



National Public Health Emergency Team – COVID-19

Meeting Note – Standing meeting

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| Date and Time | Thursday 29 th October 2020, (Meeting 61) at 10:00am |
| Location | Department of Health, Miesian Plaza, Dublin 2 |
| Chair | Dr Tony Holohan, Chief Medical Officer, DOH |
| Members via videoconference | <p>Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA Dr John Cuddihy, Interim Director, HSE HPSC Prof Colm Bergin, Consultant in Infectious Diseases, St James's Hospital Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH Dr Mary Favier, Immediate past president of the ICGP, Covid-19 advisor Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, 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 Dr Colm Henry, Chief Clinical Officer, HSE Mr Liam Woods, National Director, Acute Operations, HSE Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Ms. Fidelma Browne, Interim Assistant National Director for Communications, HSE</p> |
| 'In Attendance' | <p>Mr David Keating, Communicable Diseases Policy Unit, DOH Ms Laura Casey, Policy and Strategy Division, DOH Mr Gerry O' Brien, Acting Director, Health Protection Division, DOH Ms Pauline White, Statistics & Analytics Unit, DOH Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion) Mr Ronan O'Kelly, Health Analytics Division, DOH Dr Heather Burns, Deputy Chief Medical Officer, DOH Dr Desmond Hickey, Deputy Chief Medical Officer, DOH Ms Niamh O'Beirne, National Lead for Testing and Tracing, HSE</p> |
| Secretariat | Dr Keith Lyons, Ms Ruth Brandon, Mr Ivan Murphy, Ms Emily Kilroy, Mr Liam Hawkes, Mr Liam Robinson, DOH |
| Apologies | Dr Siobhán O'Sullivan, Chief Bioethics Officer, DOH; Dr Ronan Glynn, Deputy Chief Medical Officer, DOH |



1. Welcome and Introductions

a) *Conflict of Interest*

Verbal pause and none declared.

b) *Matters Arising*

(i) *Conflicts of Interest & Confidentiality*

The NPHEP Secretariat reminded Members of its recent notification of an updated Conflict of Interest Declaration form and Confidentiality Statement. Members agreed to return their completed and signed documents to the NPHEP Secretariat by 5th November.

(ii) *NPHEP Process (Sharing Documents)*

The Head of the NPHEP Secretariat outlined the details of a new document-sharing process recently developed with the assistance of the DOH's IT team. The new process aims to enhance security and data governance procedures around the sharing of NPHEP meeting papers and related correspondence. The NPHEP Secretariat confirmed that it would provide written guidance and technical support to members in advance of the roll-out of the new system, scheduled for 4th November.

The NPHEP thanked the Secretariat for its update and acknowledged that the benefits of the new document-sharing arrangements, in terms of enhanced security and data governance, outweighed the inconvenience that members may experience initially in interacting with the new system.

2. Epidemiological Assessment

a) *Evaluation of Epidemiological data: (incorporating National Data Update, Modelling Report, and International Update)*

The DOH, the HPSC, and the IEMAG provided an overview of the latest epidemiological data regarding confirmed cases, including the current information on hospitalisation, critical care, mortality, sampling, testing, and contact tracing. The data presented were as follows:

- A total of 6,061 cases have been notified in the 7 days to 28th October, compared with 8,231 in the 7 days to 21st October, representing a 26% decrease.
- As of 28th October, the 7- and 14-day incidence rates are 127 and 299 per 100,000 population respectively; these compare with the 7- and 14- day incidence rates of 173 and 303 per 100,000 population respectively on the 22nd October.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is at 42%, demonstrating that there have been less cases in the 7 days to 28th October than in the 7 days to 21st October.
- As of 28th October, the 5-day average of reported cases is 843 cases per day; this compares with a 5-day average of 1,205 cases per day on the 21st October.
- 67% of cases notified between the 14th -27th October have occurred in people under 45 years; the median age for cases notified between those dates is 32 years.
- The 14-day incidence in those aged 65 years and older has increased from 190 per 100,000 population on the 22nd October to 204 per 100,000 population on the 29th October.
- As of 27th October, the estimate of current growth rate for the country is 4.9% (compared with 6.9% on 20th October), with a doubling time of 14 days. The growth rate is lower in Dublin at approximately 3.5% and higher in the rest of the country at 5.9%.
- In the 7 days up to 28th October, the trajectory of the disease in Dublin has differed from the national picture. Daily case counts and 14-day incidence rates in Dublin have remained stable since the 23rd October.
- Based on data to the 29th October, the best estimate of the reproduction number (R) for the country is approximately 1.0. The reproduction number (R) is likely to be at, or slightly greater than, 1.0 in Dublin.



- A total of 106,124 tests were undertaken in the 7 days to 28th October. The 7-day average test positivity rate has decreased from 7.1% to 5.5% over the same period. The positivity rate on 28th October was 5.9%. It was noted that these data must be interpreted with caution as this indicator is dependent on factors including the proportion of tests arising from serial testing programmes on a given day/week.
- There are currently 318 confirmed COVID-19 cases in hospital as of 8am on 29th October, compared with 310 on 22nd October. There have been 21 newly confirmed cases in the preceding 24 hours.
- There are currently 40 confirmed cases in critical care as of 28th October, compared with 35 on 21st October. There have been 4 new admissions in the previous 24 hours.
- As of 27th October, there have been 84 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. 32 of the 84 deaths that have occurred in October are associated with nursing homes.

Further relevant information includes:

- 680 additional new clusters were notified in the past week to 24th October 2020. There are 3,545 open clusters nationally. Of these, 51 open clusters are associated, with nursing homes and 25 open clusters are associated with hospitals.
- In the week to midnight 26th October (week 43), there were 16 new clusters notified in nursing homes/community hospitals, with 361 linked cases and 5 new clusters in hospitals.
- In the week up to midnight 26th October, there were 25 new clusters identified in workplaces, 7 amongst vulnerable groups, 46 in schools, and 19 in childcare facilities;
- A range of mobility data suggest that current measures have resulted in reduced mobility in the population since 1st September.
- 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. The average number of close contacts per confirmed case started to decline in the days prior to implementation of Level 3 restrictions in Dublin on the 20th September, perhaps due to anticipatory behaviour in the population.
- As of 27th October, the 7-day incidence in Northern Ireland is 332 cases per 100,000 population.

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

- As of 28th October, the average 7-day incidence across EU/EEA and UK region is 241 per 100,000 population, this compares with 169 per 100,000 in the previous 7-day period up to 21st October.
- As per data reported by the European Centre for Disease Control (ECDC) on 28th October 2020, Ireland ranks 17th out of 31 EU/EEA and UK countries in relation to 14-day incidence rates per 100,000 population.
- In terms of the 7-day incidence rate, the epidemiological situation in Ireland compares favourably to EU/EEA counterparts - there has been a 20% decline in the 7-day incidence rate in Ireland in the 7 days up to 28th October compared to the 7 days up to 21st October, while the majority of countries in the EU/EEA and 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. Implementation of 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. This results in an overall assessment of the general population being at high risk”*.
- There is a rapidly evolving landscape in relation to restrictive measures, where significantly more restrictive measures have been introduced or proposed in a number of European countries since 22nd October. This includes stay-at-home recommendations and/or overnight curfews, limits on the numbers of individuals that may gather in indoor and outdoor settings as well as mixing of households, and restrictions or closure of the hospitality sector and other non-essential services.



The HSE presented “*Update for NPHET Meeting of 29th October 2020 on COVID-19 cases associated with 3rd-Level Institutions*”, which outlined current data on outbreaks. The following trends were noted:

- Between 1st September and midnight 26th October, there were 5,596 cases recorded in those aged between 19 and 24 years;
- Of these cases, 654 were categorised as ‘students’;
- A review of 3rd-Level institutions carried out by Public Health Departments found that:
 - The vast majority of 3rd-Level outbreaks do not appear to involve transmission in the educational setting itself;
 - Cases among 3rd-Level students are often arising in rented student accommodation;
 - Cases may relate to socialising between student households;
 - Some students have reported difficulty in accessing testing sites.
- There were 31 outbreaks linked to 3rd-Level institutions recorded as part of this review with 329 associated cases.

The NPHET thanked DOH, the HPSC, and the IEMAG for the data presented and proceeded to consider same at length. The NPHET discussed the following points:

- The NPHET first discussed the positivity rate data, while acknowledging the inherent danger in overinterpretation of a single indicator.
- The NPHET considered the impact of serial testing on overall positivity rates. The HSE confirmed that while serial testing is being carried out in a predetermined and targeted way, serial testing data should not skew local positivity rate data as the facilities undergoing serial testing are located across the country during the fortnightly testing cycle.
- The NPHET also requested that more nuanced data on the positivity rate in schools be presented in future. The DOH confirmed that it would be in a position to provide this data going forward.
- The NPHET stressed the need to isolate data on students from the wider non-student 18-24 years population in order to accurately assess the impact on transmission of factors specifically associated with 3rd-Level education, namely shared student accommodation and certain social behaviours.
- The NPHET considered whether there is a need to provide nursing homes with clinical guidance (without being overly prescriptive) on the deployment, within the nursing home setting, of specific therapeutic interventions for COVID-19 cases. The HSE confirmed that it would make internal enquiries and report back to the NPHET on this matter.
- The NPHET acknowledged the vast array of experience and skills that exist among staff in nursing homes in the provision of care to the elderly. The NPHET stressed that where cases of COVID-19 arise, care should be administered within these facilities in the first instance, with clinical support and oversight. The NPHET agreed that staff training, education, and strong clinical supervision are still of primary importance in reducing mortality amongst nursing home residents. While the utility of serial testing was understood by the NPHET, it stressed that serial testing should not become a substitute for clinical assessment and oversight within the facilities themselves.
- The HSE advised the NPHET that significant work has been carried out to date on the provision of training to healthcare workers regarding PPE use, clinical guidance, and infection prevention control. Several mechanisms have been used, including webinars, training modules, and a clinical guidance website. The HSE is using the public health outbreak data, the HIQA monitoring updates, the serial testing data and the information from the COVID-19 Response teams to identify long-term residential care facilities that may potentially need supports.
- The DOH confirmed that significant education initiatives have been provided to nursing homes in accordance with the Expert Panel on Nursing Home Recommendations and HIQA advice.
- The NPHET pointed to an emerging area of concern, namely smaller/family-run nursing homes. Some of these facilities do not appear to have the requisite resources and staffing to effectively cope with outbreaks. The NPHET advised that particular attention should be directed to these facilities to ensure that they are implementing improvements in training and practice in line with the wider industry.



- The NPHET noted that the fatality rates in nursing homes and for older people in general population have been similar throughout the pandemic.

It was noted that in the 7 days up to 28th October, a number of disease indicators are showing favourable trends, namely: daily case counts, 7- and 14-day incidence rates, the growth rate, the reproduction (R) number, the positivity rate, the average number of close contacts per confirmed case, and indicators around mobility. The numbers of COVID-19 patients in hospital and ICU may also be starting to reduce at population level, however the indicators of disease severity remain concerning overall. Hospitalisations, ICU admissions, and deaths are expected to rise further given the known lag effect associated with these indicators. The rising incidence rate in the older age groups (65 years and older) is of concern, and disease burden in these older age groups is expected to result in increased hospitalisations, ICU admissions, and deaths.

The NPHET considered Dublin specifically and noted that the absolute numbers of cases and incidence rates in Dublin have not improved to the same extent as that observed in the remainder of the country. The initial improvement in disease indicators perceived in Dublin following the implementation of Level 3 measures in mid-September does not appear to have been sustained.

The NPHET concluded that the trends between the 21st -28th October are largely positive and provide some encouragement that the measures in place are having an impact. However, the NPHET cautioned that it is not yet possible to draw substantive conclusions about the trajectory of the disease from the data available up to 28th October; the additional effect of the Level 5 measures imposed will only become evident over the coming weeks. In this regard, the NPHET noted a number of factors that may be influencing the decrease in case numbers between 21st -28th October, including:

- the restriction in place on visits to homes nationally;
- the move to Level 4 in border counties from 16th October; and
- the public's anticipatory behaviour in advance of the implementation of Level 5 measures from 22nd October.

The NPHET concluded its discussion by noting the areas that will require further consideration and development over the coming weeks to support the easing of public health restrictions. These include:

- further enhancement and investment in the sustainable capacity of the State's public health response system to quickly identify, respond to, and manage cases and outbreaks when restrictions are lifted;
- consideration of the future response strategy for the period following this wave of infection, including measures, guidance, and supports required to mitigate the risks of a rebound in transmission levels;
- renewed consideration of the area of international travel, which will represent a prominent area of risk as the disease comes under control nationally and the country subsequently aims to maintain suppressed disease activity and low incidence rates.

3. Review of Existing Policy

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

The HSE presented "*Testing and Contact Tracing Update, 29th October 2020*". The data presented were as follows:

Activity levels across sampling, laboratory, and contact tracing from 20th – 26th October:

- There have been approximately 112,156 swabs taken for COVID-19 testing:
 - Over 72,307 of these were taken in the community, the majority were performed at fixed testing sites and a portion as home visits, which have increased in recent weeks.
 - Approximately 20,208 swabs were taken in acute settings.



- The remaining 19,641 swabs were taken as part of the serial testing programmes of staff in residential care facilities for older persons, and staff in food production plants.
- Data from 18th – 24th October show that the 0-10 years age-group makes up 16.2 % of all referrals, a slight increase from the week 11th – 17th October, where this age group made up 14.5% of all referrals.
 - The age-group with the highest percentage of referrals from 18th – 24th October is the 11-20 years age-group, making up 19% of all referrals. The detected rate of this 11-20 years age-group, from this sample of 18th October – 24th October is 8%.
- There have been over 111,660 lab tests completed; approximately 85,606 of these tests were processed in community laboratories and 26,054 were processed in acute laboratories.
- A total of 41,552 calls were made in the contact tracing centres; a total of 10,516 of these were Call 1s, which involves the communication of a detected result; a total of 31,036 calls were completed relating to contact tracing.
 - Close contacts now average at 3.9 per person.
 - Contact tracing centres are open in Galway, UCD, Limerick, and Cork; overall staffing has been increased to meet the increased demand, in line with the HSE's triggers and escalation plan.

Turnaround Times from 21st – 27th October:

- Both 'detected' and 'not detected' results are now being communicated by SMS, which has resulted in an improved turnaround time from referral to communication of a detected result; as of 21st October, identified close contacts also receive a text message informing them of their close contact status.
- The median end-to-end turnaround time for 'detected' cases in the community is 3.8 days and, in the three days prior to 29th October, this has reduced further to 2.3 days as the HSE has significantly reduced the contact tracing turnaround times.
- In the community, the median time for community referral to appointment was 0.8 days; 93% of GP referrals are provided a swabbing appointment same day or next day.
- The median time to complete all calls for contact tracing was 1.8 days and, in the three days prior to 29th October, this has further reduced to 1 day, which is the HSE's target metric.
- When compared with the 7 days, 14th – 20th October, there has been an increase of 13,826 calls made.

Serial Testing Programmes:

- Cycle 4 of the serial testing of all staff within long-term residential care facilities commenced on 14th October. As of 27th October, 30,404 tests have been carried out across 555 facilities, with 182 cases 'detected', representing a 'detected' rate of 0.60%.
- Cycle 2 of serial testing of food production facilities commenced on 12th October, with a planned 4-week cycle. As of 27th October, 8,440 tests have been carried out across 40 facilities, with 72 'detected' cases, representing a 'detected' rate of 0.85%. Several facilities will be hiring additional staff for the November/December period, which will be factored into future rounds of testing.
- Public Health have conducted risk assessments in response to 'detected' cases linked to schools and, as of 28th October, testing is currently ongoing or has been completed in 757 schools; approximately 18,390 staff/students have been identified and are undergoing Day 0 and/or Day 7 testing; of these, 538 'detected' cases have been identified, representing a 'detected' rate of 2.9%, with post-primary at 2%. The resumption of schools continues to drive increased demand for testing.

Recruitment

- A total of 274 contact tracing staff have been onboarded by the HSE to date, with an additional 90 staff expected to onboard by 1st November; the HSE expects to continue bring in 60 -70 new staff to the service every week over the coming period, until a point where the additional 800 tracers are in operation.



- A total of 180 additional people have been onboarded to date to carry out swabbing activities, whilst additional candidates are currently going through the compliance and interview process.

The NPHEP thanked the HSE for its update and the work done to date in very challenging circumstances. In its discussion, the NPHEP emphasised that the collection of enhanced data on healthcare workers is vitally important to the protection of public health service. The NPHEP further highlighted the importance of collecting enhanced data on sources of transmission. The HSE confirmed to the NPHEP that collecting enhanced data on healthcare workers and the sources of transmission would resume from 2nd November.

b) Return to play/sport guidance

The HPSC presented “*Interim Recommendations for Sports Activities for Adults in the Context of the COVID-19 Pandemic*”.

The HPSC summarised the guidance document and stated that, while eliminating the risk of COVID-19 from sporting activities is not possible, it is important to recognise the positive impact sporting activities have on overall mental health and wellbeing. The HPSC clarified that guidance is intended to support those responsible for planning, organising, managing and/or participating in sporting events for adults, and should be read and interpreted in line with the Government’s Framework of Restrictions.

The paper highlighted 3 overall principles for preventing infection at a sporting activity:

1. Reduce the risk of anyone bringing the virus to the sporting activity or event;
2. Reduce the risk of spread if anyone brings the virus;
3. Reduce the harm if the virus is introduced and spreads.

The HPSC outlined that the document provides further guidance on risk assessment, including a sample grading system in line with the Government’s Framework, measures to take to reduce the risk of COVID-19, contact tracing measures, guidance for communicating with participants and coaches, and guidance for managing a participant, coach, or spectator with COVID-19 symptoms.

Following discussion, the NPHEP agreed that the HPSC should engage with Sport Ireland and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media in advance of publishing the final guidance.

4. Future Policy

The NPHEP, noting that Level 5 measures would remain in force until 1st December, confirmed that its focus in the intervening period would remain on the further development of future response strategy for the period following this wave of infection, including measures, guidance, and supports required to mitigate the risks of a rebound in transmission levels.

The NPHEP noted that it would consider and discuss the of appropriate blend of public health restrictive measures required when from Level 5 measures at its meeting on 5th November.

5. HIQA Expert Advisory Group

The HIQA confirmed that it did not have an update for the NPHEP.

6. Communications Update

a) HSE and DOH communications update

The Department of Health and HSE presented the paper “*NPHEP – Communications Update 29th October*”.

Data gathered from the nationally representative sample of 1,900 people conducted on behalf of the DOH on 26th October revealed the following:

- Indications that the level of worry is starting to plateau in recent weeks, though still high at 6.6/10;



- The majority, 43%, now believe that the worst of the pandemic is happening now, with 34% believing it is ahead of us;
- 81% of the population say they are staying at home rather than going out, an upward trend that began at the beginning of October, suggesting anticipatory behaviour;
- The emotional rollercoaster continues with stress and loneliness being the two emotions that have seen significant increase recently.

As part of the update, feedback from the discussions of the COVID-19 Communications and Behavioural Advisory Group which met on 23rd October was presented:

- Current compliance with mask-wearing is 96% according to the latest Amárach tracker survey;
- The group holds a strong view that authoritative and punitive measures targeted at those, who do not comply with public health measures should be deployed with extreme caution. Results from surveys suggest that fines/penalties are the least persuasive measures for convincing the public to adhere to public health measures.

The HSE and DOH updated the NPHEt on the current key communication priorities, namely:

- Guidance on public health measures for cases and contacts;
- Co-creating solutions with young people to increase compliance;
- A winter communications campaign targeting older people beginning in mid-November.

The NPHEt thanked the HSE and DOH for their update. The NPHEt agreed that any punitive measures designed to deter non-compliance with public health advice must be justified and proportionate. The NPHEt welcomed the feedback that the majority of the public appears to be complying with public health guidance at present.

7. Meeting Close

a) Agreed actions

The NPHEt agreed that no specific actions arose.

b) AOB

There were no items raised under AOB.

c) Date of next meeting

The next meeting of the NPHEt will take place Thursday, 5th November 2020, at 10:00am via video conferencing.