



Mr. Stephen Donnelly TD,  
Minister for Health,  
Department of Health,  
Miesian Plaza,  
50-58 Lower Baggot Street,  
Dublin 2.

5<sup>th</sup> November 2020

**Via email to Private Secretary to the Minister for Health**

Dear Minister,

I write further to today's meeting of the COVID-19 National Public Health Emergency Team (NPHE).

The NPHE reviewed the latest epidemiological data and the following key points were noted:

- A total of 4,139 cases have been notified in the seven days to the 4<sup>th</sup> November, compared with 6,058 in the previous seven days, representing a 32% decrease.
- The 7- and 14-day incidence rates are 86 and 213 per 100,000 population respectively; these compare with last week's 7- and 14- day incidence rates of 127 and 299 per 100,000 population respectively.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is at 40%, demonstrating that there have been less cases in last 7 days compared to preceding 7 days.
- The 5-day average of reported cases is 500 cases per day; this compares with a 5-day average of 843 cases per day on the 29<sup>th</sup> October.
- 66% of cases notified in the past 14 days have occurred in people under 45 years of age; the median age for cases notified in the past 14 days is 34 years.
- A higher proportion of cases notified are in the over 65 age group. In the last seven days 11.9% of cases notified were aged over 65 age group, this compares with 7.6% of cases notified in the seven days up to the 15<sup>th</sup> of October.
- The 14-day incidence in those aged 65 years and older has decreased from 201 per 100,000 population on the 29<sup>th</sup> October to 160 per 100,000 population on the 5<sup>th</sup> November.
- The growth rate of the disease is currently negative. The current growth rate for the country is -3.5% (compared with +4.9% on the 29<sup>th</sup> October). The growth rate is slightly higher in Dublin at -2.7% which means the rate of decline in incidence is slower in Dublin than the rest of the country.
- Over the past week, the trajectory of the disease in Dublin has differed from the national picture. 31% of all cases notified in the last 7 days occurred in Dublin, this compares with 26% last week.
- Based on data to the 29<sup>th</sup> October, the best estimate of reproduction number (R) for the country is approximately 0.7-0.9.

- A total of 88,547 tests were undertaken in the last seven days. The 7-day average test positivity rate has decreased from 5.5% to 4.6% over the last seven days. The positivity rate yesterday, 4th November, was 4.9%.
- There are currently 307 confirmed COVID-19 cases in hospital, compared with 318 on 29th October. There have been 19 new admissions in the preceding 24 hours.
- There are currently 38 confirmed cases in critical care, compared with 40 on 29th October. There have been 1 new admission in the previous 24 hours.
- To date, there have been 111 deaths notified with a date of death in October. This compares with 5 and 36 deaths notified (to date) with a date of death in August and September, respectively. 45 of the 111 deaths that have occurred in October are associated with nursing homes.

Further relevant information includes:

- 479 additional new clusters were notified in the past week to 31<sup>st</sup> October 2020. There are 3,993 open clusters nationally. Of these, 56 open clusters are associated with nursing homes and 33 open clusters are associated with hospitals.
- In the week to midnight 31<sup>st</sup> October 2020. (week 44), there were 8 new clusters notified in nursing homes/community hospitals with 96 linked cases, 8 new clusters notified in Centre for disabilities and 8 new clusters in hospitals.
- A range of mobility data suggest that current measures have resulted in reduced mobility in the population in recent days following the introduction of level 5 measures.
- The average number of close contacts has decreased from approximately 5-6 per confirmed case at the end of September to the current level of 2-3 which has remained stable since the start of the introduction of Level 5 measures.
- The current 7-day incidence in Northern Ireland is 239 cases per 100,000 population.

The NPHET also considered the epidemiological situation across Europe and noted the following:

- The average 14-day incidence across EU/EEA and UK countries is 539 per 100,000 population, this compares with 279 per 100,000 in the previous 14-day period.
- As per data reported by ECDC on 4th November 2020, Ireland ranks 24th out of 28 EU and UK countries in relation to 14-day incidence rates/100,000 population. In terms of the 14-day incidence rate, the epidemiological situation in Ireland compares favourably to EU/UK counterparts - there has been a 19% decline in the 14-day incidence rate in Ireland in the last week compared to the previous week, while the majority of countries in the EU/UK are experiencing an upward trend.
- The most recent ECDC Rapid Risk Assessment, dated 23rd October, highlights that *'all EU/EEA countries and the UK have implemented various non-pharmaceutical interventions, but these have not been fully successful in controlling transmission, and the epidemiological situation is now rapidly deteriorating. Implementing stricter non-pharmaceutical interventions, which proved to be effective in controlling the epidemic in all EU/EEA countries and the UK during spring 2020, appears to be the only available strategy that may have a moderate (as opposed to high) impact on the disease for individuals and healthcare provision.'*

The NPHET noted that a range of indicators continue to show improvement over the last week, including daily case counts, 7- and 14-day incidence rates, the growth rate, the R number, the positivity rate, the average number of close contacts per confirmed case and indicators of mobility.

There is some indication that the number of COVID-19 patients in hospital and intensive care units may be stabilizing. However, notwithstanding the continued overall decrease in case numbers and incidence rates in the general population, outbreaks in nursing homes and the burden of infection among the older age groups (65 years and older) remain a concern.

Overall, the NPHET concluded that the trends over the last week are broadly positive and should give encouragement that ongoing adherence to the public health measures continues to have a positive impact on case numbers. However, the NPHET reiterated that these latest data should be interpreted with caution and that it is still not possible to draw substantive conclusions about the trajectory of the disease at this point in time. The NPHET reiterated the need for continued individual and collective efforts to further reduce transmission and bring the number of cases and force of infection to very low levels.

The NPHET also considered a paper detailing the proposed testing strategy across a number of high-risk settings including healthcare workers in the nursing home and residential sector, vulnerable populations in congregated settings, workers in meat and fish processing plants and healthcare workers in acute hospital settings. The NPHET endorsed the proposal, requesting that the HSE give further consideration to the steps necessary to ensure that the health and wellbeing of healthcare workers in acute hospital settings is protected. Maintaining a healthy and resilient workforce is an integral part of building a robust and sustainable response to the disease into the future.

As indicated in its letter of 29<sup>th</sup> October, the NPHET has now initiated a number of work streams in areas that will require further consideration and development in order to support the easing of restrictions. These streams include consideration of the further enhancement and investment in our public health response, consideration of the future response strategy for the period following the current wave of infection, and consideration of international travel. In its deliberations over the coming weeks, the NPHET will have regard for the prevailing epidemiological trends, the importance of the Christmas period to society, the lessons learnt from our experience over the past several months, the need for flexibility and best international practice.

The NPHET of course remains available to provide any further advice and recommendations that may be of assistance to you and Government in relation to the ongoing decision-making processes in respect of the COVID-19 pandemic.

I would be happy to discuss further, should you wish.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Tony Holohan', written over a horizontal line.

Dr Tony Holohan

Chief Medical Officer

Chair of the COVID-19 National Public Health Emergency Team

cc. Ms Elizabeth Canavan, Department of the Taoiseach and Chair of the Senior Officials Group for COVID-19