



National Public Health Emergency Team – COVID-19

Meeting Note – Standing meeting

Date and Time	Thursday 3 rd September 2020, (Meeting 52) at 10:00am
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 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 Mr Liam Woods, National Director, Acute Operations, 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 Ms Yvonne O’Neill, National Director, Community Operations, HSE Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH Dr Darina O’Flanagan, Special Advisor to the NPHE Dr Breda Smyth, Public Health Specialist, HSE Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Ms Deirdre Watters, Communications Unit, DOH Mr Paul Bolger, Director, Resources Division, DOH</p>
‘In Attendance’	<p>Ms Marita Kinsella, Director, NPSO, DOH Ms Laura Casey, Policy and Strategy Division, DOH Mr. Ronan O’Kelly, Statistician R&D & Health Analytics Division, DOH Ms Emily de Grae, Policy and Strategy Division, DOH Ms Ruth Barrett, Policy and Strategy Division, DOH Ms. Sheona Gilsean, Senior Health Data Analyst R&D & Health Analytics Division, DOH Ms Sarah Treleaven, CMO Division, DOH Mr Gerry O’ Brien, Acting Director, Health Protection Division Ms Jeanette McCallion (alternate for Dr Elaine Breslin) Mr Patrick Burke, Policy and Strategy Division, DOH Dr Des Hickey, Deputy Chief Medical Officer, DOH Dr Heather Burns, Deputy Chief Medical Officer, DOH</p>
Secretariat	Dr Keith Lyons, Ms Ruth Brandon, Ms Sorcha Ní Dhúill, Mr Ivan Murphy, Mr Liam Robinson,
Apologies	<p>Dr Elaine Breslin, Clinical Assessment Manager, HPRA Dr John Cuddihy, Interim Director, HSE HPSC Dr Alan Smith, Deputy Chief Medical Officer, DOH Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Dr Colm Henry, Chief Clinical Officer (CCO), HSE</p>



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Minutes of previous meetings*

The minutes of 17th and 20th August 2020 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*

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:

At national level:

- The overall picture remains stable, with some regional variation with high incidence in Dublin, Tipperary, and Limerick;
- There appears to be an increasing number of cases in older people over the past 14 days. While the absolute number of cases in age groups 65 years and over remains low, the number of cases and the incidence rates in these older age groups are increasing;
- There are increasing numbers of people with COVID-19 in hospital. While the number of people in hospital remains lower than levels seen earlier this year, it has been increasing over the past week. The number of COVID-19 patients in critical care remains low and stable;
- Mortality rates have remained low over recent days

Ireland's current epidemiological situation as of midnight 1st September 2020:

Cases and Deaths

- Number of confirmed cases: 29,114;
- Five-day rolling average: 107.8 cases;
- 14-day incidence: 33.1 per 100,000 population;
- Number of cases in healthcare workers: 8,660 (30% of all cases);
- Number of deaths due to COVID-19: 1,777;
- Positivity rate for all tests processed nationally in the past week: 1.2%;

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 31 years;
- 18 counties have incidence rates higher than 15 cases per 100,000 population, in the past 14 days;
- The 14-day incidence in community care areas in Dublin ranged from 35.9 to 82.4 cases per 100,000 population.

Hospitalisations as of 2nd September 2020:

- There were 40 confirmed cases of COVID-19 in hospital, with 2 new admissions in the previous 24 hours;



- There were 6 confirmed cases of COVID-19 in receipt of care in Intensive Care Units/ Critical Care Units;
- There were no new ICU admissions in the previous 24 hours.

Modes of Transmission

- Of the 1,577 cases notified in the previous 14 days (19th August to 1st September 2020), 20% are confirmed to have been acquired through community transmission. A further 16% remain under investigation. Of these cases, 52% are reported to have arisen via close contact with a confirmed case; the remainder are reported to have transmission sources that are healthcare acquired or travel related.

Clusters

- 157 current outbreaks were notified in the week to 29th August 2020. There are 546 open outbreaks nationally;
- There has been an increasing number of clusters identified around the country, with smaller numbers of cases associated;
- With regards to clusters in vulnerable groups and settings, as of midnight on the 29th August 2020 there were:
 - 24 outbreaks in Direct Provision Centres, involving 290 cases in total. 2 of these outbreaks remain open. 6 new cases and 2 new clusters were notified in the past week in Direct Provision Centres;
 - 5 COVID-19 outbreaks involving the Roma Community, involving 64 cases in total. 1 of these outbreaks remains open. 22 new cases and 1 new cluster were notified in the past week in the Roma Community;
 - 5 COVID-19 outbreaks in homeless/addiction services, involving 17 cases in total. 1 of these outbreaks remains open. 2 new cases and 1 new cluster were notified in the past week in these services;
 - 79 clusters in workplaces, including 31 in meat processing plants in total. 35 of these outbreaks remain open, including 10 in meat processing plants. In the past week, 10 new outbreaks were notified in workplaces, 1 of which was in a meat processing plant. 107 new cases associated with workplace outbreaks were notified in the past week, 62 of which were in meat processing plants;
 - 498 clusters in residential care facilities, of which 277 have been in nursing homes. The number of confirmed cases in residential care facilities stands at 7,676, of which 5,912 have been in nursing homes. 69 clusters in residential care facilities remain open, of which 38 are in nursing homes;
 - In the past week (23rd to 29th August 2020), there have been 8 new outbreaks in residential care settings, of which 2 were in nursing homes. There have been 52 new cases in residential care facilities, of which 22 were in nursing homes;
 - No new outbreaks were notified in the week to 29th August 2020 in the Irish Traveller Community.

Contact Tracing and Testing

The HSE advised the NPHE of turnaround times related to the contact tracing process. Over the past 7 days (25th-31st August 2020), it was reported that:

- the median turnaround time for “not detected” cases (negative result) in the community setting is 2.2 days;
- the median turnaround time for “detected” cases (positive result) in the community is 2.9 days from GP referral to completion of Call 1 (patient informed, first step of contact tracing). The median time from referral to completion of contact tracing is 3.2 days;



(i) Nursing homes

The HPSC provided an “*Update to the NPHEP on outbreaks in nursing homes*”. The key points were as follows:

- There have been 278 outbreaks in nursing homes up to 2nd September 2020;
- There have been 5,919 lab confirmed cases, of these cases 816 died;
- There have been 25 outbreaks notified since the 1st July 2020, of which 17 remain open.
- The total number of HCW/staff cases associated with the 17 outbreaks is 39;
- The total number of client cases associated with these 17 outbreaks is 24;
- The total number of cases that cannot be identified as HCW or client is 1.

The HPSC further reported that a number of cases had been identified through serial testing within nursing homes.

The NPHEP thanked the HPSC for its update and requested that, going forward, it be apprised on a weekly basis of cases within nursing homes as the matter warrants careful and continuous monitoring. The NPHEP acknowledged that both outbreaks and the public health measures put in place to prevent/contain them cause major disruptions to the lives of residents. The ongoing supports of the HSE and HIQA to nursing homes were confirmed by both agencies.

b) Update on outbreaks – Meat processing plants, construction sites, and other large businesses

The HPSC presented “*Update Report for NPHEP: Update on outbreaks in meat plants, food processing plants, construction sites and large businesses: Prepared on 1st September 2020*”. The key points were as follows:

Food Processing Plants:

- As of 31st August 2020, 533 cases are linked to the 13 recent outbreaks in the food production/processing and floristry sectors, 44% of these cases were symptomatic;
- Almost half (49%) of cases reside in Kildare;
- 74% of cases were under 45 years of age;
- The majority (69%) of cases were male. Of the total cases reported, 1 outbreak in a meat processing plant accounted for 180 cases (34%);
- 1 case has been hospitalised; there have been no ICU admissions or deaths.

The HPSC further advised that cases in some sites were found to have links with other food processing plants that also have outbreaks, as well as with outbreaks in direct provision facilities.

Construction Sites:

- As of 31st August 2020, 51 cases were linked to the 6 recent outbreaks in the construction/building sector;
- 51% of cases were <45 years, and 92% of cases were male;
- 69% of cases were foreign nationals;
- 37% cases were symptomatic;
- 1 case was hospitalised; there were no ICU admissions or deaths.

The HPSC provided an update on its actions as follows:

- The serial testing process has commenced. The focus was initially on the counties most affected by recent major outbreaks and targeted the meat and food processing industry. The process is now being broadened to counties outside Kildare, Laois, and Offaly. The categories for initial focus are primary and secondary meat processing plants, fish, mushroom and other horticulture plants. The plan at present is for weekly testing but this will be reviewed after the first round of testing. There is capacity for approximately 20,000 tests/week for serial testing at present;



- Guidance has also been developed on the principles around the closing and opening of facilities experiencing positive cases;
- Interim guidance for outbreaks in meat factories has been developed and is available on the HPSC website. This guidance will be adapted for the construction industry and wider food processing industry as appropriate.

c) Update on Outbreaks: Direct Provision Centres, Roma, Travellers & Homeless

The HPSC presented “Update on COVID-19 Outbreaks in Direct Provision Centres, Roma, Travellers & Homeless”. The key points made were as follows:

Direct Provision Centres:

- There were 9 outbreaks recorded between 24th July and 31st August 2020;
- These outbreaks resulted in 108 cases;
- Out of the total 292 cases recorded up to 1st September, 82% were between 15 and 44 years, and 5% were over 45 years; 30% were symptomatic and 15 cases were hospitalised. There were no ICU admissions and no deaths;
- A working group and steering committee have been set up to plan for serial testing of all 83 Direct Provision Centres. A number of concerns have been raised regarding the need to plan and communicate appropriately in advance of commencing serial testing;

Vulnerable Populations:

- A total of 176 cases were linked to the 21 outbreaks in Vulnerable Populations up to 1st September 2020;
- 55% of cases were female;
- The majority of cases (77%) were <45 years of age, 23% of cases were in children under 15 years;
- 61% of cases were symptomatic (note that these were from OB notified and may not reflect true number of asymptomatic positives);
- 30% of cases had underlying clinical conditions;
- 22 cases were hospitalised, there were nine ICU admissions and 6 deaths;
- A total of 54 cases were linked to the 5 outbreaks in Vulnerable Populations between 1st July and 1st September 2020. Of these, 3 outbreaks were among Irish Travellers, 2 of which were foreign travel related. 1 outbreak was reported in a residential setting for the homeless, and 1 outbreak was reported in the Roma Community.

It was noted that living conditions within direct provision centres can make social distancing and self-isolation difficult.

3. Review of Existing Policy

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

The HSE presented the paper “Testing and Tracing updated for NPHE, 3rd of September”. The data presented were as follows:

- Over the 7 days, 25th– 31st August 2020, there were 59,414 swabs taken for COVID-19 testing. Over 27,033 of these were taken in the community, the majority were performed at fixed testing sites and a small portion as home visits. 16,495 swabs were taken in acute settings. The remaining swabs (15,886) were taken as part of the Serial Testing programme of healthcare workers in nursing homes and of employees in meat and food production plants;
- There were over 61,953 lab tests completed in the period 25th– 31st August. 42,385 of these tests were processed in community laboratories with 19,567 processed in acute laboratories;
- In the week to 31st August 2020, a total of 4,852 calls were made in Contact Tracing Centres. Of these calls, a total of 822 were Call 1s, which involves the communication of a detected result. A total of 4,030 calls relating to contact tracing were completed;



- Over the seven days, 25th – 31st August 2020, the average number of close contacts per case was 6 and the median number of close contacts per case was 3;
- Over the 7 days, 25th – 31st August 2020, the median end-to-end turnaround time for not detected tests in the community setting was 2.2 days. This includes serial testing in nursing homes, where swabbing happens up to 48 hours before pick-up time;
- Over the 7 days, 25th – 31st August 2020, the median end-to-end turnaround time for detected tests in the community was: 2.9 days from GP referral to completion of Call 1 (patient informed); 3.2 days from GP referral to completion of final Call 3 (contact tracing complete and close contacts referred for tests);
- In the community, the median time for community referral to appointment was 0.8 days. 90.5% of GP referrals result in a swabbing an appointment the same day or next day. For a swab taken in the community, the median time for swab to lab result was 30 hours. For swabs taken in hospitals, the median time for swab to lab result was 17 hours. The combined median time from swab to lab result is 28 hours;
- The median time to complete all calls, from the 25th – 31st of August 2020, was 19 hours.

The HSE also presented the COVID-19 Contact Management Programme (CMP) “*National Public Health Emergency Team (NPHEM) Report 19th May – 30th Aug*”. This report covers close contacts of cases of COVID-19 identified for the period from 19th May to the 30th of August 2020. The data presented were as follows:

- There were 2,997 close contacts where the initial Day 0 test result was negative, and Day 7 test results were available. Of these, 52 (1.7%) converted to positive between Day 0 and Day 7;
- Of the close contacts referred for testing between 24th August and 30th August 2020, 81% attended their Day 0 Test and 51% attended their Day 7 Test.

The NPHEM discussed the data and noted the following –

- The 3-day turnaround time for some tests needs to be reduced. This may require a “root and branch” review of the current process.
- There is a need for additional testing centres to cater for populations in particular areas. Locations for testing centres need to be considered in terms of suitability for people who do not have access to a car to travel to the testing centre;
- The importance of testing and the central focus on enhancing capacity, turnaround time and resourcing across the testing and tracing process was reiterated by the NPHEM.

The NPHEM requested that a formal update on the testing strategy be brought to the NPHEM for its next meeting.

b) Vaccine Update

The DOH presented the paper “*COVID-19 Immunisation Strategy Group*”. The paper outlined the background, purpose, draft terms of reference, and membership of the group. The paper also provided updates on vaccine procurement initiatives and vaccine technology. The DOH noted there are further nominations for membership to come from the Chief Clinical Officer in the HSE and that these will be formalised ahead of the next meeting of the group. The DOH noted that the group has identified a range of issues and is developing its programme of work. The group will work with colleagues across the DOH, HSE, HIQA and National Immunisation Advisory Committee (NIAC). The group will provide updates to the NPHEM in the coming weeks as its work progresses.

c) Update on recommendations from the “Report on Testing of HCWs and NCHDs”

The HPSC provided an update on recommendations from the “*Report on Testing of Health Care Workers and Non-Consultant Hospital Doctors*” that had been previously presented to the NPHEM at its meeting of 30th July 2020.



The report had included 11 recommendations, 9 of which are already completed or are commenced and ongoing. There are 2 recommendations currently outstanding, namely Recommendation 2 and Recommendation 10.

- Recommendation 2 relates to an in-depth investigation into cases of COVID-19 in healthcare workers. UCD has been commissioned to do this study and the report will be brought to the NPHE;
- Recommendation 10 relates to seroprevalence work and the HPSC updated that a working group has been formed to progress this. A proposal has been finalised and approved, and funding has been agreed for the study. A principle investigator has been appointed and an investigative team has been put in place. This preparatory work is progressing rapidly and the HPSC thanked colleagues for their input.

The NPHE thanked the HPSC for its update and noted that Recommendation 8 related to all hospitals carrying out risk assessments. The HPSC noted that guidance has been issued to hospitals on this. The HPSC will follow up with occupational health colleagues and will provide an update to the NPHE on this matter.

4. Expert Advisory Group

a) Occupational guidance for health care workers who have children who test positive for COVID-19 or are close contacts of a confirmed case

The EAG presented “*Feedback to National Public Health Emergency Team (NPHE) from the COVID-19 Expert Advisory Group (EAG)*”, which contained a number of recommendations for the NPHE’s consideration, namely:

1. The EAG addressed a query regarding the recommendations for household contacts of a child in the circumstances that the household members are not able to maintain infection prevention control (IPC) measures and isolate themselves from the child. Based on current guidance, the EAG noted that a case in a child would require parents to restrict movements for 28 days (i.e. 14 days after the last potential exposure) and that this would likely be very challenging for parents in the coming months.
 - The EAG therefore proposed to the NPHE that if a child with COVID-19 cannot be isolated, and there is an ongoing exposure risk, the family should restrict movements for 17 days from the date of the onset of symptoms, or from the date of the test if asymptomatic. This comprises a 10-day isolation period (down from 14 days previously), and an additional 7 days, the time period within which the majority of cases would arise if exposure leading to infection occurred on the last day of isolation.

Following a discussion, in which further clarification was provided, the NPHE adopted this recommendation.

2. The EAG noted the HSE Guidance Document “*Derogation for the Return to Work of HCWs who are essential for critical services*”.

The EAG confirmed that a derogation is not recommended for Health Care Workers (HCWs), who are household contacts of a confirmed case, and that such contacts must restrict their movements in accordance with national guidance.

Following a discussion, the NPHE accepted the EAG’s recommendation and stressed that clarity would need to be provided in communications on the distinction between ‘household contacts’ and ‘close contacts’ to foster a better understanding of same.

3. The EAG provided advice regarding the GP algorithm for children over the age of 13. The EAG noted that there is a difference between the approach for children <13 and those >13. It was suggested by the EAG that no change be made to the algorithms at this time: however, this matter is being brought to the



attention of the NPHEt to ensure consistency in the Public Health guidance approach to this group (i.e. contacts of suspected cases).

As the adoption of the EAG recommendations on isolation periods (above) necessitates an update of GP algorithms, the NPHEt requested that those aged >13 years be considered in the round when GP algorithms are being reviewed. The NPHEt requested that the HSE return this matter for approval at the next meeting.

4. The EAG reviewed correspondence from Dr Richard Drew, Consultant Microbiologist, and supported by Professor Martin Cormican, proposing that nasal swabs be included as an acceptable specimen type for SARS-CoV-2 testing in Ireland. The EAG advised that recent HIQA paper, *“Evidence Summary for accuracy of alternative clinical specimens or sites in COVID-19 diagnosis”* also noted that nasal specimens may offer a viable alternative specimen type.
 - The EAG approved nasal swabs as an acceptable specimen type for use in children in the community and recommended that this be added to the testing algorithm for children.

The NPHEt accepted this recommendation, reiterating that the testing algorithm for children would need to be updated promptly to reflect this change.

Action: The NPHEt, having regard for the available evidence and guidance in other jurisdictions, accepted the EAG advice from its meeting of 2nd September in relation to the recommended periods of isolation for cases of COVID-19 in the community, acute settings and LTRCs, and for household contacts of children. The NPHEt recommends that the HSE review its algorithms in line with this for approval by the NPHEt next week.

Action: The NPHEt accepted the EAG recommendation that nasal swabs are an acceptable specimen type for use with children in the community and recommends that this be added to the testing algorithm for children.

1. HIQA Evidence Review on Isolation Periods

The EAG reported that it had reviewed the HIQA paper, *“Draft evidence summary for the duration of infectiousness in those that test positive for SARS-CoV-2 RNA: 2nd September 2020”*, and recommended the following:

- On the basis of this document, and taking note of guidance in other jurisdictions, that the duration of self-isolation for community cases of COVID-19 be reduced to 10 days from the onset of symptoms, of which the last 5 days should be fever free;
- For asymptomatic individuals, the period of self-isolation is 10 days from the date of the test;
- No change to the current guidance is recommended for individuals hospitalised with COVID-19 or for those living in residential care facilities or nursing homes.

Following a discussion and having regard for the available evidence and guidance in other jurisdictions, the NPHEt accepted the EAG’s recommendation with the caveat that the current guidance will continue to apply to those hospitalised and those living in residential facilities. The NPHEt reiterated that the revised period of self-isolation would need to be incorporated into the updated testing algorithms discussed above.

2. Update: COVID-19 Research

The EAG noted a summary report from the Research Subgroup of the EAG that highlighted the ongoing requirement for investment in research during a pandemic. The paper outlined the need for a research



infrastructure and ongoing investment in research into the future. The NPHET thanked the EAG for this feedback and noted that discussions regarding this will continue.

5. Future Policy

a) *Proposed Revisions to The Framework for Future COVID-19 Pandemic Response*

The DOH presented “*Enhancing the Framework for Future COVID-19 Pandemic Response: NPHET 3rd September 2020*” to the NPHET for its consideration.

The paper contained a number of revisions and refinements to the “*Framework for Future COVID-19 Pandemic Response*” previously advised to Government on 23rd July 2020. As a result of the epidemiological situation, restrictive measures have had to be introduced on 2 separate occasions, at both a regional and national level, since July 23rd.

The NPHET considered the learnings from the introduction of the most recent measures and considered opportunities to refine and enhance the Framework to ensure that it is clear, consistent, and implementable. The NPHET agreed to a number of revisions and refinements to this Framework for Government’s consideration which should be considered as an Addendum to the Framework already provided. The refinements relate only to the public health restrictive measures in the Framework, and changes are not proposed to any other element of the Framework.

The NPHET recommended the adoption of a five-level framework, with the current ‘orange phase’ being split into three levels (Levels 2, 3 & 4). This will allow for a coherent, stepwise and phased approach to the introduction and escalation of measures and will provide greater clarity and certainty across all aspects of society.

The NPHET also gave further consideration to the reopening of pubs and bars, and an increase in numbers permitted to attend mass gatherings. As refinements to the current Framework, the NPHET agreed that, in general, pubs and bars would be open in Levels 1 and 2 and provisions could be made for increased gatherings in particular circumstances. This is contingent on consideration being given to the type of additional protective measures to be put in place, taking into account current guidelines and measures in place internationally. In particular, the NPHET stressed the importance of providing clear advice on capacity limits which the NPHET will give further consideration to in the coming weeks. However, given the current epidemiological situation and the recent reopening of schools, the NPHET advised that it is inappropriate to advance these measures at present. Rather, it is proposed that measures could be activated subject to the disease trajectory having been stable for at least 2 weeks (and no sooner than Monday 21st September).

Action: The NPHET approved a number of revisions to the “*Framework for Future COVID-19 Pandemic Response of 24th July 2020*” in providing advice to the Minister for Health and Government regarding the future public health response to COVID-19

6. Communications

The DOH provided an update on communications. The latest data from the Amárach Public Opinion Survey, available on the DOH website, shows that people are worried, and that the level of worry is at 6.5 out of 10. People are worried about their own health, the health of their loved ones, and about the economy. 76% of people think the pace of change is acceptable or too rapid.



The qualitative tracker shows that people are worried about regional “lockdowns” as they feel this is close to them and could affect them. People are generally looking for a plan and want to know how to navigate living with the virus.

The DOH will bring a monthly Communications Update to the NPHE at the next meeting.

7. Meeting Close

a) Agreed actions

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

b) AOB

- The HSE confirmed that it would contact the DOH on the urgent establishment of the HSE as a contracting authority vis-à-vis the European Commission for drug procurement purposes.
- The HSE confirmed that it would raise the matter of COVID-19 sickness certification at senior officials’ level within the DOH. The President of the ICGP supported this proposal and stressed that the matter requires urgent attention.

c) Date of next meeting

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