



National Public Health Emergency Team – COVID-19

Meeting Note

Date and Time	Sunday 4 th October 2020, (Meeting 57) at 12:00pm
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via videoconference	<p>Dr Ronan Glynn, Deputy Chief Medical Officer, DOH 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 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 Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Colm Henry, Chief Clinical Officer, HSE Mr Liam Woods, National Director, Acute Operations, HSE Ms Yvonne O’Neill, National Director, Community Operations, HSE Ms Fidelma Browne, Interim Assistant National Director for Communications, 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 Heather Burns, Deputy Chief Medical Officer, DOH Dr Des Hickey, Deputy Chief Medical Officer, DOH</p>
‘In Attendance’	<p>Ms Marita Kinsella, Director, NPSO, 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 Ruth Barrett, NPHET Policy Unit, DOH Ms Sheona Gilsean, Senior Health Data Analyst R&D & Health Analytics Division, DOH Mr Ronan O’Kelly, Health Analytics Division, DOH</p>
Secretariat	Dr Keith Lyons, Ms Ruth Brandon, Ms Sorcha Ní Dhúill, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Robinson, DOH
Apologies	Dr Jeanette McCallion, Medical Assessor, HPRA



1. Welcome and Introductions

The Chief Medical Officer (CMO), Dr Tony Holohan, took a moment in his opening remarks to express his deep appreciation for the excellent work carried out by the Deputy Chief Medical Officer, Dr Ronan Glynn, during his leave of absence. The CMO also expressed his thanks to all the NPHET Members for the dedication showed since the beginning of the pandemic.

The Chair confirmed that he had taken the decision to convene a meeting of the NPHET to urgently consider the significant and concerning deterioration in the national epidemiological situation, particularly over recent days. This meeting was called with a view to reaching a consensus on whether additional restrictive measures are required at a national level in order to arrest the current national trajectory, and very substantially suppress the virus back down to a low level of transmission in advance of the winter months.

The Chair reminded those present that over the past number of months, the NPHET has continually reviewed and updated its recommendations based on the epidemiological status of the disease and has weighed this information against three core priorities: the protection of the most vulnerable, the continued resumption of non-COVID health and social care services, and the need to protect the ongoing delivery of education and childcare. The Chair requested that NPHET members keep the protection of those core priorities in mind during the discussion.

a) Conflict of Interest

Verbal pause and none declared.

b) 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 Picture:

Cases and Deaths

- The number of confirmed cases stands at 37,668;
- The total number of cases increased by 6% in the week to 28th September 2020; the number of cases has increased by approximately 50% in the week to 4th October, with 3,063 cases notified;
- As of 4th October, the 5-day average of cases is 462. This figure was 370 cases per day when NPHET met on 1st October 2020; on 27th September, this figure was 310;
- The 14-day incidence as of 4th October is 108 per 100,000 population. When NPHET met on 1st October, this figure was 92. When NPHET met on September 24th, the national 14-day incidence was 76.5 per 100,000 population.
- As of 4th October, the 7-day incidence is 66 per 100,000. When NPHET met on 1st October, this figure was 52 cases per 100,000 population, and was 43 cases per 100,000 when the NPHET met on 24th September;



- 1,810 deaths due to COVID-19 notified as of 4th October; 34 of these have been in the months of September and October;
- The average number of deaths notified per day has increased from 2 on 29th September 2020 to 3 over the previous 5 days to 4th October 2020;

Demographic and Location Trends

- 68% 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;
- There has been a sustained increase in the 14-day incidence in those aged 65 years and older, increasing from approximately 6 per 100,000 population in early August to 67.3 per 100,000 on 3rd October;
- There have been 254 cases reported in those aged 65 years and older over the past seven days to 3rd October;
- 1 in 4 cases are now in the 15-24-year-old age group, with a 7-day incidence in this group of 119 per 100,000;
- The incidence in the 0-18 age group, as a proportion of the overall incidence, is stable or decreasing;
- As of 4th October, 24 counties have an increasing 14-day incidence rate as compared to their rates on 27th September.

Hospitalisations

- There were 134 confirmed cases in hospital on 4th October with 12 admissions in the previous 24 hours. Over the last week there has been an average of 10 new admissions per day;
- On 26th September, there were 102 COVID-19 patients in hospital, with 7 new admissions in the preceding 24 hours;
- On 1st August there were 8 confirmed cases in hospital, and on the 1st of September there were 36.
- As of 3rd October, the number of confirmed COVID-19 patients requiring critical care was 20, with 3 new admission in the preceding 24 hours;
- There has been an increase in the average number of admissions to critical care from 1 per day on 29th September 2020 to an average of 2 per day on 4th October 2020. Of note, at the peak of admissions, there were 8 admissions to critical care on average per day;

Clusters and Modes of Transmission

- 492 additional new clusters were notified in the week to 4th October 2020. There are 2,103 open clusters nationally;
- The vast majority of open clusters continue to be associated with private households (1,643 of the 2,103 clusters);
- In the fortnight to 3rd October 54.5% of all cases have arisen as a result of close contact with a confirmed case. A further 41% of cases are linked with community or possible community transmission.
- There are currently 31 open outbreaks in nursing homes. Seven of these have been reported in the past week, with at least 45 confirmed cases in nursing home residents notified between 27th September – 3rd October;
- There are currently 25 open outbreaks in vulnerable groups, including 10 in Direct Provision Centres, 7 in congregated settings for the homeless and 7 in the Irish Traveller community, with clusters with secondary and tertiary spread in other settings;



3. Future Policy

a) *Review of national measures*

The NPHET, having reviewed the epidemiological status of the disease in detail, proceeded to weigh this data against the 3 core priorities: the protection of the most vulnerable, the continued resumption of non-COVID health and social care services, and the continued delivery of education and childcare.

Taking into account the epidemiological data and modelling presented, the chair asked the NPHET to consider whether a national-level approach to restrictive measures is advisable at this juncture, as opposed to the current county-by-county approach. The NPHET agreed that a national approach is now warranted. The NPHET advised that arresting the current national trajectory and substantially suppressing the virus to a low level of transmission, is vitally important in advance of the winter months.

Consequently, the Chair requested that the NPHET consider whether an escalation in the level of restrictions is warranted. If so, at what level should the country be placed with regard to the Government's Framework *"Resilience and Recovery 2020-2021: Plan for Living with COVID-19"* Consideration was given to the potential for the measures contained within Levels 3, 4 and 5, and the impact that each would have on protecting the identified core priorities. The need to ensure that the any recommendation arising from the meeting be proportionate to the prevailing epidemiological trends was raised.

During subsequent discussion, the NPHET confirmed that the overall national profile of the disease is now of primary concern, noting the overall deterioration of the epidemiological profile of the disease across all key indicators. The NPHET agreed that the measures currently in place are not sufficiently controlling the disease, as evidenced by a high volume of community transmission and sustained increases across key indicators outlined above, particularly since the NPHET meeting on 1st October 2020.

The NPHET further noted that disease modelling projects 1,600-2,300 cases will be notified per day by 7th November 2020, if current trends continue. The modelling also projects 43 people with COVID-19 being admitted to hospital per day by that date.

In light of the above, the NPHET confirmed that it was of the firm view that proactive and robust measures must now be taken, such that significant suppression of the disease, with a reproduction number well below 1.0, is achieved. With strong regard for the principle of proportionality, the NPHET concluded that the application of Level 3 or Level 4 measures at a national level would not achieve the necessary outcome. At this time, a graduated approach will not have a sufficient or timely impact on the trajectory and scale of the disease, leaving the core priorities vulnerable, and likely resulting in the application of Level 5 measures as mitigation. In contrast, the immediate application of Level 5 is would limit the impact of COVID-19 on public health while:

- Preventing unnecessary disruption to non-COVID health and social care services, particularly given the impact on those services in the first half of 2020;
- Protecting medically and socially vulnerable people; and
- Proactively protecting, and averting significant disruption to, childcare and education.

The NPHET therefore recommended that the Government apply Level 5 measures as provided for in the *'Resilience and Recovery 2020-2021: View the Plan for Living with COVID-19'*, at a national level, from midnight Monday 5th October 2020, for a period of 4 weeks, at which time the measures would be further reviewed.



The NPHEt, in reaching this conclusion, was cognisant of the impact that these measures will have on individuals, families, communities, businesses, and organisations. However, the NPHEt underlined that it firmly believes that taking this action proactively for 4 weeks from 5th October is the only opportunity to get the disease back under control, while keeping schools open, keeping health services for non-COVID activity operational, and protecting the medically and socially vulnerable.

In order to support the application of an increased level of restriction the NPHEt further recommended that:

- There is continuing emphasis on communications, inspection and enforcement regimes in supporting and facilitating adherence to these public health measures;
- The introduction of Level 5 measures be accompanied by comprehensive and consistent communications. These communications should provide clarity on the measures in place, on why those measures are in place and on what each individual, organisation, and employer can do to suppress the virus;
- Powers available under public health and other legislation are fully and visibly utilised to support and reinforce adherence to public health measures;
- There be immediate activation by all State agencies and other bodies of all necessary processes, plans, supports, and measures to ensure the necessary services are available to those, who need them over the coming 4 weeks, including physical and mental health and social care services;
- There be continued development and strengthening of a whole-of-Government and cross-society approach (including representation from young people, sport, the arts, and business) to develop and implement solutions aimed at increasing awareness of, and compliance with, public health advice among young people, given the particular impacts of these public health measures on their lives.

The Chair confirmed that a number of other measures will be given further consideration in the coming days and weeks by the NPHEt, including:

- Further enhancing our public health surveillance and control capacity, particularly testing, contact tracing and case and outbreak management;
- Testing, surveillance, and other protective measures for healthcare workers.

The NPHEt also noted the epidemiological situation in Northern Ireland and recommended continued close engagement between jurisdictions in relation to the strategic approach to COVID over the coming days.

Action: The NPHEt believes that proactive and robust measures must now be taken such that very significant suppression of the disease with a reproduction number well below 1.0 is achieved. It is therefore recommended that the Government apply Level 5 measures, as provided for in the 'Resilience and Recovery 2020-2021: View the Plan for Living with COVID-19', across the country from midnight Monday 5th October for a period of 4 weeks.

Action: NPHEt also noted the epidemiological situation in Northern Ireland and recommended continued close engagement between jurisdictions in relation to the strategic approach to COVID over the coming days.

7. Meeting Close

a) Agreed actions

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



b) **AOB**

A representative of HIQA proposed a meeting take place to discuss a multiagency approach to dealing with COVID-19 in Residential Care Facilities. This view was supported by the NPHE, the HSE and the ICGP.

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

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

DRAFT