1st October 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 (NPHET).

The epidemiological situation nationally remains concerning, with a further deterioration from last week (detailed epidemiological data in Appendix 1). In particular, the NPHET noted:

- The average numbers of cases identified per day, the 7-day and 14-day incidence rates, and the numbers in hospital and ICU have continued to increase week on week for the last several weeks;
- The number of deaths is continuing to increase;
- The number of COVID-19 patients in hospital and critical care is increasing rapidly. There has been a 30% increase in the number of COVID-19 hospitalisations in the past week. On average over the past week, there have been 8 new admissions per day.
- The reproduction number is now estimated to be between 1.2 and 1.4. The growth rate in cases is between 4-5% per day, and the doubling time is between 14 and 18 days;
- Close contact of a confirmed case remains the primary mode of transmission nationally. The proportion of cases linked to community transmission or possible community transmission remains relatively stable.
- The significant number of active clusters/outbreaks, the majority of which continue to be in private households;
- There has been a very sharp rise in incidence in the 19-24-year-old age cohort in the last two weeks, while there continues to be an increase in the number of cases and incidence rate in older people.
- The 7-day average positivity rate continues to increase. It currently stands at 3%. This time last week it was 2.4%. The NPHET noted the wide variation in county positivity rates, which range from 0.6%-10.7%.
- The situation in Dublin and Donegal remains concerning. Level 3 measures are in place, but have not had sufficient impact to date.
- 18 counties have an increased 14-day incidence rate as compared to figures from last week. The situation in many other counties is deteriorating.
In light of the above situation, NPHET expressed its growing concern with the continuing deterioration in the situation nationally. While there continues to be a number of counties with particularly high incidence, the NPHET’s main concern now is the overall national picture.

As part of its deliberations, the NPHET considered whether the situation warranted an escalation of restrictive measures to Level 3 at a national level. On balance, the NPHET agreed that while the current trajectory of the disease is very concerning, the current epidemiological data does not strongly support a move to Level 3 nationally at this time. However, the NPHET is of the view that some additional measures are necessary at this time, in particular targeted at inter-household interactions and socialisation given the growing experience and evidence in relation to the role that these activities are having on the increasing transmission of the virus across the country.

Therefore, the NPHET advises that the Government give consideration to extending the Level 2 measures currently in place for a further period of three weeks. The NPHET further advises that the Government also consider applying the escalated measures provided for in the Framework under Level 2 in relation to social and family gatherings without delay to support efforts to contain the spread of the virus nationally. Specifically, the NPHET recommends that:

- 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 meet socially in other settings, but only with people from at most one other household.

While further measures beyond this have not been advised at this time, the NPHET stressed the growing concern it has with the current trajectory of the disease and the current profile of cases. The situation will be kept under close review over the coming days.

The NPHET noted its particular concern in relation to trends in indicators related to severity of disease, including admissions to hospital and critical care and the numbers of deaths notified. The NPHET has previously advised that the experience in other countries is that increased hospitalisations and deaths have followed, with a lag of some weeks, an increase in cases. It would appear that this may also be the case now in Ireland, and if current trends were to continue it will have serious implications for our acute care system.

The NPHET also noted the very sharp rise in cases in the 19 – 24-year-old age cohort since the middle of August and the current significant concentration of cases in this cohort. This pattern is being experienced across the country and isn’t specific to any one county or region. The NPHET acknowledged that the past seven months have been particularly difficult for this cohort. It also expressed concern regarding the potential development of a blame narrative and/or the singling out of any particular group in society and emphasised the need for close engagement with this age group and tailored communications. In this regard, mindful of work already underway, the NPHET recommends the continued development and strengthening of a whole of Government and cross society approach (including representation from young people, sport, the arts and business) to co-

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1 Dublin and Donegal to remain at Level 3
create and implement solutions aimed at increasing awareness of and compliance with public health advice among young people.

More generally, the NPHET again strongly advises that very close adherence to the basic public health measures and the additional recommendations as set out above, will be essential to contain transmission. **In particular, everyone should reduce their social contacts and when they are meeting people, they should ensure that physical distancing of 2 metres is maintained at all times.** In addition, the importance of taking special care with older people and those that are medically vulnerable needs to be consistently emphasised.

The NPHET continues to stress that concerted efforts are required across every county to prevent a further deterioration in the profile of the disease nationally. The NPHET also stressed the particular importance of people not attending work if symptomatic. It further emphasised the importance of all those identified as a close contact to restrict their movements for 14 days and to attend for testing. This is essential in breaking chains of transmission.

The NPHET also gave consideration to a number of other matters today. It endorsed the extension of Regulations in relation to the mandatory wearing of face coverings on public transport and in certain retail settings. It also noted the establishment of a cross Government working group on higher risk groups and requested that this group would consider and implement all the necessary measures to protect those living in congregated settings in line with previous recommendations from NPHET and the Government’s Plan for Living with COVID-19.

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,

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Dr Ronan Glynn
A/Chief Medical Officer, ICM: 343404
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 is as follows:

Cases and Deaths
- The number of confirmed cases stands at 36,155;
- The 5-day average of cases is currently 370 cases per day; this time last week, this figure was 293;
- The current 14-day incidence per 100,000 population is 92.1. Last week our national 14-day incidence was 76.5;
- The 7-day incidence is currently 52.4 cases per 100,000 population. This figure was 41.7 last week;
- 9,183 cases (25% of all cases) were associated with healthcare workers; 267 cases were reported in healthcare workers in the fortnight to 29th September 2020;
- 1,806 deaths due to COVID-19 notified to date; 32 of these have been in the month of September;
- The positivity rate for all tests processed nationally in the past week was 3.0%. This time last week our positivity rate was 2.4%;
- The current estimate of R is 1.2 to 1.4. It was estimated to be between 1.5 and 1.7 last week.

Demographic and Location Trends
- 67% of cases notified in the past 14 days have occurred in people under 45 years of age;
- The median age for all cases remains stable; the median age for cases notified in the past 14 days is 33 years;
- Incidence in older age groups has started to rise and there has been a marked increase in incidence in the 19-24 age group. The incidence in the 0-18 age group, as a proportion of the overall incidence, is stable or decreasing;
- 18 counties have an increasing 14-day incidence rate at present as compared to their rates last week.

Hospitalisations
- There were 122 confirmed cases in hospital today with 15 admissions in the previous 24 hours. This time last week, there were 90 COVID-19 patients in hospital with 11 new admissions in the preceding 24 hours. On 1st August there were 8 confirmed cases in hospital, and on the 1st of September there were 36.
- Over the last week there have been an average of 8 new admissions per day. The number of confirmed COVID-19 patients requiring critical care yesterday was 20, with 1 new admission in the previous 24 hours. Last Wednesday, there were 17 COVID-19 patients in critical care.

Clusters and Modes of Transmission
- 465 additional new clusters were notified in the past week to 26th September 2020. There are 1,642 open clusters nationally;
- The vast majority of open clusters continue to be associated with private households (1,263 of the 1,642 clusters);
- In the fortnight to 26th September, 59% of all cases in recent days have arisen as a result of close contact with a confirmed case. A further 36% of cases are linked with community or possible community transmission.