



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

<b>Date and Time</b>	Thursday 10 <sup>th</sup> September 2020, (Meeting 53) 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 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 Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH Dr Mary Favier, Immediate past president of the ICGP, Covid-19 advisor to the ICGP Mr David Leach, Communications, 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 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 Dr Desmond Hickey, Deputy Chief Medical Officer, DOH Dr Heather Burns, Deputy Chief Medical Officer, DOH Dr Darina O'Flanagan, Special Advisor to the NPHE Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Dr Breda Smyth, Public Health Specialist, HSE Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Ms Deirdre Watters, Communications Unit, DOH Mr Paul Bolger, Director, Resources Division, DOH Mr Liam Woods, National Director, Acute Operations, HSE</p>
<b>'In Attendance'</b>	<p>Ms Marita Kinsella, Director, NPSO, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Laura Casey, Policy and Strategy Division, DOH Ms Sarah Treleaven, CMO Division, DOH Mr. Ronan O'Kelly, Health Analytics Division, DOH Ms. Aoife Gillivan, Higher Executive Officer, Communications Unit Ms. Ruth Barrett, Policy and Strategy Division, DOH Ms. Niamh O'Beirne, Policy and Strategy Division, DOH Ms. Sheona Gilsenan, Senior Health Data Analyst R&amp;D &amp; Health Analytics Division, DOH Ms. Emily de Grae, Policy and Strategy Division, DOH Dr Matthew Robinson, Specialist Registrar in Public Health, DOH Mr Gerry O' Brien, Acting Director, Health Protection Division Ms Deirdre McNamara, HSE (alternate for Dr Colm Henry) Ms Jeanette McCallion (alternate for Dr Elaine Breslin) Ms Carol Grogan (alternate for Mr Phelim Quinn) Dr Desmond Hickey, Deputy Chief Medical Officer, DOH Dr Heather Burns, Deputy Chief Medical Officer, DOH</p>
<b>Secretariat</b>	Ms Ruth Brandon, Ms Sorcha Ní Dhúill, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Robinson DOH
<b>Apologies</b>	Mr Phelim Quinn, Chief Executive Officer, HIQA



## 1. Welcome and Introductions

### a) *Conflict of Interest*

Verbal pause and none declared.

### b) *Minutes of previous meetings*

The minutes of the 27<sup>th</sup> 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.

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 8<sup>th</sup> 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 national 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 8<sup>th</sup> September 2020;
- 1,781 deaths due to COVID-19 notified to date; 4 of these have been in the month of September 2020;
- 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 3<sup>rd</sup> week in August 2020;
- 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 is increasing and spreading in geography;
- 145 additional new clusters were notified in the week to 5<sup>th</sup> 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 5<sup>th</sup> 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 reviewed the current epidemiological situation nationally, and also specifically in 3 counties (Limerick, Kildare, and Dublin), which are currently experiencing a high level of cases. Enhanced public health measures have been in place nationally since 18<sup>th</sup> August 2020.

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 as 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 for a further three-week period** (to 4<sup>th</sup> October 2020). This is to allow sufficient time for the measures to take full effect in order to disrupt the current pattern of disease transmission, with particular regard to the prevention of 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 21<sup>st</sup> September 2020. This also applies to an increase in attendance to 200 people in outdoor venues with capacity of over 5,000 people.

#### Limerick (City and County)

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

#### Case Numbers

- The rolling 5-day average as of 8<sup>th</sup> September 2020 is 9.2;
- 123 cases were notified to HPSC (7% of all cases) during the 14-day period from 26<sup>th</sup> August to 8<sup>th</sup> 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 5<sup>th</sup> September 2020 in Limerick have now been attributed to community transmission and a further 66% of cases have been linked to 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 when compared with other counties, this appears to be stabilising; cases are confined to a number of specific areas within the county and there does not appear to be widespread community transmission of the virus. As such, the NPHET agreed that Limerick does not require additional measures at this time and that Level 2 measures, as advised above, should apply. This will be kept under review.

### County Kildare

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

#### Case Numbers

- The rolling 5-day average as of 8<sup>th</sup> September 2020 is 11.8;
- 137 cases were notified to HPSC (8% of all cases) during the 14-day period to 8<sup>th</sup> September 2020.

#### 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 5<sup>th</sup> September 2020 have been linked to close contact with a confirmed case;
- In addition, 35% of cases have been identified as having arisen through community transmission. While the incidence rate in Kildare remains higher than many other counties, the trajectory appears to be stabilising.

As such, the NPHET agreed that additional measures are not required at this time in Kildare and that current nationwide measures should continue to apply in line with the 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 was as follows:

#### Case Numbers

- The rolling 5-day average as of 8<sup>th</sup> September 2020 is 97.6;
- 913 cases were notified to HPSC (50% of all cases) during the 14-day period to 8<sup>th</sup> September 2020. 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 8<sup>th</sup> September 2020, 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 having 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 fortnight to 5<sup>th</sup> September 2020 has been close contact with a 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 8<sup>th</sup> 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 is concerning.

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 (R) of 1.4, with a doubling time of 16 days. The most likely scenario, if no additional measures are taken, is that approximately 300 cases per day will be reported in Dublin by the end of September 2020.

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 rapidly, both within Dublin and to other areas of the country. Furthermore, there is a 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 aware that higher and further education institutions will be recommencing programmes over the coming weeks, resulting in significant additional movements 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 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.

The NPHET gave particular consideration to the epidemiological data for counties Limerick, Kildare, and Dublin. While the incidence rate in Limerick and Kildare is high as compared to other counties, this appears to be stabilising. As such, the NPHET considered that additional measures are not required at this time in Limerick or Kildare and that Level 2 measures should apply. This will be kept under review.

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 advised that very close adherence to the basic public health measures and the additional recommendations, as set out below (under item 5), will be essential to contain transmission and bring the disease under control in Dublin.



**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 280 outbreaks in nursing homes up to 8<sup>th</sup> September 2020;
- There have been 5,933 lab confirmed cases, of these cases 816 died;
- 27 outbreaks have been notified since 1<sup>st</sup> July 2020; of which 18 remain open;
- The total number of healthcare worker (HCW)/staff cases associated with these 18 outbreaks is 45;
- The total number of client cases associated with these 18 outbreaks is 35;
- The total number of cases that cannot be identified as HCW or client is 1;
- In the week up to the 5<sup>th</sup> September 2020, there were 5 new outbreaks in residential care settings, of which 2 were in nursing homes. There were 24 new cases in residential care facilities, of which 8 were in nursing homes;
- As of the 5<sup>th</sup> September 2020, 72 clusters in residential care facilities remain open, of which 38 are in nursing homes.

The HPSC further reported that a number of cases had been identified through serial testing within nursing homes. This small growth in the number of positive residents in nursing homes was noted in the “*Epidemiological Summary of Outbreaks Report*”, and the HSE assured that those nursing homes experiencing outbreaks are being supported by Public Health outbreak and COVID-19 response teams.

The NPHEP discussed Nursing Home visitation as part of a wider discussion around the implementation of updated Public health measures.

**ii) Update on current issues in workplaces and vulnerable groups**

The HPSC provided an “*Epidemiological Summary of Outbreaks for NPHEP, 10<sup>th</sup> September 2020*”. The key points were as follows:

Direct Provision Centres:

- There have been no additional cases linked to Direct Provisions Centres since the week ending 6<sup>th</sup> September 2020;
- In the week up to 5<sup>th</sup> September 2020, there were less than 5 new cases and no new clusters notified in Direct Provision Centres.

Vulnerable Groups:

- There are 26 confirmed cases from 3 active outbreaks linked to the Irish Traveller Community as of 8<sup>th</sup> September 2020;
- There are 27 confirmed cases from 1 active outbreak linked to the Roma community as of 8<sup>th</sup> September 2020. It was noted with concern that there is a low attendance rate for testing among close contacts of these cases;
- In the week up to 5<sup>th</sup> September 2020, there were 9 new cases and 1 new cluster notified in the Irish Traveller Community;
- In the week prior to 5<sup>th</sup> September 2020, there were 5 new cases and no new clusters notified in the Roma Community;
- There are 4 active outbreaks linked to residential facilities for the homeless as of 8<sup>th</sup> September 2020;
- In the week up to 5<sup>th</sup> September 2020, there were less than 5 new cases and 1 new cluster notified in homeless and/or addiction services.



#### Meat Plants, Food Processing Plants, and Floristry Sector:

- There were no new outbreaks in food production/processing plants, or the floristry sector in the week leading up to 7<sup>th</sup> September 2020;
- As of 7<sup>th</sup> September 2020, 534 cases were linked to 13 recent outbreaks in food production/processing plants, and the floristry sector;
- An outbreak in 1 meat processing plant accounted for 180 cases (34%);
- Almost half (49%) of cases reside in Kildare;
- 74% (393) of cases were under 45 years of age; the majority (69%) of cases were male; 76% (408) of cases were foreign nationals; 45% (242) cases were symptomatic; 15% (78) of cases had underlying clinical conditions;
- 1 case has been hospitalised; there have been no ICU admissions or deaths;
- The most recent case was diagnosed on 5<sup>th</sup> September 2020 and was linked to an existing outbreak;
- In the week leading to 5<sup>th</sup> September 2020, 22 new cases associated with workplace outbreaks were notified, 11 of which were in meat processing plants.

#### Construction Sites:

- As of 7<sup>th</sup> September 2020, 53 cases were linked to 7 recent outbreaks in the construction/building sector;
- 51% of cases were less than 45 years of age; 92% of cases were male; 66% (35) of cases were foreign nationals; 37% (20) cases were symptomatic;
- 1 case has been hospitalised; there have been no ICU admissions or deaths.

#### Schools:

- To date, approximately 1 million people have returned to educational facilities, across 4,000 schools;
- To date, there have been 54 schools referred to Departments of Public Health for input;
- Following Public Health Risk Assessment, 23 schools have been identified as having cases that require further investigation, exclusion, and testing of close contacts within either pods or classrooms;
- In only 1 facility have further cases been identified through the testing of close contacts. In this facility, there is possible transmission within the school setting. Index case is in junior infants, the rest of the class were identified as close contacts and tested; day 0 test results have identified 5 positives to date;
- In 3 other schools, possible outbreaks are being investigated due to cases arising in different pods. As of yet, it is unclear whether the cases are linked, and investigations are ongoing;
- The turnaround time for testing has been rapid and batch testing has been undertaken and facilitated;
- Another issue that has arisen is the non-attendance of children, who have been referred for testing. It is advised that these children will need to be excluded from school and should restrict their movements for 14 days.

It was highlighted to the NPHE that a single case can generate a considerable amount of contact tracing. In one such instance, a confirmed case in a primary school resulted in over 40 close contacts that had to be excluded and tested.

#### ***iii) Update on underlying conditions report - HPSC***

The HPSC presented “*Underlying conditions in confirmed cases of COVID-19 in Ireland 07/09/2020*”. The key points were as follows:

- As of 5<sup>th</sup> September 2020, 40.5% (12,019) had no underlying medical condition, 37.2% (11,035) had an underlying medical condition, and 22.3% (6,618) were unknown/not reported;



- As of 5<sup>th</sup> September 2020, of those with an underlying condition reported, 44.3% (4,885) had 1 underlying condition, 22.8% (2,511) had 2 underlying medical conditions, and 17.4% (1,918) had 3 or more underlying medical conditions reported. A further 15.6% (1,721) had no specific underlying medical condition reported;
- As of 5<sup>th</sup> September 2020, 95% (1,443) of those that died had an underlying condition reported, 2% (30) had no underlying condition reported, and in 3% (46) of deaths it was unknown if an underlying condition was present;
- Of those who had an underlying condition that died, chronic heart disease was present in 43.8% (645) of cases, chronic neurological disease was present in 34.4% (506) of cases, chronic respiratory disease was present in 17.7% (260) of cases, hypertension was present in 16.8% (247) of cases, cancer/malignancy was present in 15.7% (231) of cases, diabetes mellitus was present in 15.2% (224) of cases, and chronic kidney disease was present in 11.7% (173) of cases;
- As of 5<sup>th</sup> September 2020, 87.5% (392) of those who received care in an ICU had an underlying condition reported, and 12.5% (56) had no underlying condition reported.

### 3. Review of Existing Policy

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

The HSE presented the paper “Testing and Tracing updated for NPHE, 10<sup>th</sup> of September 2020”. The data presented were as follows:

- Over the 7 days, 1<sup>st</sup> – 7<sup>th</sup> September 2020, there has been 72,246 swabs taken for COVID-19 testing. Over 38,612 of these were taken in the community, 16,700 swabs were taken in acute settings;
- The remaining 16,934 swabs taken have been carried out as part of the serial testing programmes of healthcare workers in residential care facilities (RCFs) for older persons and of employees in meat and food production plants;
- There have been over 68,325 lab tests completed in the past 7 days;
- 47,653 of these tests were processed in community laboratories with 20,672 processed in acute laboratories;
- A total of 5,892 calls were made in Contact Tracing Centres;
- A total of 1,088 of these were Call 1s, which involves the communication of a detected result;
- Over the 7 days, 1<sup>st</sup> – 7<sup>th</sup> September 2020, the average number of close contacts per case was 5 and the median number of close contacts per case was 3;
- On any given day over the reporting period, the median end-to-end turnaround time for not detected tests in the community setting ranged from 2.0-2.1 days;
- On any given day over the reporting period, the median end-to-end turnaround time for detected tests in the community has ranged between 2.3-2.8 days from GP referral to completion of Call 1 (patient informed) and 3.3-3.8 days from GP referral to completion of the final Call 3 (contact tracing complete and close contacts referred for tests);
- For 75% of tests completed, referral to completion of lab result was less than 48 hours;
- The median time for community referral to appointment was 0.9 days;
- 85% of GP referrals were provided a swabbing appointment on the same or next day;
- The combined median time from swab to lab result was 27 hours;
- The median time to complete all calls for contact tracing, from 1<sup>st</sup> – 7<sup>th</sup> September 2020 was 1 day.

The HSE also presented the COVID-19 Contact Management Programme (CMP) “National Public Health Emergency Team (NPHE) Report 19<sup>th</sup> May – 6<sup>th</sup> September 2020”. This report covers close contacts of cases of COVID-19 identified for the period 19<sup>th</sup> May to 6<sup>th</sup> September 2020. The data presented were as follows:

- For the week ending 6<sup>th</sup> September 2020, 4,203 close contacts, and 487 complex contacts were created on the Covid Care Tracker (CCT);





- This represents a 39% increase on the previous week's numbers of 3,854 and 350, respectively;
- This week saw a 5-fold increase in the number of educational institutions recorded as complex (from 7 to 35);
- The number of hospitals recorded as complex contacts also doubled for this period (from 28 to 59);
- There was also a notable increase in the number of nursing homes created as complex contacts (from 19 to 44);
- Of the close contacts referred for testing between 31<sup>st</sup> August and 6<sup>th</sup> September 2020, 79% attended their Day 0 test and 67% attended their Day 7 test;
- Week-on-week there was a slight reduction (2.5%) in the numbers attending their Day 0 test and a 31% increase in the number of attendances for Day 7 testing;
- Positivity Rates for the results of close contacts for week ending 6<sup>th</sup> September 2020: Day 0 - 14%, Day 7 - 2%
- Positivity rates for results of close contacts since 19<sup>th</sup> May 2020: Day 0 – 9%, Day 7 – 2%;
- 15,049 Day 0 tests were carried out in total, of which 1,401 (9%) returned a positive result;
- There were 3,501 close contacts where the initial Day 0 test result was negative, and Day 7 test results were available. Of these, 66 (1.9%) converted to positive between Day 0 and Day 7;
- Between 1<sup>st</sup> – 7<sup>th</sup> September 2020, household contacts made up the largest group of close contacts (1,399), followed by social contacts (1,131).

#### Serial Testing in Food Production Facilities

- The serial testing programme has commenced in food production facilities in Kildare, Laois, and Offaly since 21<sup>st</sup> August 2020, and has expanded to food production facilities on a national scale;
- As of 8<sup>th</sup> September 2020, there has been a total of 12,769 swabs taken and 34 detected cases (0.27% positivity rate);
- On 8<sup>th</sup> September 2020, a decision was made to reschedule testing in food processing facilities that was due to take place from 9<sup>th</sup> - 11<sup>th</sup> of September. The decision by the HSE to reschedule this testing was made to allow the HSE to focus its resources on the increasing demand for testing of symptomatic individuals within the community;
- Food production facilities have been advised that contact will be made over the coming days about subsequent weeks of planned testing;
- At present, the HSE is critically assessing its ability to meet the demand posed by the serial testing of food production facilities and an increase in demand for community testing.

The NPHET clarified the time scales for serial testing in food production facilities and requested that the HPSC and the HSE jointly assess the delineation of workplace facilities, with regard to the requirement for mass testing. The NPHET emphasised that testing should take place at such facilities on a fortnightly basis. The NPHET stressed that it is important that serial testing recommence in these facilities.

#### ***b) Update on testing strategy***

The HSE presented “*Testing & Contact Tracing Operating Model: 9<sup>th</sup> September 2020*”, which outlined its High-Level Service Pathway and gave a summary of service improvements due for completion by the end of 2020. The HSE also updated the NPHET on its Detailed Review of Clinical Governance and progress made to date on its High-Level Project Plan.

The NPHET, stressing the importance of testing and tracing in the management of the response to the pandemic, requested that the specimen collection date be included on all swabs. Any proposed phonenumber referral service would warrant further consideration.



### **c) Updated isolation and testing algorithm**

The HSE presented paper “Algorithm changes as requested by NPHE: 9<sup>th</sup> September 2020”, which summarised a number of proposed changes to the testing algorithms, based on international evidence. The following algorithms were updated:

- paediatric algorithm (3 months to 13<sup>th</sup> birthday);
- paediatric algorithm (COVID-19 Management of contacts of cases in the school setting);
- COVID-19 telephone assessment and testing pathway for patients (aged 13 years and older).

The NPHE accepted and thanked the HSE for the updated algorithms and requested that the HSE review the derogations to isolation periods for healthcare workers.

**Action: The NPHE approved the revised HPSC guidance and testing algorithms for COVID-19, in line with EAG advice from its meeting of 2<sup>nd</sup> September 2020. The NPHE requests that these revised testing algorithms be brought to the attention of GPs and Public Health Departments for immediate use in clinical practice.**

### **d) Serial testing in Nursing Homes**

The HSE presented an update “Serial Testing of all staff in Residential Care Facilities (Older People): September 7<sup>th</sup>, 2020”, outlining the programme of serial testing delivered over a 4-week period, including outcomes and level of detected cases identified.

The HSE recalled the NPHE had requested the continuation of the planned programme of serial testing of all staff in residential care facilities (RCFs) for older people over the past 4 weeks. This second cycle of the programme ran from 10<sup>th</sup> August 2020 and the final day of testing was 4<sup>th</sup> September 2020. This programme involved testing of all staff in RCFs for COVID-19 once a fortnight, for 4 consecutive weeks. 56,675 staff in 561 residential care facilities for older persons were tested.

The serial testing programme concluded testing in facilities on 4<sup>th</sup> September 2020 after 2 fortnightly testing cycles were delivered. Each fortnight, all staff in RCFs were requested to be tested.

- Overall, 81,821 staff were referred and 56,675 tested. This represents 69% participation rate;
- To date 56,675 test results have been received;
- A total of 111 detected tests had a ‘SARS-CoV-2 detected’ result. 2 of these tests were from previously detected cases in RCFs;
- Therefore, 109 new detected cases were identified:
- 49 (45%) of these cases were detected during their first fortnight of testing;
- 60 (55%) were detected during individuals second fortnight of testing;
- The 109 new ‘SARS-CoV-2 detected’ cases were identified across 56 facilities; 17 of these facilities had detected cases in Cycle 1 of the serial testing programme in RCFs and 38 of the remaining 39 did not have cases in Cycle 1. 1 facility did not partake in Cycle 1;
- There was a total of 373 contacts identified from the 109 confirmed COVID-19 cases identified during serial testing.

The HSE confirmed that there was a clear difference between the two cycles of serial testing. Both cycles reflect the general epidemiology with a preponderance to the East, with the second cycle seeing less positives in the non-East CHOs of the country. While in the East, the results reflect the change in epidemiology to CH07 (Kildare), having the largest number of positives.



The NPHET thanked the HSE for its update and requested that the programme of serial testing of all staff in nursing homes continue for 2 further cycles of testing on a fortnightly basis, at which point it will be further reviewed.

**Action: The NPHET recommended that the programme of serial testing of all staff in nursing homes continue for 2 further cycles of testing on a fortnightly basis, at which point it will be further reviewed.**

#### ***e) Testing and Surveillance of Health Care Workers***

##### ***(i) Enhanced epidemiological studies of 6 current hospital outbreaks of COVID-19***

This agenda item was deferred to the next meeting of the NPHET on Thursday, 17<sup>th</sup> September 2020.

##### ***(ii) Update on recommendation (no. 8) regarding hospital risk assessments***

This agenda item was deferred to the next meeting of the NPHET on Thursday, 17<sup>th</sup> September 2020.

#### **4. Expert Advisory Group**

##### ***a) Proposal on genome sequencing***

This agenda item was deferred to the next meeting of the NPHET on Thursday, 17<sup>th</sup> September 2020.

#### **5. Future Policy**

##### ***a) Review of Public Health Measures ahead of 13<sup>th</sup> September 2020***

\*This item was discussed in conjunction with item 2 above.

The NPHET gave further consideration to the five-level framework and the final framework was agreed for consideration as part of the development of the Government's medium-term strategy.

Taking into consideration the epidemiological situation in Dublin, as set out in item 2 above, the following suite of measures specifically targeting social gatherings and inter-household interactions were discussed and recommended for Dublin:

- 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 1 other household, and in groups of no more than 6 people;
- Pubs and bars (not serving food) in Dublin should not open on 21<sup>st</sup> September 2020. 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 1 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 1 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, 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 are 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.

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 key priorities of protecting the most vulnerable, resuming non-COVID health and social care services and maintaining educational activities must remain at the fore. Absolute priority must be given to ensuring these priorities are protected.

The NPHET noted that this most recent advice will be disappointing, concerning, and challenging for people across the country and particularly for people in Dublin.

**Action: In light of the current epidemiological picture across the country, the NPHET recommended that the public health restrictive measures advised to Government on 17<sup>th</sup> August, with some clarifications, be extended nationwide, for a further period of 3 weeks.**

**Action: In light of the current epidemiological situation in Dublin, the NPHET recommended that a number of additional public health measures should be put in place for Dublin for a period of 3 weeks.**

**Action: The NPHET agreed to amend the five-level framework agreed last week, to provide for more restrictive limits on social gatherings within Level 2 and Level 3.**

**Action: The NPHET requests the HSE to design a new Visiting Guidance Framework for long-term residential care facilities outlining the guidance/restrictions to apply at each corresponding level within the 5-level “Framework for Future COVID-19 Pandemic Response”, as agreed by the NPHET, and to bring this Visiting Guidance Framework back to the NPHET for its consideration.**



## **6. Communications**

### ***a) Monthly Update***

This agenda item was deferred to the next meeting of the NPHE on Thursday, 17<sup>th</sup> September 2020.

## **7. Meeting Close**

### ***a) Agreed actions***

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

### ***b) AOB***

There was no other business raised at the meeting.

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

The next meeting of the NPHE will take place Thursday, 17<sup>th</sup> September 2020, at 10:00am via video conferencing.