



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

Date and Time	Thursday 17 th September 2020, (Meeting 54) 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 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 Mr David Leach, Deputy National Director of 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 Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Darina O’Flanagan, Special Advisor to the NPHET 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 Dr Colm Henry, Chief Clinical Officer, HSE Mr Liam Woods, National Director, Acute Operations, HSE</p>
‘In Attendance’	<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 Gerry O’ Brien, Acting Director, Health Protection Division Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion) Ms Emily de Grae, Health Systems and Structures, DOH Ms Ruth Barrett, Health Systems and Structures, DOH Ms Sheona Gilsean, Senior Health Data Analyst R&D & Health Analytics Division, DOH Ms Aoife Gillivan, Communications Unit, DOH Mr Ronan O’Kelly, Health Analytics Division, DOH Dr Heather Burns, Deputy Chief Medical Officer, DOH Dr Des Hickey, Deputy Chief Medical Officer, DOH</p>
Secretariat	Dr Keith Lyons, Ms Ruth Brandon, Ms Sorcha Ní Dhúill, Mr Ivan Murphy, Ms Emily Kilroy, DOH
Apologies	Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Dr Matthew Robinson, Specialist Registrar in Public Health, DOH



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Matters Arising*

The NPHE noted the Government's "*Resilience and Recovery 2020-2021: Plan for Living with COVID-19*" and the future decision-making framework and governance structure contained therein.

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:

National Level

Cases and Deaths:

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

Demographic and Location Trends

- 67% of cases notified in the past 14 days have occurred in people under 45 years of age;
- The incidence and average number of cases in those 65 years and older has been increasing since the third week in August;
- The median age for all cases remains stable; the median age for cases notified in the past 14 days is 33 years;
- Only 2 counties have an incidence rate lower than 15 cases per 100,000 population.

Hospitalisations

- There were 73 confirmed cases in hospital yesterday with 9 admissions in the previous 24 hours;
- The number of confirmed COVID-19 patients requiring critical care yesterday was 14, with 1 new admission in the previous 24 hours.

Clusters and Modes of Transmission

- 158 additional new clusters were notified in the past week to 12th September. There are 812 open clusters nationally;
- The vast majority of open clusters are associated with private households (537 of 812);
- Half of all cases in recent days have arisen as a result of close contact with a confirmed case. A third of cases are linked with community or possible community transmission. These proportions have remained relatively stable for the past several weeks, while the absolute number of cases has been rising.



Dublin (City and County)

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

Case Numbers

- The rolling 5-day average as of 15th September 2020 is 138.6;
- 1,477 cases were notified to HPSC (55% of all cases) during the 14-day period to 15th September 2020. Of those, 562 have been identified in the last 7 days;
- The spread of cases is distributed across the city and county;
- 60 cases in Dublin (11%) notified in the last 7 days to 16th September 2020 are in healthcare workers.

Incidence Rates

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

Hospitalisations

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

Clusters and Modes of Transmission

- The primary mode of transmission in the last fortnight to 12th September 2020 has been close contact with a confirmed case (50% of cases). 41% of cases were recorded as having arisen through community transmission;
- The majority of cases in the fortnight to the 12th September 2020 (59%) that were linked with outbreaks in Dublin have been tied to private household outbreaks.

The IEMAG provided additional contextual information to the above data. The key points are as follows:

- At the height of the pandemic in Spring 2020, there was an average of 10 deaths per day, excluding those in Long-Term Residential Care facilities; there were 4 deaths due to COVID-19 in total reported in August 2020. However, there have been 14 deaths reported to date in September 2020. In this regard, the IEMAG noted that while numbers of deaths may appear small now, they are of significant concern;
- Community transmission has been relatively stable across the country, comprising 25%-30% of confirmed cases since mid-August 2020 with 4%-5% remaining under investigation. Close contacts arising from outbreaks in Kildare, Laois, and Offaly have influenced these numbers;
- Of particular concern is the increasing incidence in older age groups which, if left on the current trajectory, will translate into excess hospitalisations and mortality rates;
- With regard to Dublin, the force of infection is 3-5 times greater than the rest of the country and has increased exponentially since mid-August 2020; unexplained transmission is higher than the rest of the country.

The NPHET reviewed the current epidemiological situation nationally, and specifically in Dublin (discussion on Dublin included under item 5 below). The situation nationally remains concerning and has deteriorated further from last week. In particular, the NPHET noted:



- The number of cases per day, the 7-day and 14-day incidence rates, and the numbers in hospital and ICU are all continuing to increase at an accelerating rate;
- The number of deaths remains low but is increasing;
- The reproduction number (R) is now estimated to be between 1.3 and 1.7. The growth rate in cases is between 5-7% per day, and the doubling time is 10-14 days;
- Close contact with a confirmed case remains the primary mode of transmission nationally. There has been an increase in the absolute number of cases linked with community transmission; in the week to 12th September, 39% of cases have been linked with community transmission;
- The significant number of active clusters/outbreaks, the majority of which continue to be in private households;
- The noticeable increase in the number of cases and incidence rate in older people. There has been a 38% increase in the number of cases in people aged 65 years and older in the week to 15th September as compared with the previous week (to 8th September);
- The increasing number of cases in healthcare workers;
- An increase in the absolute number of cases associated with nursing homes (staff and residents) in recent weeks;
- An increase in the influenza like illness (ILI) rate reported in the week to 12th September to 35.8 as compared to 24.4 in the previous week;
- There is an average of 107 cases per day being identified in the 25 counties outside of Dublin. Every county has had cases in the past fortnight. Incidence is increasing across all age groups. There are different patterns across the country, with incidence increasing in some counties and decreasing in others;
- Modelling based upon the most current information estimates that if the current pattern of disease transmission remains unchanged there will be between 500 - 1,000 cases per day 1 month from now, 50-60% of which will be in Dublin.

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

(i) Update on outbreaks – Nursing homes, workplaces, vulnerable groups

The HPSC presented “Epidemiological Summary of Outbreaks for NPHEC, 16th September 2020.” The key points were as follows:

Updates and Epidemiological findings for Nursing Home Outbreaks:

- The total of nursing home and community hospital/long stay unit outbreaks notified to midnight 14th September 2020 was 313;
- A total of 30 outbreaks in Nursing Homes and 1 in a Community Hospital/Long Stay Unit were notified since 1st July 2020. Of these, 21 outbreaks remain open;
- Of the 21 ‘open outbreaks’, there are:
 - 123 associated cases;
 - 57 associated HCW/staff cases;
 - 51 associated client cases;
 - 15 cases where HCW status unknown.

Updates on outbreaks associated with school children and school staff:

- There were 15 outbreaks associated with school children and staff;



- 12 of these outbreaks were notified in week 37 and 3 were notified in week 38; a total of 22 confirmed cases have been linked to these outbreaks to date.

The HPSC noted that, while still in the early stages, the situation regarding schools is rapidly evolving. The HPSC emphasised that while outbreaks may be described as being associated with school children and staff, this does not necessarily imply that these have arisen as a consequence of transmission within school.

Outbreaks in Direct Provision Centres

Epidemiological summary of the 111 cases linked to 10 Direct Provision Centre outbreaks (July - September 2020):

- The majority (54%) of cases were male;
- The majority of cases (87%) were <45 years; 27% of cases were in children under 15 years;
- 23% of cases were symptomatic;
- 10% of cases had underlying clinical conditions;
- 3 cases were hospitalised; there were no ICU admissions or deaths.

Outbreaks in other groups: Irish Travellers, Homeless, Roma

Epidemiological summary of the 81 cases linked to 10 vulnerable group outbreaks (July - September 2020):

- 4 outbreaks were among Irish Travellers, 2 of which were foreign travel related;
- 5 outbreaks were reported in residential settings for homeless people, and 1 outbreak was reported among the Roma population;
- Just over half of cases were female (57%);
- The majority of cases (79%) were less than 45 years of age, 32% of cases were in children under 15 years of age;
- 57% of cases were symptomatic;
- 32% of cases had underlying clinical conditions;
- 7 cases were hospitalised, there were 2 ICU admissions and no deaths.

Outbreaks in Meat Plants, Food Processing Plants, and Construction Sites

Notable updates from 10th – 17th September 2020 in Food Production/Processing Plants and Wholesale Florist Outbreaks were reported as follows:

- 7 new outbreaks in the food production, processing or floristry sectors were reported within the week 10th-17th September 2020; of these, the most notable outbreak is linked to 22 cases;
- 33 cases have occurred in the food production, processing or floristry sectors in the last 14 days, 18 of these occurred within the last 7 days, with 12 of 18 linked to one specific outbreak;
- There were 5 additional outbreaks involving 15 cases in total (range 1-5 cases per outbreak) in the construction sector.

The NPHEt thanked the HPSC for its update. The NPHEt requested that for future updates, the HPSC present more detailed epidemiological data on nursing homes to inform the NPHEt's discussions. The NPHEt requested that existing contacts between HIQA and the HSE be enhanced as part of the current escalation pathway in place.

(ii) Update on underlying conditions

The HPSC presented "*Underlying conditions in confirmed cases of COVID-19 in Ireland 14/09/2020.*" The key points reported were as follows:

Up to midnight on 12th September 2020, there were 30,984 confirmed cases of COVID-19. Of these:

- 41.5% (12,861) had no underlying medical condition;
- 36.9% (11,435) had an underlying medical condition;



- 21.6% (6,688) were unknown/not reported.

Of those with an underlying condition reported:

- 44.4% (5,085) had one underlying medical condition, 22.8% (2,612) had two underlying medical conditions, and 17.3% (1,975) had three or more underlying medical conditions reported;
- A further 15.4% (1,763) had no specific underlying medical 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, 17th of September 2020”. The data presented were as follows:

- Over the past 7 days, 8th - 14th September 2020, there have been 82,320 swabs taken for COVID-19 testing. Over 60,377 of these were taken in the community; 18,799 swabs were taken in acute settings;
- The remaining 3,144 swabs taken were taken as part of the Serial Testing programmes of employees in meat and food production plants, and residents and staff in Direct Provision Centres;
- There has been a large increase in the number of referrals for the age group 0-10 years. A sample of this data, from 24th - 26th August 2020, shows nearly 2000 individuals in the 0-10 years age group were referred with a detected test rate of 1.4%. In comparison, between 7th - 9th September 2020, nearly 10,000 were referred with a detected rate of 0.52%;
- There have been over 76,234 lab tests completed in the past 7 days;
- 1,000,000 Covid-19 tests have been completed since testing in Ireland began;
- A total of 8,583 calls were made in the Contact Tracing Centres. A total of 1,387 of these were Call 1s, which involves the communication of a detected result. A total of 7,196 calls were completed relating to contact tracing;
- The average number of close contacts per case was 6 and the median number of close contacts per case was 4;
- The median end-to-end turnaround time for “not detected” results in community settings was 2.3 days;
- The median end-to-end turnaround time for “detected” results in the community was: 3 days from GP referral to completion of Call 1 (patient informed) and 4 days from GP referral to completion of the final Call 3 (contact tracing complete and close contacts referred for tests). The median time to complete all calls for contact tracing was 1.1 day;
- In the community, the median time for community referral to appointment was 1 day. 84% of GP referrals were provided with a swabbing appointment the same day or next day;
- The combined median time from swab to lab result was 26 hours.

The HSE also presented the COVID-19 Contact Management Programme (CMP) “National Public Health Emergency Team (NPHE) – Spotlight Report: 7th - 13th September”, covering the period 24th August - 13th September 2020. The data presented were as follows:

- For the weeks ending 30th August, 6th September, and 13th September respectively: 3,854 close and 350 complex contacts, 4,203 close and 487 complex contacts, and 7,183 close and 660 complex contacts were created on the CovidCare Tracker. This represents an increase in the numbers of close and complex contacts of 71% and 36%, respectively;
- 40% of close contacts provided a Dublin-based address for the week ending 6th September 2020. Between 7th - 13th September 2020, 50% provided Dublin as their address or county of residence;
- Between 7th - 13th September 2020, 4,345 close contacts were referred for Day 0 tests;
- Between 7th - 13th September 2020, to date, 91% have attended their Day 0 Test and 65% attended their Day 7 Test. Week-on-week, this is an increase of 10% and 5% respectively;



- Positivity rates for testing at Day 0 and Day 7 for close contacts created in the past 3 weeks is as follows:
 - Results returned Week Ending 13th September 2020: Day 0 - 13.4% Day 7 - 1.8%;
 - Results returned Week Ending 6th September 2020: Day 0 - 12.9% Day 7 - 1.7%;
 - Results returned Week Ending 30th August 2020: Day 0 – 8.9% Day 7 - 1.3%.
- Between 7th - 13th September 2020, there was an over threefold increase on the previous week in the number of Educational Institutes recorded as complex (35 to 121). The number of social venues recorded as complex contacts also increased during this period (96 to 116);
- Dublin (3,620), Wicklow (301), and Kildare (281) are the counties with the highest number of close contacts identified.

The NPHEP reiterated its concern regarding the end-to-end duration of the testing and contact tracing process, while acknowledging that the report presented covered a period in which a 50% increase in referrals took place. The NPHEP recalled its previous request for the HSPC and HSE to assess the feasibility of retrospective contact tracing and requested that an update be provided. The NPHEP further suggested that a study be put in place to better understand community transmission and stated that this would be discussed further at its next meeting.

b) Testing and Surveillance of Health Care Workers

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

The HSE presented a paper “An enhanced epidemiological review of selected hospital outbreaks of COVID-19”, which summarised the findings of an enhanced review of 5 hospital outbreaks and proposed a number of recommendations for the NPHEP’s consideration. The key points in the paper were:

- Of the 5 outbreaks, 3 had less than 3 cases and 2 contained patient cases only;
- The median size of the outbreaks was 4 cases (range 3-115) and median outbreak duration was 40 days (range 31-93 days);
- In total, 132 healthcare workers (HCWs) and 59 patients were infected;
- Local, rapidly available testing, as well as flexibility in testing strategy were identified as important.
- Challenges included; insufficient Infection Prevention Control (IPC), Occupational Health (OH) and Public Health (PH) resources, difficulties implementing some IPC measures, and in earlier outbreaks, delays in testing and availability of results.
- A concise guidance document for the management of COVID-19 outbreaks in acute hospitals should be developed to facilitate a standardised approach;
- A cohesive, multi-disciplinary outbreak control team including PH, OH and IPC is essential for all outbreaks;
- All hospitals must have the facility to rapidly identify and follow up all close contacts of cases of COVID-19, including healthcare workers;

The NPHEP thanked the HSE and HPSC for the paper and, in accepting the paper’s recommendations, noted that the review highlights the importance of a management-supported, cohesive multi-disciplinary Outbreak Control Team in all outbreaks. The NPHEP further noted that a variety of outbreak control measures are required to successfully manage and control hospital outbreaks. The NPHEP requested that the HSE proceed with the implementation of the recommendations and report back on progress regularly.

Action: The NPHEP notes the recommendations of the HPSC in the paper “An enhanced epidemiological review of selected hospital outbreaks of COVID-19” and asks the HSE to ensure implementation.



4. Expert Advisory Group

a) Update on the use of saliva as a specimen type

The EAG provided an update on the use of saliva as a specimen type in testing for COVID-19: Work on the validation of the use of saliva as a specimen type in testing for COVID-19 is progressing with key technical aspects of the process now complete. A suitable community sampling hub will now be identified for the collection of saliva samples for the validation process. A further progress update will be provided to the NPHET at its next meeting on Thursday 24th September 2020.

The NPHET thanked the EAG for its update and noted the potential importance of the validation of this specimen type.

b) Proposal on genome sequencing

The EAG presented the paper *“Proposed Framework for a Centralised National SARS-CoV-2 Sequencing Strategy”*.

The National Virus Reference Laboratory (NVRL) in tandem with the HPSC have led on sequencing viral genomes, however the current system is not as expeditious as possible. The paper outlines an alternative to the current approach, where all eligible samples are sequenced in ‘real-time’ on an ongoing basis.

The NPHET noted the paper and endorsed, in broad terms, the need for as close to ‘real-time’ sequencing as possible. The NPHET also endorsed the overarching principle in the paper that whole genome sequencing has a role to play in enhancing the understanding of COVID-19. This will be relevant not just for the current COVID-19 pandemic, but also for future outbreaks of other diseases. The NPHET recommended that the HSE develop a business case for the establishment of a Centralised National SARS-CoV-2 Sequencing Strategy to be submitted to the Department of Health.

5. Future Policy

a) Consideration of public health measures in Dublin under “Resilience and Recovery 2020-2021: Plan for Living with COVID-19”

The NPHET gave particular and significant consideration to the epidemiological situation in Dublin and reviewed its advice to Government last week in light of this data. In particular the NPHET noted and advised:

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



Following a thorough discussion, the NPHET concluded that the situation has further deteriorated in Dublin and there is now a very real risk of widespread transmission both across the county but also to other areas of the country. The NPHET formed the view that the profile of the disease in Dublin is at an extremely critical juncture. The NPHET, following its considerations, in which the specific measures set out within the various levels of the Framework were considered in detail, advises that the Government now give consideration to, as a matter of real urgency, the application of Level 3 measures¹ in Dublin (county and city) for a period of 3 weeks. In relation to particular measures within Level 3:

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

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

- the continuing key priorities of protecting the most vulnerable, resuming non-COVID health and social care services and maintaining educational activities must remain to the fore, and absolute priority must be given to ensuring these priorities are protected;
- the growing risk that the overall volume of disease will result in greater levels of transmission in more vulnerable populations in the community and spread into residential care settings, both of which are likely to lead to increased hospitalisations and mortality;
- the growing risk that the overall volume of disease in Dublin will further accelerate the rise in cases seen across the country, given its population size and connectivity to other parts of the country;
- higher education and further education institutions will be recommencing programmes over the coming weeks, resulting in significant additional movement of people into, out of, and across the county;
- the impact that these measures will have on the health and wellbeing of individuals, and society more broadly and the economy (with consequent knock-on implications for the resourcing of vital public health services);

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

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



- The need for a targeted and proportionate response, with measures focused on the areas that are of most concern and can have most impact.

The NPHET believes that the suite of measures in Level 3 represents a proactive and proportionate response to the current situation in Dublin. Measures are targeted specifically at limiting social contacts and reducing congregation. The NPHET agreed that these measures are necessary now to disrupt the current pattern of disease transmission and contain ongoing outbreaks, to protect the health and wellbeing of those living in these and surrounding areas, and to protect public health, the economy, and society more broadly.

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

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

The NPHET again acknowledged the criticality of robust processes of sampling, testing, contact tracing, surveillance, and reporting. It was noted that an enhanced operating model is being finalised and it is recommended that all necessary steps are taken to continue to enhance and sustainably resource testing and contact tracing services. The NPHET also recognised the significant work underway in relation to the Public Health Pandemic Workforce Plan and actions that are being taken to augment Departments of Public Health, particularly in the East. The NPHET recommended that the HSE take all necessary measures and deploy any additional necessary resources to support Departments of Public Health and the testing and contract tracing operations in continuing to respond comprehensively to cases and clusters over the coming weeks.

In respect of the measures being recommended for implementation in Dublin, the NPHET requested that the HSE's National Crisis Management Team specifically consider and action the following priority actions, as a matter of urgency:

1. Public health outbreak responses including testing, contact tracing, and surveillance, are resourced and operating so as to enable as close to real-time reporting and follow-up of cases as possible;
2. HSE COVID-19 Response Teams are in place and ready to respond to support those living in Long Term Residential facilities, including private nursing homes;
3. All health and social care service providers should be ready to activate public health-led, risk-based relevant response plans including for the provision of multidisciplinary supports and surge capacity;
4. Appropriate visibility of health service and public health leaders at local and regional level, supported by HSE communications teams, to ensure that the public in Dublin are kept informed of disease status.

Action: Having reviewed the current epidemiological data, both nationally and specifically relating to Dublin, the NPHET recommends Dublin move to Level 3 of “Resilience and Recovery 2020-2021: Plan for Living with COVID-19” for a period of 3 weeks, pending further review. The NPHET also recommends that



the HSE take all necessary operational measures within Dublin City and county to support the wider actions required to suppress the virus.

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

6. Communications

a) Monthly update

The DOH presented the slides “DOH COVID-19 Qual Research: Waves 5-8 (27 July – 24 August 2020): Monthly Debrief”. The summary conclusions were as follows:

Principles:

- Self-interest is the strongest motivator, and the root of behavioural change. As a result, those with vulnerabilities are most attuned to guidance;
- Stress is a function of coping today and worrying for tomorrow. The latter weighs heavily. Citizens benefit from structure, routine and the ability to plan;
- Looking out for each other (care, kindness) is at the centre of how we get through Covid. The system has its part to play, in tandem;
- Resilience is the reward for our efforts so far. Everyone (individual, system) has had the opportunity to learn and adjust. Make it count;
- Stats and stories should live together: numbers numb; stories help deliver emotional empathy, relatability and arc.

Insight:

- Citizens now accept that COVID-19 is here for some time. Marathons are defined by pace. Every day can't be a crisis. People need calm, order;
- Anger is bubbling, especially when Covid affects livelihood. Guidelines must make common sense; clarity and decisiveness are valued;
- Schools returning should be celebrated. Kids need their education, parents need their freedom, the country needs its routine;
- Winter brings new challenges: cumulative fatigue, winter flu, mental health. Every individual needs to have a proactive plan;
- Young adults have had their lives put on hold. Isolation is against instinct and health. They need support to remain connected in a safe manner.

7. Meeting Close

a) Agreed actions

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

b) AOB

(i) Waste Water Surveillance

The Chair of the EAG presented the paper “SARS-CoV-2 wastewater surveillance in Ireland”.

The paper notes that wastewater surveillance of SARS-CoV-2 is a useful tool to assess the rate of infection in the population or subpopulation (neighbourhoods) of urban centres, and to evaluate the effectiveness of public health mandated control measures, thereby serving as an early warning system of subsequent waves of infection.



The NPHEt noted that wastewater surveillance could be helpful in determining early changes in prevalence in areas with, or during periods of, low disease incidence.

The NPHEt endorsed the use of wastewater surveillance in principle and agreed to request that the HSE establish a working group to examine proactive approaches to surveillance and early warning or identification of changing patterns of disease in the community.

c) Date of next meeting

The next meeting of the NPHEt will take place on Thursday 24th September 2020, at 10:00am via video conferencing.