An Roinn Sláinte
Department of Health

National Public Health Emergency Team – COVID-19

Meeting Note – Standing meeting

Date and Time	Thursday 1st October 2020, (Meeting 56) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Ronan Glynn, Acting Chief Medical Officer, DOH
Members via videoconference	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 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 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 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 Deirdre Watters, Communications Unit, DOH Dr Colm Henry, Chief Clinical Officer, HSE Ms Fidelma Browne, Interim Assistant National Director for Communications, HSE Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA
'In Attendance'	Ms Marita Kinsella, Director, NPSO, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Laura Casey, NPHET 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, NPHET Policy Unit, DOH Ms Ruth Barrett, NPHET Policy 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 Dr Philip Crowley, National Director for National Quality Improvement, HSE (alternate for Dr Siobhán Ní Bhriain)
Secretariat	Dr Keith Lyons, Ms Ruth Brandon, Ms Sorcha Ní Dhúill, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Robinson, DOH
Apologies	Ms Yvonne O'Neill, National Director, Community Operations, HSE 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 Mr Paul Bolger, Director, Resources Division, DOH Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH

1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Minutes of previous meetings

Minutes of 10th and 17th September 2020 had been circulated to the NPHET in advance of the meeting. These were agreed, subject to minor amendments, and formally adopted by the NPHET.

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:

Cases and Deaths

- As per 1st October 2020, the number of confirmed cases stands at 36,155;
- The 5-day average of cases is currently 370 cases per day; on 24th September, this figure was 293;
- The current 14-day incidence per 100,000 population is 92.1. In the week to 27th September, national 14-day incidence was 76.5;
- As of 1st October, the 7-day incidence 52.4 cases per 100,000 population; this figure was 41.7 on 24th September;
- 9,183 cases (25% of all cases) were associated with healthcare workers;
- 267 cases were reported in healthcare workers in the fortnight to 29th September 2020;
- 1,806 deaths due to COVID-19 notified to date; 32 of these have been in the month of September;
- The positivity rate for all tests processed nationally from 24th September to 1st October was 3.0%. On 24th September, our positivity rate was 2.4%;
- As of 1st October, the estimate of R is 1.2 to 1.4; it was estimated to be between 1.5 and 1.7 on 24th September.

Demographic and Location Trends

- 67% of cases notified in the past 14 days have occurred in people under 45 years;
- The median age for all cases remains stable; the median age for cases notified in the past 14 days is 33 years;
- Incidence in older age groups has started to rise and there has been a marked increase in incidence in the 19-24 age group. The incidence in the 0-18 age group, as a proportion of the overall incidence, is stable or decreasing;
- As of 1st October, 18 counties have an increasing 14-day incidence rate as compared to their rates on 24th September.

Hospitalisations

- On 1st October, there were 122 confirmed cases in hospital, with 15 admissions in the preceding 24 hours (30th September). On 24th September, there were 90 COVID-19 patients in hospital, with 11

new admissions in the preceding 24 hours. On 1st August, there were 8 confirmed cases in hospital, and on 1st September, there were 36;
- In the week from 24th September to 1st October, there has been an average of 8 new admissions per day. The number of confirmed COVID-19 patients requiring critical care yesterday was 20, with 1 new admission in the previous 24 hours.

Clusters and Modes of Transmission
- 465 additional new clusters were notified in the week to 26th September 2020. There are 1,642 open clusters nationally;
- The vast majority of open clusters continue to be associated with private households (1,263 of the 1,642 clusters);
- In the fortnight to 26th September, 59% of all cases resulted from close contact with a confirmed case. A further 36% of cases are linked with community or possible community transmission.

Having reviewed the data provided, the NPHET noted the following points:
- The average numbers of cases identified per day, the 7-day and 14-day incidence rates, and the numbers in hospital and ICU have continued to increase week on week for the last several weeks;
- The number of deaths is continuing to increase;
- The number of COVID-19 patients in hospital and critical care is increasing. From 24th September to 1st October 2020, the number of confirmed cases in hospital increased from 90 to 122; there has been an average of 8 new admissions per day in this period;
- As of 1st October 2020, the reproduction number is estimated to be between 1.2 and 1.4. The growth rate in cases is between 4-5% per day, and the doubling time is between 14 and 18 days;
- Close contact of a confirmed case remains the primary mode of transmission nationally;
- The significant number of active clusters/outbreaks, the majority of which continue to be in private households;
- There has been a very sharp rise in incidence in the 19-24-year-old age cohort in the fortnight to 1st October, while there continues to be an increase in the number of cases and incidence rate in older people;
- The 7-day average positivity rate continues to increase. It currently stands at 3%. On 24th September, it was 2.4%. The NPHET noted the wide variation in county positivity rates, which range from 0.6%-10.7%;
- The situation in Dublin and Donegal remains concerning. Level 3 measures are in place but have not had sufficient impact to date;
- 18 counties have an increased 14-day incidence rate as compared to figures from last week. The situation in many other counties is deteriorating.

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

The HPSC presented *"Epidemiological Summary of Outbreaks for NPHET, 30th September 2020."* The key points were as follows:

Overview of Outbreaks
- Since the start of the pandemic, there have been 3,962 outbreaks notified to the national infectious disease surveillance system;
- In the week to midnight 26th September, there were 465 outbreaks notified, 75% (349) of them occurred in private houses.

Updates and Epidemiological findings for Nursing Home Outbreaks:

- There have been 3 new nursing home and community hospitals/long-stay unit outbreaks with 7 linked confirmed cases;
  There were 26 additional cases linked to outbreaks reported previously;
- 12 outbreaks in nursing homes and community hospitals/long-stay units were closed since 24th September 2020;
- The total number of nursing home and community hospital/long-stay-unit outbreaks notified to midnight 28th September 2020 was 322;
- A total of 6,578 laboratory confirmed COVID-19 cases were linked to these outbreaks; 484 of these cases were hospitalised, and a total of 894 of these cases died;
- A total of 38 outbreaks in Nursing Homes and 2 in a Community Hospital/Long-Stay-Unit were notified between 1st July and 28th September 2020. Of these, 21 outbreaks remain open, with 186 associated cases:
  - 72 associated HCW/staff cases;
  - 73 associated client cases;
  - 41 cases where HCW status unknown.

Updates on outbreaks associated with school children and school staff:

- Nine outbreaks associated with school children and staff have been reported since 24th of September;
- A total of 34 cases have been linked to these nine outbreaks;
- 8 outbreaks have two or more cases linked to the outbreak (range 2-12). The most notable being an outbreak among staff and students which has 12 linked cases to date;
- In total there were 37 outbreaks associated with school children and staff notified up to midnight 28th September 2020.

The HPSC emphasised 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.

Outbreaks in Direct Provision Centres

- As of midnight 28th September 2020, there were a total of 308 confirmed cases linked to 31 notified outbreaks in Direct Provision Centres. 15 of these cases were hospitalised; there were no ICU admissions or deaths associated with these outbreaks;
- Since 24th September 2020, 3 new outbreaks with 10 linked cases in Direct Provision Centres have been notified;
- 2 of these outbreaks were detected during serial testing of Direct Provision Centres;
- There were 10 outbreaks in Direct Provision Centres notified since 1st July that remain “open”, with 70 confirmed cases linked to these outbreaks.

Outbreaks in other groups: Irish Travellers, Homeless, Roma

- As of midnight 28th September 2020, there were a total of 236 COVID-19 cases linked to 30 outbreaks in vulnerable groups;
- 2 new outbreaks and 20 linked confirmed cases have been reported since 24th September 2020;
  - One new outbreak is among the Roma population with 10 linked confirmed cases;
  - The second new outbreak is in a homeless population with two linked confirmed cases;
  - There were eight additional cases linked to outbreaks reported previously;
- There were 13 outbreaks in vulnerable populations notified since 1st July 2020 that remain ‘open’; there have been 92 confirmed cases linked to these outbreaks. 6 of these cases were hospitalised, 2 were admitted to ICU and there were no deaths.

Outbreaks in Meat Plants, Food Processing Plants and Wholesale Florists

- 2 additional outbreaks were reported in this sector since 24th September 2020;
- 33 cases occurred in the last 14 days, 12 of these within the 7 days to September 30th
- There are 13 outbreaks in this sector notified since 1st July 2020 that remain 'open', with 318 confirmed cases linked to these outbreaks;
- A single outbreak in a meat plant accounted for 57% (182) of these cases;
- 48% (154) of cases reside in Kildare, followed by Tipperary (18%; 57) and Waterford (15%, 49);
- There were no hospitalisations, ICU admissions, or deaths associated with these cases.

Outbreaks in the Construction Sector

- No further outbreaks have been closed;
- In addition to the 4 open outbreaks, 5 additional outbreaks were identified since 24th September 2020. 34 cases are associated with the 9 open outbreaks;
    - 68% (23) are under 45 years and 97% (33) are male;
    - 82% (28) reported symptoms;
    - 21% (7) have underlying conditions;
    - There were no hospitalisations, ICU admissions or deaths associated with these cases.

(ii) Report on hospitalisations – age, comorbidity and demographic.

The HPSC presented *"Confirmed cases of COVID-19 notified between July 1st and Sept 29th, who were reported to have been hospitalised."* The key points were as follows:

- There were 320 people hospitalised between the 1st July and 29th September 2020;
- Of these hospitalised cases:
    - 5.3% (17) were <14 years; 14.7% (47) were 15-34 years; 22.5% (72) were 35-54 years; 35.4% (113) were 55-74 years; 14.4% (46) were 75-84 years; 7.8% (25) were 85 years or above;
    - 55% (176) were male; 44.7% (143) were female; in 1 case the gender was unknown;
    - 55.3% (177) had an underlying condition; 26.3% (84) had no underlying condition; the remaining 18.4% (59) were reported as unknown;
- Of the 167 cases, who reported a specific underlying condition, hypertension was present in 40.1% (67) of cases; chronic heart disease was present in 28.7% (48) of cases; chronic respiratory disease was present in 28.7% (48) cases; diabetes was present in 21.6% (36) of cases; cancer/malignancy was present in 14.4% (24) of cases.

The HPSC expressed concern that the public perceive hospitalisations due to COVID-19 as only occurring in older age groups, leading to complacency in younger cohorts. This perception is not supported by the data on hospitalisations.

The NPHET expressed particular concern regarding the trends in indicators relating to the severity of the disease, including hospital and critical care admissions and the numbers of deaths notified. The NPHET previously advised that other countries have reported increased hospitalisations and deaths in the weeks following increasing case numbers. The NPHET advised that should current trends in Ireland continue in this manner, there would be potentially serious implications for the provision of both COVID-related and non-COVID health services.

3. Future Policy

a) Review of measures nationally

The NPHET reviewed the restrictive measures currently in force nationally. In light of the epidemiological situation (see item 2 above), the NPHET expressed significant and growing concern with the continuing deterioration of the situation nationally. While there continues to be a number of counties with particularly high incidence, the NPHET's main concern now is the overall national picture.

When considering the epidemiological data presented under agenda item 2 in the context of reviewing public health measures that NPHET broadly discussed a number of issues including:

- The overall trajectory of the disease across the country as a whole, its deterioration and the measures which may be required to address this, including consideration of a potential increase in the level of restriction recommended;
- The impact of family and social gatherings on disease transmission, and how limiting these may contribute to reducing transmission;
- The sharp rise in cases in the 19 – 24-year-old age cohort since mid-August and the significant concentration of cases in this cohort, while noting that the past 7 months have been particularly difficult for this cohort and the need for close engagement with this age group and tailored communications to ensure buy-in.

As part of its deliberations, the NPHET considered whether the situation warranted an escalation of restrictive measures at a regional or ~~a~~ national level, with the question of escalating to level 3 or greater being raised.~~.~~ On balance, the NPHET agreed that while the current trajectory of the disease is very concerning, the current epidemiological data does not yet strongly support an increase in the level of restriction. However, the NPHET held the view that some additional measures are necessary at this time, in particular targeted at inter-household interactions and socialisation given the growing experience and evidence in relation to the role that these activities are having on the increasing transmission of the virus across the country. The NPHET also noted that should the disease trajectory and profile of cases continue to deteriorate it may be necessary to further review the measures recommended nationally in the coming days.

On this basis, the NPHET advised that the Government give consideration to extending the Level 2 measures currently in place for a further period of 3 weeks[1]. The NPHET further advised that the Government also consider applying the escalated measures provided for in the Framework under Level 2 in relation to social and family gatherings without delay, in order to support efforts to contain the spread of the virus nationally. Specifically, the NPHET recommended that:

- 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 meet socially in other settings, but only with people from, at most, one other household.

The NPHET strongly advised that very close adherence to the basic public health measures, and the additional recommendations as set out above, will be essential to contain transmission. In its discussion the NPHET continued to stress that concerted efforts are required across every county to prevent further deterioration in the profile of the disease nationally. The NPHET also stressed the particular importance of people not attending work if symptomatic. It further emphasised the importance of all those identified as a close contact

[1] Dublin and Donegal to remain at Level 3

to restrict their movements for 14 days and to attend for testing. This is essential in breaking chains of transmission. Furthermore, the NPHET stressed the importance of taking special care with older people and those that are medically vulnerable. The NPHET also recommended the continued development and strengthening of a whole-of-Government and cross-society approach (including representation from young people, sport, the arts and business) to co-create and implement solutions aimed at increasing awareness of and compliance with public health advice among young people.

Action: Having reviewed the current epidemiological data, the NPHET recommends that Ireland (excluding Dublin & Donegal which are to remain at Level 3) remains in Level 2 with the addition of some enhanced measures as provided for in "*Resilience and Recovery 2020-2021: Plan for Living with COVID-19*" for a period of 3 weeks, pending ongoing close review.

Action: The NPHET recommended the continued development and strengthening of a whole-of-Government and cross-society approach (including representation from young people, sport, the arts, and business) to co-create and implement solutions aimed at increasing awareness of and compliance with public health advice among young people.

b) Update on retrospective contact tracing

The HPSC provided the NPHET with an update on retrospective contact tracing. A team leader has been assigned to the Project Team and work has commenced. Once this project has been completed, it can be assessed whether a case-control study is warranted or whether retrospective contact tracing should be included in the contact management process. The HPSC concluded its update by providing the caveat that the project work does not have a control group in the first instance; the work is intended to give an indication of the usefulness of retrospective contact tracing.

The NPHET thanked the HPSC for its update and noted that the project is being carried out, not due to a deficiency in the current data or any absence of knowledge, but rather to provide additional data to reinforce the feedback already received from Public Health colleagues and to confirm what has already been perceived both nationally and internationally.

4. Review of Existing Policy

a) Sampling, Testing, Contact Tracing and CRM reporting

The HSE presented "*HSE COVID-19 Testing & Contact Tracing Update 1st of October 2020".* The following summary data was noted:

- Over 1,167,681 tests completed to Monday 28th September 2020;
- Between 22nd – 28th September:
  - The median end-to-end turnaround time for detected and not detected tests was 2 days;
  - The median time from swab taken to lab result in acute and community settings was 28 hours;
  - There were over 93,300 total swabs taken;
  - There were over 87,390 lab tests completed;
  - There were over 15,780 contact tracing calls made.

In relation to swabbing, labs, contact tracing, and turnaround times, the metrics for 22nd – 28th of September 2020 were:

- 93,320 swabs samples were taken, including 55,966 taken in the community, 18,883 taken in hospitals and 18,471 taken as part of serial testing of staff in meat and food plants, residential care facilities and residents and staff in direct provision centres;

- 2 temporary sites were established and one pop up centre in Donegal;
- Community testing requirements have increased by a factor of 2.2 over the last 6 weeks;
- Over 90% of people who are referred for a test get an appointment in less than 24 hours from referral;
- Contact Tracing teams across Public Health and CTCs completed over 15,786 phone calls in the last week;
- Close contacts average at 5.4 per person;
- Incorrect phone numbers being provided, and multiple calls being required to get through to people are adding to CTC workload and impacting turnaround;
- Between 22nd – 28th of September the median end-to-end turnaround time from referral to completion of contact tracing in community settings of 2 days;
- 95% of people in community testing receive their result in less than 48 hours, with 30% receiving it within 24 hours;
- All tracing is completed within 2.1 days (median) – including all complex cases.

The HSE presented a proposal in relation to texting "detected" results, followed by a phone call. The aim is that the HSE will convey "detected" results initially by text, with all necessary public health advice contained therein. A second text will notify the recipient to expect a follow-up call from the relevant contact tracing centre, during which they will be provided with advice and asked for close contact details, which should be prepared in advance of the call. The recipient will be encouraged to inform household contacts of their "detected" result.

The main benefit of the proposal is to bring communication timescales for positive results in line with those for negative results – i.e. median of 2 days. This will mean earlier self-isolation and earlier notification to household contacts.

The NPHET supported the proposal and suggested that it would be initially rolled out on a pilot basis. The NPHET requested that information regarding the time from symptom onset to presentation at a GP be presented for consideration. The NPHET also requested that an audit of compliance with self-isolation and restricted movement be carried out through the contact tracing centres. The NPHET reiterated that if there are any resourcing issues, these should be flagged to the NPHET. The NPHET and colleagues across government will support the resourcing of the contact management programme if necessary.

Action: The NPHET recommends that an audit of compliance with self-isolation of cases and restriction of movements by contacts of cases is undertaken by HSE.

Action: In light of the deteriorating epidemiological situation nationally, the NPEHT recommends that the HSE's National Crisis Management Team specifically consider and action the following priority actions, as a matter of urgency across the country:

a) 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.
b) 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.
c) 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.
d) Appropriate visibility of health service and public health leaders at local and regional level, supported by HSE communications teams, to ensure that the public are kept informed of local and regional disease status.

i) Update on testing in Direct Provision Centres

The HSE presented the report "*Testing of all Staff and Residents in Direct Provision Centres".*

A serial testing programme took place across Direct Provision Centres from 12th – 25th September 2020. The report notes a positivity rate of 0.5%. Mass screening in Direct Provision Centres will continue to be considered by local Public Health Teams when a positive case is identified, and this can be arranged through the National Ambulance Service or SafetyNet, as agreed locally. The HSE will establish a group to review the outcome of the report. This group will include key stakeholders and will focus on how to progress any similar testing in the future.

The NPHET noted the difficulties faced by people living in Direct Provision Centres and highlighted that they should be commended for engaging in testing to protect others.

Action: The NPHET recommends that the HSE's HPSC develop a proposal for sustainable approaches to testing across the following areas as a matter of urgency and provide a composite paper for consideration by NPHET on Thursday 8th October 2020:

a) **vulnerable groups living in congregated settings, including direct provision and those who are homeless;**
b) **food processing facilities;**
c) **healthcare workers in acute settings, including an update on the current approach taken to testing of healthcare workers in high risk settings;**
d) **testing of patients attending or being admitted to acute hospitals;**
e) **overarching approach to testing in community and acute settings in the context of co-circulating COVID-19 and influenza.**

5. Advice from HIQA (incorporating EAG)

a) Period of restricted movement for those exposed or potentially exposed to COVID-19

HIQA presented advice on, *"Does the evidence support the current 14-day duration of restriction of movements for individuals exposed, or potentially exposed, to SARS-CoV-2?".*

HIQA noted that the advice was informed by the following:

- An evidence summary of the incubation period of COVID-19, or time to a first positive test, in individuals exposed to SARS-CoV-2;
- A review of current international recommendations for restriction of movements for individuals exposed, or potentially exposed, to SARS-CoV-2;
- Input from HIQA's COVID-19 Expert Advisory Group.

HIQA provided the following advice to the NPHET:

- In the context of no change to the current testing protocol, the 14-day period of restriction of movements for individuals exposed, or potentially exposed, to SARS-CoV-2 should be retained. This advice pertains to recommendations regarding restriction of movements, regardless of exposure type (close contact or potential travel-related exposure). This advice is informed by research evidence on the incubation period of SARS-CoV-2, international guidance, and input from the COVID-19 Expert Advisory Group;
- Further consideration should be given to the ECDC recommendation (published 15th September 2020) allowing the period of restriction of movements to be reduced from 14 days if a PCR test taken on, or after day 10 following last exposure to the case, is negative (virus not detected).

HIQA further highlighted additional factors, which should be considered important to inform both the policy question at hand and potential further research and policy questions, as set out in its advice to the NPHET. HIQA recommended that particular consideration be given to the analysis of the existing Irish data regarding adherence to the restriction of movements guidance in the current testing strategy, and emphasised that a policy decision will be required on future guidance relating to restriction movements based on testing.

The NPHET noted that in order to gain more information in advance of a policy decision, and further to the audit that will be undertaken by the HSE (see Item 4(a)), further work with a limited scope is to be carried out by HIQA on this matter, and returned to the NPHET for consideration within the next 2/3 weeks.

6. Communications

a) Communications update

The DOH presented the paper "*NPHET – Communications Update 1 October".*

In relation to the quantitative tracker, the nationally representative sample of 1,650 people conducted on behalf of the Department of Health on 28th September 2020, shows:

- The level of worry is increasing, now standing at 6.7/10. This is 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.

Key insights from the qualitative tracker as at 28th September 2020, talking to entrepreneurs, mums with kids at home, and community leaders, shows that:

- Confusion is widespread and has a negative effect on compliance;
- The need to make progress on a personal and national level is a dominant theme. Many have not fully understood why authorities are relatively cautious about opening up the country: they believe the risk feels contained (because deaths are low). There is little appreciation of exponential growth, and poor understanding of risk;
- The entrepreneurial spirit (problem-solving, imagination, making things happen) feels like an important template for success – and a potential inspiration for young people. Critically, entrepreneurs are buoyant chiefly because they are fully occupied;
- Leadership in COVID-19 communications must focus on making a cogent case to the Irish people as to why the guidelines should be adhered to; this case is different by cohort – and should be framed in a manner which engages them.

In relation to COVID-19 and younger people:

- A recent report from the ECDC has noted reduced compliance by younger people to public health advice;
- However, it is important to bear in mind that this cohort has been severely impacted by the pandemic. The OECD highlights the considerable challenges faced by young people in the fields of education, employment, mental health and disposable income, as well as the fact that youth and future generations will shoulder many of the long-term economic and social consequences of the crisis;
- Again, as noted by the ECDC, in any communication campaign specifically targeting this cohort, it is essential that young people see themselves as part of the solution.

The HSE provided an update regarding campaigns that are planned. These will be focused on the youth audience and will feature social media aspects. The HSE will provide a regular report to the NPHET on the reach of the channels being used in these campaigns.

7. Meeting Close

a) Agreed actions

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

b) AOB

i) Face covering regulations

The DOH advised the NPHET that the Regulations in relation to the mandatory wearing of face coverings on public transport and in certain retail settings will expire on 5th October 2020, and sought the NPHET's endorsement for an extension thereof, until the 9th November 2020.

The NPHET endorsed the extension of Regulations.

Action: The NPHET recommends that requirements for the mandatory wearing of face coverings on public transport and in retail and other indoor settings are extended for a further period of time.

ii) Topics for future consideration by EAG

The NPHET formalised its request for topics for future consideration by the EAG. In this regard, the NPHET requested the EAG to consider:

1. Based on the available international evidence, is the current definition of what constitutes "extremely medically vulnerable" (i.e. those who were previously asked to cocoon) in relation to COVID-19 appropriate?
2. Emerging evidence in relation to what constitutes higher risk areas, activities or workplaces in regard to transmission of COVID-19?
3. Noting the recent HIQA review entitled "Rapid Review of Recommendations from International Guidance on the Duration of Restriction of Movements", and also the ECDC's 12th risk assessment, together with the recent decision to reduce the period of isolation for confirmed cases to 10 days, is there a rationale upon which to reduce the current period of restricted movement for close contacts from 14 days? If so, please consider how any change in guidance would intersect with the current testing protocol (i.e. testing at Day-0 and Day-7).

The NPHET also requested that a monthly report be provided by the COVID-19 Immunisation Strategy Group.

iii) Chief Medical Officer

The Acting Chief Medical Officer informed the NPHET that the Chief Medical Officer, Dr Tony Holohan, would be returning to his role from Monday 5th September.

c) Date of next meeting

The next meeting of the NPHET will take place Thursday 8th October 2020, at 10:00am via video conferencing.