:

### **Case Numbers**

- The rolling 5-day average in Kildare is 38.4 cases as of 18th August. This is the highest rate observed in any county nationally. This compares to a 5-day average of 22.2 cases in Kildare on 6th August;
- In Kildare, 431 cases (35% of all cases) were notified to HPSC during the 14-day period from 5<sup>th</sup> August to 18<sup>th</sup> August; 212 of these cases were notified in the first 7 days of this period.

### **Incidence Rates**

- The rolling 14-day incidence rates in Kildare remains high compared to other counties at 195.5 cases per 100,000 population. This is the highest rate of any county by some margin;
- Similarly, the 7-day incidence of 100.7 cases per 100,000 is the highest observed in any county. This indicates that while the disease trajectory in the county may be stabilising, it has not yet shown any convincing signs of decline.

### **Modes of Transmission**

- The number of cases attributable to community transmission appears to be increasing in Kildare in recent weeks;
- In the two-week period from 26<sup>th</sup> July to 8<sup>th</sup> August, 3% of cases were classified as “community transmission” cases. Since the 9<sup>th</sup> August, 16% of cases in Kildare are classified as “community transmission” cases. While this is not out of line with the national figure (19%), the absolute volume of cases in Kildare means that it would be at risk of a potentially significant level of community transmission were the current measures to be eased.

Given the epidemiological data and the reasons outlined above, the NPHET remained very concerned about the profile of the disease in Kildare and advised that the measures currently in place should be extended for a further two weeks. This is to allow sufficient time for the measures to take full effect, to disrupt the current pattern of disease transmission and to prevent any further community transmission.

The NPHET gave consideration to the profile of the disease at a sub-county level in Kildare and it noted that there were cases distributed widely across the county. It also noted that managing restrictions at a sub county level may be difficult, as epidemiological analysis becomes unreliable with very small numbers.

The NPHET also recommended:

- that advice in relation to working from home aligns with the nationwide measures agreed on 18th August; i.e. employees should only attend work in person if it is absolutely necessary to do so;
- that schools in Kildare can reopen as planned. Schools by their nature are highly controlled environments, and significant guidance and protective measures are already in place to enable schools in Kildare and across the country to reopen safely in the coming weeks;



- that both staff and students can move in and out of Kildare for the purposes of attending educational settings in the same manner as currently provided for other workers and for essential purposes.

With regard to the safe opening of schools in Kildare, the NPHE noted that the Department of Education would be required to play a significant role in this process, working closely with schools across the county.

#### **Actions:**

- 1. In light of the current epidemiological situation in Laois and Offaly, the NPHE recommends that the public health restrictive measures currently in place in counties Laois & Offaly are removed and aligned with those in place nationally as agreed by Government on 18th August 2020.**
- 2. In light of the current epidemiological situation in county Kildare, the NPHE recommends that the existing public health restrictive measures agreed by Government on the 7th August, with minor amendments, remain in place for two weeks, subject to ongoing review.**

### **3. Review of Existing Policy**

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

The HSE presented its “National Public Health Emergency Team (NPHE) Report 19<sup>th</sup> May – 16<sup>th</sup> August”, covering close contacts of cases of COVID-19 identified during the reporting period. Key data included:

- 6,346 Day 0 Tests were carried out in total, of which 490 (8%) returned a positive result;
- There were 1,802 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 10<sup>th</sup> and 16<sup>th</sup> August, 70% attended their Day 0 Test and 48% attended their Day 7 Test;
- On 16<sup>th</sup> August the median number of close contacts per person was 3, and the mean was 4.6;
- Between the 10<sup>th</sup> and 16<sup>th</sup> of August household contacts made up the largest group of close contacts (1014), of which 605 presented as symptomatic and 109 presented as asymptomatic, followed by Social contacts (754), of which 464 presented as symptomatic and 79 presented as asymptomatic;
- 7,422 daily active follow-up text messages were sent to close contacts of cases between 10<sup>th</sup> and 13<sup>th</sup> August, representing a 48% 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 11<sup>th</sup> – 17<sup>th</sup> August 2020:

- 54,592 swabs were taken for COVID-19 testing, in excess of 21,300 of these were taken in the community and over 16,300 swabs were taken in acute settings. The remaining swabs taken have been taken as part of the Serial Testing programme of healthcare workers in nursing homes and were approximately 17,000;
- The demand for community swabbing has risen sharply in recent weeks in the community in general and due to an increased serial testing volume, reflecting increased GP referral and increased close contact referral from positive cases;
- 55,129 lab tests were completed, 38,036 of these tests were processed in community laboratories and 17,093 were processed in acute laboratories;



- A total of 3,973 calls were made in the Contact Tracing Centre. A total of 702 of these were to communicate a COVID-19 detected result. A total of 3,271 calls were completed relating to contact tracing. The median time to complete all calls was 1.3 days;
- The average number of close contacts per case was 5.61 and the median number of close contacts per case over this period was 4;
- Since Sunday 9th of August, 2 CTCs have been in operation under the management of the Galway centre. UCD CTC came on board to support the contact tracing work. Overall staffing has been increased to meet demand in line with HSE escalation plan and triggers;
- From 11th to 17th August, the median end-to-end turnaround time for community and hospital tests combined, from referral to the completion of contact tracing, was approximately 2.83 days;
- 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 3.8 days;
- In the community, the median time for referral to appointment is 0.9 days. 72% receive an appointment in less than 24 hours.
- For swabs taken in the community, the median time for swab to lab result is 38 hours. For swabs taken in hospitals, the median time for swab to lab result is 16 hours. The combined median time from swab to lab result is 30 hours or 1.2 days.

The NPHEP thanked the HSE for its update, noting with concern that there had been an increase in turnaround times over the reporting period. The NPHEP stressed the importance and urgency of putting measures in place to prevent further delays from occurring.

The HSE confirmed that it would provide a further update to the NPHEP at its next meeting, adding that it had identified where the present difficulties lay and that these were being addressed as a priority. The HSE also confirmed that it would provide a briefing note to GPs on the efforts being made to improve the testing and contact tracing, acknowledging the critical importance of an efficient testing and tracing system to their work.

#### **b) Draft paper on SCOP1 First Results**

The HPSC presented its *“Preliminary report of the results of the Study to Investigate COVID-19 Infection in People Living in Ireland (SCOP1): A national seroprevalence study, June-July 2020”* in accordance with Ireland’s National Action Plan in response to COVID-19.

The population seroprevalence study was carried out jointly by HPSC and the National Virus Reference Laboratory (NVRL), in collaboration with the Central Statistics Office and Department of Health in June/July 2020. The work was funded and supported by the HSE. Significant support for the project was provided by PCERS, HSE communications, and Community Operations.

This report represented round 1 of the study, with plans for it to be repeated on 2 occasions in the next 12 months. However, the SCOP1 Steering Group has advised considering alternative means of estimating population seroprevalence, given the significant logistical difficulties in undertaking this type of community survey during a pandemic.

The key findings of the preliminary report were:

- 1,733 study participants (aged 12-69 years), who were randomly selected from the communities in Sligo and Dublin, provided a symptom history and a blood sample for testing for antibodies to SARS-CoV-2 (the virus that causes COVID-19). The response rate was 35% overall; 30% in Dublin and 44% in Sligo;



- 33 study participants were found to have antibodies to SARS-CoV-2.

Among 12-69-year olds:

- The seroprevalence (proportion of the population with antibodies to SARS-CoV-2) for people living in Ireland was estimated as 1.7% (95% Confidence Interval (CI): 1.1-2.4%);
- The seroprevalence for Dublin and Sligo was 3.1% (95% CI: 2.1-4.5) and 0.6% (95%CI: 0.2-1.4) respectively. There was no significant difference in the seroprevalence between different age-groups or between men and women among the populations in Sligo, Dublin or nationally;
- 73% of participants with antibodies to SARS-CoV-2 reported symptoms in line with the national case definition for COVID-19 (i.e. one or more of the following symptoms: fever, cough, shortness of breath, loss of sense of smell, or loss of sense of taste);
- One third (33%) reported loss of sense of smell and/or taste;
- 27% of participants with antibodies to SARS-CoV-2 did not report any symptoms from the COVID-19 case definition;
- Based on these findings, it was estimated that 59,500 (95% CI: 39,800-85,200) people in Ireland aged between 12 and 69 years of age have been infected with SARS-CoV-2 by mid-July. This is 3.0 (95% CI: 2.0-4.3) times higher than the number of confirmed cases aged 12-69 years notified in Ireland;
- The vast majority of people living in Ireland are unlikely to have been infected with SARS-CoV-2 by the time of the study. This highlights the continued importance of public health measures, including physical distancing, respiratory etiquette, hand hygiene and the use of face coverings, until a vaccine for COVID-19 is universally available.

The HPSC concluded its presentation by confirming that the small number of persons who presented as antibody positive will be invited to participate in a follow up study to monitor COVID-19 symptoms and antibody levels for 1 year.

The NPHEP thanked the teams involved in producing the SCOPI report, noting its comprehensive nature and the timeliness of its delivery, in advance of the winter period. The NPHEP further noted the usefulness of the report's findings to ongoing communications around the national effort to combat the COVID-19 pandemic through continued adherence to public health measures.

***b) Visiting to Long Terms Residential Care Facilities***

The NPHEP gave consideration to existing guidance on visitation to long-term residential care facilities (LTRCs), in light of the changing profile of the disease across the country. The importance of maintenance of regular visitation opportunities to all LTRCs was central to the NPHEP's discussion. The NPHEP also acknowledged the report and work of the Expert Panel on Nursing Homes.

**Action: While recognising the importance of visiting to the general health and wellbeing of the residents of LTRCs, given the current epidemiological profile of the disease NPHEP recommended that in addition to the current visitor guidance and in keeping with the general public health advice to limit contacts, that the number of nominated visitors in LTRCs is limited to 4 per resident from Monday 24th August and that PPE is provided to visitors as necessary. In addition, consideration should be given to enhanced support from Community Response Teams and local public health teams to support service providers in the provision of safe, consistent and proportionate visiting, balancing risk with benefits.**

**4. Expert Advisory Group**

The Chair of the EAG provided an update from its meeting on 19<sup>th</sup> August where two HIQA documents were reviewed



- A comprehensive document reviewing what other countries have done in the context of children returning to school and how to manage any symptoms and the investigation of same;
- An evidence summary on the potential for children to contribute to the transmission of SARS-CoV-2.

Members of the EAG are currently providing comments on these documents and they will then be returned to HIQA.

The EAG will bring advice to NPHE next week on Thursday 27<sup>th</sup> August 2020 regarding children of healthcare workers where the child tests positive, or where the child is a close contact of a confirmed case.

The NPHE requested that EAG with the HPSC work together on developing objectives and a protocol for genome sequencing and revert with a paper on this topic in the coming weeks.

## 5. Future Policy

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

#### *(i) Validation of Oral fluid/saliva as a specimen type*

The EAG updated the NPHE on ongoing work on the validation of oral fluid/saliva as an alternate specimen type to nasopharyngeal swabs for the testing children with possible COVID-19. Samples will be collected next week in cooperation with colleagues from the HSE and the National Ambulance Service, followed by a validation exercise over the subsequent 7 days.

The HSE reported that it currently plans to validate the use of nasopharyngeal/salivary and nasal samples by sampling subjects from 'high risk' sites with the aim of comparing the sampling modalities in cases who are confirmed positive on nasopharyngeal sampling. The site/s will be chosen by Public Health, the swabs will be analysed by the NVRL and the programme will be assisted by the National Ambulance Service. There will be a meeting on 21<sup>st</sup> August to operationalise the plan.

The NPHE noted that testing of children with possible COVID-19 would proceed on the basis of nasopharyngeal swabs, which represents the current standard of care, until such time as it could be deemed appropriate to use an alternative specimen type in this context.

#### *(ii) Algorithms for identification of children requiring testing*

The HSE presented its algorithm "COVID-19 Assessment and testing pathway for children (13 years and under)" developed in collaboration with the HPSC and the Integrated Care Programme for Children. The algorithm outlined the key criteria for testing of children with possible COVID-19. The algorithm further provides direction on the care advice that should be offered in cases where the criteria for testing both are, and are not, met.

The NPHE thanked the HSE for its work and requested that explicit guidance be inserted for the parents/guardian(s) of a child presenting with possible COVID-19, noting the importance of advising parents/guardian(s) to keep their child at home to self-isolate pending test results.

The HSE confirmed that it would complete its work and circulate a final algorithm to the NPHE for its sign-off via email with a view to providing the algorithm to GPs nationwide in advance of children returning to school.

**Action: The NPHE agreed that algorithms to guide the assessment and management of children with fever and respiratory symptoms in the primary care setting will be finalised in the coming days and circulated to the NPHE**

#### *(iii) Testing pathways for Children*

The HSE in anticipation of the adoption of oral fluid/saliva as a specimen type for testing of children and in line with the paper on "Managing Children with Fever and Respiratory Symptoms", briefed the NPHE on its



work in considering the most appropriate testing pathways for children and the development of its operational plan.

**Action: The NPHEH agreed that cases and outbreaks of COVID-19 in schools will be managed in line with Public Health guidance being finalised by the HSE.**

*(iv) Communications strategy for the testing of children*

The HSE confirmed that its work with the DOH on the development of communications to support understanding among parents, carers, and school authorities has been well progressed and awaits delivery of the final algorithm before dissemination. It can be updated once the testing modality is decided. The HSE underlined that there are 2 core messages in its communications strategy for the testing of children:

- giving clear advice on when to contact your GP for consideration of testing in a child;
- ensuring that clinicians and parents remain alert to the possibility of other and potentially more serious issues in a sick child.

The NPHEH thanked the HSE for its work and stressed urgency of finalising communications around the testing pathway for children in advance of the commencement of the school year.

The NPHEH reiterated the need for parents and carers of children to have clear guidance and noted that a number of work streams had been recently established with a view to developing recommendations and clear communications. These work streams are nearing completion and will launch over the coming week. In developing its recommendations, the NPHEH had regard to the findings of the European Centre for Disease Prevention and Control (ECDC) technical report “COVID-19 in children and the role of school settings in COVID-19 transmission”, published on the 6<sup>th</sup> of August 2020.

***b) Expert Panel on Nursing Homes Recommendations***

The DOH provided the report “COVID-19 Nursing Homes Expert Panel Examination of Measures to 2021: Report to the Minister for Health” to the NPHEH members. The NPHEH noted the detailed report and also the implementation process that would follow from it.

**6. Meeting Close**

***a) Agreed actions***

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

***b) AOB***

The NPHEH took note of the recently published ECDC guidance on managing COVID-19 in prisons and noted that the HSE would be reporting back on this matter in the coming weeks.

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

The next meeting of the NPHEH will take place Thursday 27<sup>th</sup> August 2020, at 10:00am via video conferencing.