



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

Date and Time	Thursday 24th September 2020, (Meeting 55) 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 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 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 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 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, NPHE Policy Unit, 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, NPHE Policy Unit, DOH Ms Ruth Barrett, NPHE Policy Unit, DOH Ms Sheona Gilson, Senior Health Data Analyst R&D & Health Analytics Division, 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 Ms. Niamh O'Beirne, Executive Management Team, HSE Dr Philip Crowley, National Director for National Quality Improvement, HSE (alternate for Dr Siobhán Ní Bhriain)</p>
Secretariat	Dr Keith Lyons, Ms Sorcha Ní Dhúill, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Robinson, (DOH)
Apologies	<p>Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Dr Matthew Robinson, Specialist Registrar in Public Health, DOH Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Ms Lyndsey Drea, Communications Unit, DOH</p>



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Minutes of previous meetings*

The minutes of 31st August and 3rd September had been circulated to the NPHE in advance of the meeting. These were agreed to 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, HPSC, and 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 33,994;
- The 5-day rolling average of cases was 293 cases;
- The 14-day incidence per 100,000 population is 76.5; the 7-day incidence is 41.7 cases per 100,000 population, indicating that in recent days there has been an increasing upward trend of new cases identified;
- 9,069 cases (27% of all cases) were associated with healthcare workers; 233 cases were reported in healthcare workers in the fortnight to 23rd September 2020;
- 1,797 deaths due to COVID-19 notified to 24th September 2020; 22 of these have been in the month of September;
- The positivity rate for all tests processed nationally in the week to 24th September 2020 was 2.2%.
- The reproduction number is now estimated to be between 1.5 and 1.7. The growth rate in cases is between 5-6% per day, and the doubling time is 12-14 days;

Demographic and Location Trends

- 67% of cases notified in the 14 days to 24th September 2020 have occurred in people under 45 years;
- The median age for all cases remains stable; the median age for cases notified in the 14 days to 24th September 2020 is 33 years;
- Only three counties have an incidence rate lower than 20 cases per 100,000 population.
- There continues to be an increase in the number of cases and incidence rate in older people.
- An increase in the influenza like illness (ILI) rate was reported in the week to 19th September to 44.8 as compared to 35.8 reported in the previous week, with wide regional variation.

Hospitalisations

- There were 90 confirmed cases in hospital on 24th September 2020, with 11 admissions in the previous 24 hours on 23rd September 2020.
- The number of confirmed COVID-19 patients requiring critical care on 23rd September 2020 was 17, with 1 new admission in the previous 24 hours.

Clusters and Modes of Transmission

- 470 additional new clusters were notified in the week to 19th September 2020. There are 1,241 open clusters nationally;



- The vast majority of open clusters are associated with private households (920 of the 1,241 clusters).
- In the fortnight to 19th September, 58% of all cases have arisen as a result of close contact with a confirmed case. A further 36% of cases are linked with community or possible community transmission.

The Chair of the IEMAG noted two key points regarding incidence rates:

- The data indicate a rise in the daily incidence rate per 100,000 population, beginning in late June/early July, with a substantial increase in August. The rise and apparent stability in the national daily incidence were influenced by the outbreaks and subsequent public health restrictive measures in Kildare, Laois and Offaly. However, excluding these three counties, an upward trajectory in the daily incidence can be traced nationally from June to mid-September. The IEMAG noted that counties with high incidence, such as Dublin and Donegal, continue to influence the overall numbers nationally.
- Varying patterns of incidence have emerged in different counties. The incidence rate in Dublin is diffuse with a large number of isolated cases and approximately 40% arising in an unknown manner in the community. Other counties are not currently experiencing the same volume of isolated cases as Dublin, with most cases in Donegal arising from known clusters or outbreaks, and the majority of cases in Louth arising in private households. The IEMAG noted that while the incidence in Donegal is high in numerical terms, the pattern is very different to that of Dublin

The situation in several counties was considered. In particular, the following was noted:

- The situation in Dublin remains concerning. Level 3 measures have only been in place since Friday, 18th September, and it will take more time to see the full impact of these measures.
- Cases in Kildare and Wicklow have started to increase in recent days, with particularly high incidence in areas adjacent to Dublin.
- The 14-day incidence for Louth is high at 108 cases per 100,000. However, the 7-day rate is 41 per 100,000, which would indicate that the situation is stabilizing or potentially improving. The NPHEP stressed that if this improving trend does not continue, there may be a need for further measures, and this will be monitored very closely in the coming days.
- The situation in Waterford is similar, with the 7-day incidence figures indicating an improving situation.
- While coming from a low base, there has been an increased number of cases in Cork and Galway in the last week, particularly in city areas. It will be vital that trends in more recent days are reversed to ensure that these counties avoid getting to a point where they require additional measures.

Following the data presented above, the NPHEP concluded that further measures over and above the current measures were not required nationally, but the situation across all counties would be kept under close review. The NPHEP requested detailed demographic information on hospitalisations. This will be presented at its next meeting on Thursday 1st October 2020.

Donegal

There was a detailed discussion on Donegal given the significant deterioration in the epidemiological situation in the county over the past week. The data presented for Donegal was as follows:

Case Numbers

- The rolling 5-day average as of 24th September is 26 cases per day.
- 236 cases were notified to HPSC (6% of all cases) during the 14-day period to 24th September. Of those, 162 have been identified in the last 7 days.
- The positivity rate for tests completed within Donegal over the 7 days to 24th September 2020 is 6%. This is three times the national positivity rate for the same period. This figure has increased as compared to the 14-day positivity rate.
- In the period 20th – 23rd September, there have been 111 cases identified in Donegal. This is significantly more than has been seen in previous days. In the full week to 22nd September, there were 136 cases notified and 59 cases in the previous week (to 15th September).



Geographic Spread of Cases

- The spread of cases is widely distributed across the county. Of the 7 local election areas in Donegal, the 14-day incidence rates range from 23.6 to 336.1 cases per 100,000 population. Three of the seven local election areas have 14-day incidence rates above 80.
- While confirmed cases may reside in a particular area, based upon data from the CSO and other mobility data, it appears that the movement of people commuting for education, recreation and socialisation purposes around the county, and into and out of urban centres within the county, is significant.

Incidence Rates

- Both 7-day and 14-day incidences in Donegal have been increasing since the beginning of September and there has been a sharp increase in incidence in recent days.
- The rolling 14-day incidence rate is 148.2 cases per 100,000 population, which is the highest in the country and is nearly double the national incidence rate (76.5).
- The 7-day incidence rate is 101.8 cases per 100,000 population. This rate is also the highest in the country and has been increasing sharply in recent days. It is more than double the national 7-day incidence rate (41.7 per 100,000 population).

Clusters and Modes of Transmission

- The primary mode of transmission in the fortnight to 19th September has been close contact with confirmed case (76% of cases). A further 20% of cases were recorded as having arisen through community transmission;
- The majority of cases in the fortnight to the 19th September (39%) that were linked with outbreaks in Donegal have been tied to private household outbreaks. This is followed closely by those cases linked with workplace clusters (33%).
- There are 19 open outbreaks in Donegal currently, the majority of which are linked with private households/families and socialisation and workplace interaction between different households.

The following key points were noted during the discussion:

- The 7-day and 14-day incidence rates continue to increase quickly and are now the highest in the country.
- The number of cases in the most recent 14-day period has increased by over 600% compared to the previous 14-day period.
- In the week to 24th September, there have been 162 cases. This is double the number of cases in the previous week when there were 74 cases. In 10 of the last 14 days, there have been more than 10 cases reported each day in Donegal.
- While the cases are particularly concentrated in one Local Electoral Area (Lifford/Stranorlar) which has a 14-day incidence of 336 per 100,000 population (the highest in the country), there have been cases across all 7 Donegal LEAs in the last fortnight; 2 other LEAs have an incidence above 80. LEA data is only available up to Monday night (21st September 2020) and there have been a further 72 cases notified since then.
- 55% of cases in the week to 24th September have occurred in people in the 15-44 age cohort.
- The current situation in Derry, where the 7-day incidence for Derry City and Strabane is 141 per 100,000 population.

The NPHEC concluded that the situation in Donegal had deteriorated, particularly in recent days, and an urgent escalation of measures was now required.



Action: Having reviewed the current epidemiological data, both nationally and specifically relating to Donegal, the NPHET recommends Donegal 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 Donegal to support the wider actions required to suppress the virus.

(i) *Update on outbreaks – Nursing Homes, current issues – workplaces, vulnerable groups and prisons*

The HPSC presented “Epidemiological Summary of Outbreaks for NPHET, 23rd September 2020”. The key points were as follows:

Direct Provision Centres:

As of midnight, 21st September 2020:

- There is a total of 294 confirmed cases linked to 27 notified outbreaks in DPCs. Of these, 15 were hospitalised; there were no ICU admissions or deaths associated with these outbreaks.
- 1 new outbreak in a DPC was notified on 21st September. The HPSC noted that the recent outbreak notified was a result of serial testing.
- 7 outbreaks notified since 1st July 2020 remain ‘open’:
 - 59 confirmed cases have been linked to these outbreaks.
 - Outbreaks ranged in size from 2 – 31 cases. One outbreak had no linked cases on CIDR.
 - Among these cases, there were 2 hospitalisations.

Vulnerable Populations (Homeless, Roma and Travellers):

As of midnight, 21st September 2020:

- There is a total of 216 COVID-19 cases linked to 28 outbreaks in vulnerable groups.
- 2 outbreaks and 13 linked confirmed cases have been reported since the last report.
- There were 5 additional cases linked to outbreaks reported previously.
- There were no new hospitalisations, ICU admissions or deaths since the last report.

Meat Plants, Food Processing Plants and Construction Sites:

Notable updates from 17th – 24th September in Food Production, Processing and Wholesale Florist Outbreaks:

- 8 outbreaks involving 219 cases in this sector and notified on or after 1st July are now closed.
- 2 new outbreaks in this sector were reported with 2 and 4 cases respectively. The HPSC noted that these outbreaks became apparent due to serial testing.
- 18 additional cases have been linked to outbreaks in this sector, most notable being 10 additional cases linked to one outbreak (32 in total).
- 37 cases occurred in the last 14 days and 8 of these within the last 7 days, with 4 linked to one outbreak.

Notable updates from 17th – 24th September in the Construction Sector:

- 9 outbreaks involving 55 cases in the construction sector notified on or after 1st July are now closed. These will no longer be included in the epidemiological analyses provided.
- 4 outbreaks remain ‘open’ (15 cases).

Nursing Homes:

- Since the report on 17th September, there have been 8 new nursing home and Community Hospital/long-stay unit outbreaks with 30 confirmed cases linked.
- There were 15 additional cases linked to outbreaks reported previously.
- 7 outbreaks in Nursing Homes and Community Hospitals/long-stay units were closed since the last report.
- 22 outbreaks remain ‘open’.

Outbreaks associated with School Children and School Staff:



- 14 outbreaks associated with school children and staff have been reported since the report on 17th September 2020.
- A total of 37 cases have been linked to these 14 outbreaks.
- 6 outbreaks have two or more cases linked to the outbreak (range: 2 – 19 cases).

The HPSC reiterated that while outbreaks may be described as associated with school children and staff, this does not necessarily imply that these have arisen as a consequence of transmission within the school setting. The Chair of the IEMAG added to this by noting that the reopening of schools appears to have had little impact on the overall trajectory of the disease. The IEMAG will provide more precise data on this for the NPHET at its next meeting on Thursday 1st October 2020.

Outbreaks associated with Prisons:

- There has been a total of 5 outbreaks associated with prisons notified since the start of the pandemic; these outbreaks occurred between March and May 2020.
- 23 confirmed cases were linked to the 5 outbreaks in total.
- Cases only occurred in prison staff.
- There are no 'open' outbreaks.

b) Serial Testing – Food Production

The HSE presented “*Serial Testing of All Staff in Food Production Facilities*”, with data from a four-week period from the commencement of the programme on 21st August 2020 up to 17th September 2020. For each week of the programme, all staff in food production facilities were requested to be tested.

To date 17,729 test results have been received. A total of 56 tests have a 'SARS-CoV2 detected' result.

- 11 (16%) of these cases were detected during the first week of testing.
- 17 (25%) were detected during the second week of testing.
- 22 (32%) were detected during the third week of testing.
- 6 (9%) were detected during the fourth week of testing.
- There were 219 close contacts identified from the 56 confirmed cases during the serial testing programme.

The HSE noted that future cycles of testing will focus on:

1. The number of Food Production facilities that can accommodate self-swabbing led by a facility's Occupational Health.
2. The number of Food Production facilities with Occupational Health involvement.
3. The compliance rate for testing

The NPHET concluded that fortnightly testing in this sector should remain in place, requesting a proposal for the sustainable ongoing testing of staff in these facilities going forward.

Action: The NPHET notes the HPSC's report on serial testing in the food processing industry and recommends the HSE develop a proposal for a sustainable approach to testing of staff for COVID-19 for the NPHET meeting on 1st October 2020.

3. Review of Existing Policy

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

The HSE presented the paper “*Testing and Tracing updated for NPHET, 24th of September*”. The data presented were as follows:

- Over the past 7 days, 15th – 21st September 2020, there have been 96,149 swabs taken for COVID-19 testing. Over 59,836 of these were taken in the community; 19,043 swabs were taken in acute settings;



- The remaining 17,270 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 23rd - 29th August 2020, shows 4,224 individuals in the 0-10 years age group were referred with a detected test rate of 1.3%. In comparison, between 13th - 19th September 2020, 12,310 individuals were referred with a detected rate of 0.9%;
- There have been over 90,231 lab tests completed in the past 7 days.
- A total of 11,317 calls were made in the Contact Tracing Centres. A total of 1,923 of these were Call 1s, which involves the communication of a detected result. A total of 9,394 calls were completed relating to contact tracing;
- In the 7 days, 15th – 21st September 2020, the average number of close contacts per case was 6 and the median number of close contacts per case was 4;
- In the 7 days, 15th – 21st September 2020, the median end-to-end turnaround time for “not detected” results in community settings was 2.2 days;
- In the 7 days, 15th – 21st September 2020, the median end-to-end turnaround time for “detected” results in the community was: 2.9 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 1.9 days;
- In the community, the median time for community referral to appointment was 0.8 days. 91% of GP referrals were provided with a swabbing appointment the same day or next day;
- Cycle 3 of serial testing of Healthcare workers in Residential Care Facilities for older persons continued from 16th September, so far there have been 12,165 tests completed and 30 cases detected (0.25%);
- The serial testing of meat and food processing plants commenced on 21st August, so far 18,420 swabs have been taken and 56 cases detected (0.3%);
- The serial testing of Direct Provision Centres commenced on 12th September, so far 2,518 swabs have been taken and 7 cases detected (.28%). It was noted that testing in Direct Provision Centres continues to be a challenging process, a reluctance to provide information and contact details prohibits uptake of testing and tracing;
- Testing is currently ongoing, or has been completed, in 115 schools; 3000 staff and students have been identified as contacts and are undergoing Day 0 and/or Day 7 testing, so far this testing has resulted in 62 cases being identified. Tests for contacts within schools are grouped and processed rapidly to ensure minimum disruption, with the vast majority of results being communicated within 24 hours.

The HSE noted that while there is continued focus on improving end-to-end turnaround times, the extent of work involved in schools means that the time to close out all calls has extended. This is because the call cannot be closed until all contacts (30 on average) are notified. Several other factors affecting turnaround times were also highlighted. Firstly, there is an increase in the number of calls being made, with an increase of 2,734 calls on last week’s volumes. Secondly, calls are becoming more complex as contact tracers are sometimes met with frustration from those who receive close contact calls. Finally, it is important to note that some laboratory results are received late in the evening and informing patients of a detected result takes place the next morning.

The NPHET was informed that demand for testing has increased by a factor of 2.7 in the last six weeks. To meet this growing demand, testing centres have been expanded, staffing increased and opening times extended. A recruitment campaign is currently ongoing to recruit over 700 additional swabbers. The process of increasing laboratory capacity and improving resilience in the supply chain is also ongoing.



The HSE also presented the COVID-19 Contact Management Programme (CMP) “*National Public Health Emergency Team (NPHE) Report 19th May – 14th September*”. This report covers close contacts of cases of COVID-19 identified for the period 19th May to 14th September 2020. The data presented were as follows:

- For the week ending 20th September 2020, 8,887 close contacts, and 905 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 an increase in the number of educational institutions recorded as complex (from 121 to 181);
- The number of hospitals with recorded complex contacts rose from 46 to 77.
- Of the close contacts referred for testing between 13th and 20th September, 78% attended their Day 0 test and 45% attended their Day 7 test;
- Positivity rates for the results of close contacts for the week ending 20th September: Day 0 – 11.2%, Day 7 – 3.8%
- Of the over 20,000 close contacts that have had a Day 0 test since 19th May 2020, 9% were positive; of the 5000 close contacts that have had a Day 7 test, the positivity rate remains under 2%;
- Between 14th – 20th September, household contacts made up the largest group of close contacts (2,539), followed by social contacts (2,073).

The NPHE noted that significant additional testing and tracing capacities will be needed to meet the requirements of the coming months. The NPHE noted that strategic planning is underway by the HSE in this regard and requests that this be submitted to and discussed with the relevant officials in the department of health as a matter of urgency. It was also requested that proposals on ongoing serial testing in Food Processing Plants and Direct Provision Centres be returned to the NPHE as soon as possible.

b) Update: Monitoring of COVID-19, Influenza and RSV by the sentinel GP network

The HSE presented the paper “*Progress on the integration of COVID-19, influenza and RSV virological surveillance into the current GP sentinel surveillance network in Ireland 2020/2021, 23rd September 2020*”. This provided a progress update on the proposed process of the virological surveillance of COVID-19, influenza and RSV using the sentinel GP network in Ireland for the upcoming 2020/2021 influenza season.

The planned timeline for completion of the required technical and logistical processes in order to implement this is approximately mid-October 2020, however, this is subject to logistical considerations and competing priorities at HSE COVID-19 community testing centres. These matters will be discussed at upcoming meetings among stakeholders (HPSC, ICGP, NVRL, Healthlink (with Healthlink liaising with Swiftqueue) and HSE Community Operations). The NPHE acknowledged this progress and requested that confirmation be provided to the NPHE once the project is up and running.

4. HIQA Advice (Incorporating Expert Advisory Group)

HIQA agreed to provide continued progress updates and present reports to the NPHE upon their completion.

5. Future Policy

a) Visiting Guidance Framework LTRC facilities aligning guidance/restrictions to each of the 5-level “Framework for Future COVID-19 Pandemic Response”

The HPSC presented the paper “*COVID-19 Guidance on visitations to Long Term Residential Care Facilities*”.

The document has been drafted to reflect the 5 levels in the Government framework. The paper outlines different approaches to visiting at each of the 5 levels.

The NPHE noted the paper and agreed that, subject to minor agreed amendments, it would be finalised. Work will be done around communicating the updated guidance to the sector.



Action: The NPHEt endorses the paper “COVID-19 Guidance on visitations to Long Term Residential Care Facilities” subject to minor amendments and clarifications.

b) Approach on retrospective contact tracing

The HPSC presented the paper “*Retrospective enhanced contact tracing of confirmed COVID-19 cases*”.

Currently, contact tracing in Ireland is primarily focused on identifying close contacts of known COVID-19 cases who have been in contact with the case while the case is likely infectious (from 48 hours prior to symptom onset onward) and therefore may have been infected by the case. However, several countries have now enhanced their contact tracing strategy to include ‘retrospective contact tracing (source finding)’, i.e. attempting to better identify where the known case acquired their infection.

By undertaking enhanced retrospective contact tracing of recent COVID-19 cases whose transmission source has been documented as ‘community transmission’, the project aims to identify and better characterise potential sources of COVID-19.

The NPHEt noted the paper and emphasised the importance of this work. This work will proceed under the governance of the HPSC, with the expectation that contact tracing centres will incorporate elements of retrospective contact tracing into routine contact tracing over time. The NPHEt and the DOH will fully support the HPSC in progressing this work as quickly as possible.

Action: The NPHEt supports the proposal on enhanced retrospective contact tracing of confirmed COVID-19 cases and recommends the HSE’s HPSC progress its implementation without delay.

6. Communications

The DOH presented the paper “*NPHEt – Communications Update 24 September*”.

In relation to the quantitative tracker, the nationally representative sample of 1,650 people conducted on behalf of the Department of Health on 21st September 2020 shows -

- The level of worry is at 6.5/10, similar to the level of worry expressed in April, with the main sources of worry being health system overload, the health of family and friends, and the economy;
- 47% think the worst of the pandemic is ahead of us, the highest level reported since April;
- 52% think there should be more restrictions, similar to the levels reported in March.

In relation to the qualitative tracker key insights as of 21st September 2020, talking to low paid workers, travellers and young couples without children shows that:

- COVID-19 is a marathon and citizens feel it’s time to knuckle down and get on with it. This is not a moment for authorities to apologise to the country for restrictions, but rather to make them clear and proportionate, appealing to personal responsibility.
- Travellers need specific, urgent support – especially with regard to how those who test positive for COVID-19 can isolate and guaranteeing that Traveller children doing schoolwork from home have access to the necessary technology and supports.
- Low-paid workers take guidelines seriously. Ensuring they are supported by their employers to adhere to public health guidelines in the workplace is of importance.
- The arts (live gigs, concerts, theatre, comedy, dance, etc.) have been impacted greatly. The absence of the arts portends a culture crisis as they are a very important source of inspiration and imagination which make us feel whole. The arts need advocacy for their role in Irish life, especially for their association with holistic health.
- Public Health depends on the Government’s ability to persuade citizens to freely comply with guidelines. This persuasion is founded in expert-led storytelling, told with clarity, simplicity and empathy. This is no easy task, and there is opportunity for continual improvement.
- The DOH also provided an update on the new versions of advertisements, which will visualise how the virus spreads; these will begin circulating at the beginning of October.



The NPHEP reiterated its concern regarding people attending work while symptomatic and reemphasised the need for employers, and all elements of society, to ensure that this is avoided as much as possible. The NPHEP reiterated the need for close contacts of a suspected case to restrict their movements while the suspected case is awaiting the results of a COVID-19 test.

7. Meeting Close

a) Agreed actions

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

b) AOB

(i) *Acute Hospital and ICU capacity planning and activity in the context of the 5-Level Framework.*

The DOH presented the paper “National Public Health Emergency Team Paper on Critical Care Capacity Requirements”.

The paper outlines the Acute Preparedness Subgroup paper, submitted to NPHEP on 25th June, which provided an overview of the group’s work in relation to critical care and set out a plan to increase critical care capacity. The NPHEP noted and supported the proposals as set out in the paper, agreeing that they were appropriate in the context of ongoing COVID-19 preparedness, noting that any necessary approvals must be sought through the normal channels.

The paper further outlines that, in the context of increasing numbers of admissions to ICUs, there is potential for additional pressure on the system during the winter months.

Action: NPHEP reaffirms its support for a strategic, planned, multi-year increase in critical care capacity to support ongoing COVID-19 preparedness and to ensure that Ireland’s critical care capacity is sufficient to meet the needs of the population into the future.

(ii) *ECDC report on testing strategies*

The NPHEP noted the ECDC paper “COVID-19 testing strategies and objectives” dated 15th September 2020.

The NPHEP requested that the HSE consider the testing elements, as they relate to acute settings, outlined in the paper. The HSE is requested to revert to the NPHEP at its next meeting, Thursday 1st October 2020, with a paper setting out the current situation and approach to testing within the HSE for acute settings, and the plan for testing for COVID-19 and influenza in acute settings. The DOH will work with the HSE in this regard.

Action: The NPHEP notes the ECDC report on COVID-19 testing strategies and objectives and recommends that the HSE bring a paper to the NPHEP on testing strategies for COVID-19, influenza and other influenza like illnesses in acute settings.

c) Date of next meeting

The next meeting of the NPHEP will take place Thursday 1st October 2020, at 10:00am via video conferencing.