Protocol

Public health measures and strategies to limit the spread of COVID-19: an international review

Published: 19 November 2020
Updated: 06 July 2021
## Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Specific updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td>10 November 2020</td>
<td>Draft protocol circulated to selected members of the National Public Health Emergency Team (NPHET) for feedback and agreement on proposed processes.</td>
</tr>
<tr>
<td>V2.0</td>
<td>13 November 2020</td>
<td>Following feedback from NPHET, the protocol was updated to include information on public health measures related to the movement of people (for example, curfews); use of face coverings; religious activities; and the Christmas period.</td>
</tr>
<tr>
<td>V2.1</td>
<td>19 November 2020</td>
<td>Published on the Health Information and Quality Authority (HIQA) website.</td>
</tr>
<tr>
<td>V2.2</td>
<td>4 December 2020</td>
<td>Minor wording amendments.</td>
</tr>
<tr>
<td>V2.3</td>
<td>29 January 2021</td>
<td>Amendment to section 2.4 and addition of table detailing review updates.</td>
</tr>
<tr>
<td>V2.4</td>
<td>11 February 2021</td>
<td>Review added to Table 1.</td>
</tr>
<tr>
<td>V2.5</td>
<td>16 March 2021</td>
<td>Review added to Table 1.</td>
</tr>
<tr>
<td>V2.6</td>
<td>20 April 2021</td>
<td>Review added to Table 1. Minor wording amendments.</td>
</tr>
<tr>
<td>V2.7</td>
<td>2 July 2021</td>
<td>Review added to Table 1.</td>
</tr>
</tbody>
</table>
1 Purpose and aim

The purpose of this protocol is to outline the process by which the Health Information and Quality Authority’s (HIQA’s) Health Technology Assessment (HTA) Directorate will conduct a review of public health measures and strategies that are currently in place internationally to limit the spread of coronavirus disease (COVID-19). The information contained in the review will inform the work of the National Public Health Emergency Team (NPHET) in its response to the COVID-19 pandemic.

The review will be provided as information to NPHET on a weekly basis, with each iteration provided on a Tuesday (in advance of NPHET’s weekly meeting), for a period of four weeks in the first instance. Further iterations will be undertaken if required and agreed between NPHET and HIQA. Details of requested reviews are provided in Table 1.

2 Process outline

It is important that a standardised approach to the process is developed and documented, to allow for transparency and to mitigate risks which may arise due to changes in staff delivering and or receiving the information.

Four distinct steps in the process have been identified. These are listed below and described in more detail in sections 2.1—2.4:

1. Search relevant international resources
2. Review and extract relevant information on public health measures and strategies that are currently in place internationally to limit the spread of COVID-19
3. Extract key epidemiological data that describe the current situation in each country
4. Summarise the information in the context of the epidemiological situation and circulate to NPHET.

The above steps will be repeated for each iteration, or update.

2.1 Search of relevant international resources

The review will focus on the national response to COVID-19 in 17 countries that have been experiencing a resurgence in coronavirus cases and which have been identified by the NPHET as being in a similar phase of pandemic response as Ireland. The list of countries predominantly comprises European countries (including EU/EEA and UK countries), where the epidemiological situation has been described by the European Centre for Disease Prevention and Control (ECDC) as ‘of serious concern’. Countries where decision-making on public health measures has been broadly
devolved to individual states, regions, or provinces (such as in Australia, Canada, China, and the US) will not be included in the review due to the working constraints of the COVID-19 evidence synthesis team (that is, it would be too time-consuming to collect and update this level of information on a weekly basis). The list of countries and associated governmental resources that will be searched is detailed in Appendix A. The list of resources is not exhaustive and will be expanded as necessary should information on specific measures be made available elsewhere.

Information on public health measures (that is, restrictive measures or non-pharmaceutical interventions) and strategies (such as testing and contact tracing strategies) that are currently in place to limit the spread of COVID-19 will be sought from reliable government resources only. Where information on public health measures and strategies cannot be extracted due to language barriers, or a lack of information, or lack of public policy response to the virus, this will be documented.

The list of countries may be updated to include additional countries should this information be deemed relevant to the review or sought by NPHET, for example. Similarly, some countries may be removed from the list if the information is no longer deemed relevant to the review; for example, in the case of a country eliminating COVID-19 (that is, achieving ‘zero-COVID').

### 2.2 Review and extract relevant information on public health measures and strategies

The review will extract relevant information on the current public health measures (that is, restrictive measures or non-pharmaceutical interventions) that are being used in each country to limit the spread of COVID-19. The public health measures of interest include those related to:

- movement of people (for example, stay at home measures or curfews)
- social or mass gatherings
- education
- business activities
- sporting activities
- religious activities
- travel (domestic and or international)
- extended use of face coverings.

Since the review will be updated regularly, information on the criteria (or triggers) that are being used in each country to inform a change in public health measures (such as the introduction of additional restrictions or, conversely, the easing of restrictions) will be extracted. Where countries have developed detailed frameworks for living with COVID-19 at varying levels of community transmission, for example,
this information will be extracted and catalogued in the review, alongside any criteria that are being used to inform a change in public health measures, or level of restrictions.

Details of national testing and contact tracing strategies will also be extracted for each country to provide additional information on the extent that these measures are being used to quickly identify and isolate cases of COVID-19.

As additional information may be required during the course of the review, the information that will need to be extracted may change. Any changes to the review will be reflected in the protocol and detailed under version history. While additional information may be required in future iterations of the review due to the changing landscape of COVID-19, the process for searching international resources and extracting relevant information from identified material will remain the same, as detailed in this protocol.

2.3 Extract key epidemiological data that describe the current situation in each country

A range of key epidemiological data will be extracted as part of the review for the purposes of describing the current epidemiological situation in each country, as well as trends over time. The epidemiological parameters of interest include:

- 14-day notification rate of newly reported COVID-19 cases per 100,000 population
- 14-day notification rate of newly reported COVID-19 deaths per million population
- daily hospital occupancy rate (number of COVID-19 patients in hospital on a given day per 100,000 population); where this information is not available, the weekly number of admissions to hospital due to COVID-19 is presented
- daily intensive care unit (ICU) occupancy rate (number of COVID-19 patients in ICU on a given day per 100,000 population); where this information is not available, the weekly number of admissions to ICUs due to COVID-19 is presented
- weekly number of tests performed per 100,000 population
- percentage of COVID-19 tests performed weekly that are positive
- total number of vaccination doses (counted as a single dose) administered per 100 people
- share of the population that have been fully vaccinated (received two doses) against COVID-19.
The epidemiological data will be sourced from the ECDC. However, other international resources, such as the Oxford Martin School (Our World in Data), will be considered, depending on the suitability and availability of data.

### 2.4 Summarise the information

The public health measures and strategies that are currently in place to limit the spread of COVID-19 in the included countries will be documented and presented alongside key epidemiological data. The review will be sent as information to NPHET in Word format, with each iteration circulated on a Tuesday.

Details of requested reviews will be added to Table 1 below including deviations, if any, from this protocol.

**Table 1: Requested reviews of restrictive policy measures**

<table>
<thead>
<tr>
<th>Submission Date to NPHET</th>
<th>Report Type</th>
<th>Detail</th>
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<tbody>
<tr>
<td>24 November 2020</td>
<td>First report</td>
<td>All measures.</td>
</tr>
<tr>
<td>1 December 2020</td>
<td>Full update</td>
<td>All measures.</td>
</tr>
<tr>
<td>8 December 2020</td>
<td>Full update</td>
<td>All measures.</td>
</tr>
<tr>
<td>15 December 2020</td>
<td>Full update</td>
<td>All measures.</td>
</tr>
<tr>
<td>23 December 2020</td>
<td>Partial update</td>
<td>Education only.</td>
</tr>
<tr>
<td>6 January 2021</td>
<td>Partial update</td>
<td>Epidemiological data and education only.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Finland and Norway added to the list of countries for this update.</td>
</tr>
<tr>
<td>2 February 2021</td>
<td>Partial update</td>
<td>Antigen testing for COVID-19 in asymptomatic individuals in the community only.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Finland, Greece, Hungary, Malta, Norway, Poland and Slovakia added to the list of countries for this update.</td>
</tr>
<tr>
<td>10 February 2021</td>
<td>Partial update</td>
<td>Epidemiological update.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antigen testing for COVID-19 in asymptomatic individuals in the community only.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Finland, Greece, Hungary, Malta, Norway, Poland and Slovakia added to the list of countries for this update.</td>
</tr>
<tr>
<td>16 March 2021</td>
<td>Full update</td>
<td>Epidemiological update.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All measures included except international travel.</td>
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</tbody>
</table>
Excluded contact tracing strategies.
Israel added to the list of countries for this update.

20 April 2021 Full update
Epidemiological update.
All measures included except international travel and face coverings.
Excluded contact tracing strategies.
Israel, Finland and Norway added to the list of countries for this update. Switzerland removed from the list of countries for this update.

6 July 2021 Full update
Epidemiological update.
All measures included except international travel and face coverings.
Testing and contact tracing strategies excluded for this update.
The following measures have been added for this review:
- The use of vaccine exemptions.
- The use of digital certificates confirming evidence of vaccination, immunity, prior disease or a negative test result.
- Physical distancing and face mask requirements for mass gatherings* only (not including pilot/test events).
Israel, Finland and Norway added to the list of countries for this update. Switzerland removed from the list of countries for this update.

* Mass gatherings are events where there is a concentration of people at a specific location for a specific purpose over a set period of time. They can include a single event or a combination of several events at different venues and constitute a diverse range of gatherings such as sports, music/entertainment, religious events, family events (such as weddings, funerals etc.), large conferences and exhibitions, as well as community, charity events and other types of events. Attendance at the place of work, education and childcare for the purposes of work, education or childcare respectively would not ordinarily constitute a mass gathering.
3 Review and update

Given the rapidly changing environment, this protocol will be regarded as a live document and amended when required to ensure it reflects any changes made to the outlined processes.
Appendix 1 - List of countries and associated resources

EU/EEA countries

- Austria
  - [https://www.sozialministerium.at/en.html](https://www.sozialministerium.at/en.html)
- Belgium
- Czech Republic
- Denmark
  - [https://coronasmitte.dk/en](https://coronasmitte.dk/en)
  - [https://coronasmitte.dk/en/overview](https://coronasmitte.dk/en/overview)
- Finland
- France
  - [https://www.gouvernement.fr/info-coronavirus](https://www.gouvernement.fr/info-coronavirus)
- Germany
  - [https://www.bundesregierung.de/breg-en](https://www.bundesregierung.de/breg-en)
- Greece
  - [https://www.moh.gov.gr/](https://www.moh.gov.gr/)
- Hungary
- Ireland
- Italy
Malta

Netherlands

Norway
- [https://www.fhi.no/sv/smittsomme-sykdommer/corona/](https://www.fhi.no/sv/smittsomme-sykdommer/corona/)

Poland

Portugal

Slovakia

Spain
- [http://www.exteriores.gob.es/Portal/es/Paginas/inicio.aspx](http://www.exteriores.gob.es/Portal/es/Paginas/inicio.aspx)

Sweden
- [https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/](https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/)
- [https://www.krisinformation.se/](https://www.krisinformation.se/)

**Non-EU/EEA and UK countries**

England
- [https://www.gov.uk/coronavirus](https://www.gov.uk/coronavirus)

Northern Ireland
- Scotland
  - https://www.gov.scot/
- Wales
  - https://gov.wales/coronavirus
- Israel
- Switzerland