



**National Public Health Emergency Team – COVID-19
Minutes – Standing Meeting**

Date and Time	Tuesday 28 th April 2020 (Meeting 26) at 10am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via Video conference	<p>Dr Colm Henry, Chief Clinical Officer (CCO), HSE Mr David Walsh, National Director, Community Operations, HSE Mr Liam Woods, National Director, Acute Operations, HSE Dr Lorraine Doherty, National Clinical Director, Health Protection, HSE Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr Darina O’Flanagan, Special Advisor to the NPHE Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Siobhan O’Sullivan, Chief Bioethics Officer, DOH Dr Mary Favier, President, ICGP Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Prof Colm Bergin, Consultant Physician in Infectious Diseases, St James's Hospital Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Paul Bolger, Director, Resources Division, DOH Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Ms Kate O’Flaherty, Head of Health and Wellbeing, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety, DOH Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Dr John Cuddihy, Interim Director, HSE HPSC Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group Dr Jeanette McCallion, Medical Assessor, HPRA Ms Marita Kinsella, Director, NPSO, DOH Mr Tom McGuinness, Assistant National Director, Office of Emergency Planning, HSE Mr David Leach, Communications, HSE Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE</p>
‘In attendance’	<p>Mr David Keating, Communicable Diseases Control Policy Unit, DOH Mr Colm Ó Conaill, Policy and Strategy Division, DOH Ms Sarah Treleavan, NPSO, DOH</p>



	Ms Aoife Gillivan, Communications, Corporate Division, DOH Ms Laura Casey, Policy and Strategy Division, DOH Ms Elizabeth Adams, NPSO, DOH Mr Ronan O' Kelly, Statistics and Analytics Unit, DOH Ms Deirdre McNamara, General Manager, Office of the Chief Clinical Officer, HSE
Secretariat	Ms Rosarie Lynch, Ms Ruth McDonnell, Mr John Harding, Ms Sarah Murphy, Ms Linda O'Rourke, Ms Susan Reilly, Ms Liz Kielty, NPSO, DOH

1. Welcome and Introductions

a) Conflicts of Interest

Verbal pause and none declared.

b) Minutes of Previous Meetings

Draft meeting notes (3rd April, 7th April, 10th April and 14th April) have been circulated for review by NPHEM members with feedback requested by Wednesday 29th April 2020 with a view to their finalisation. Subsequently, the finalised meeting notes will be published on the website.

The Chair noted that specific actions, decisions and recommendations arising from each meeting are recorded at the meeting and reviewed by the members present in real-time at the end of each meeting, prior to adoption by the NPHEM. Directly after each meeting, the actions, decisions and recommendations are communicated by letter to the Minister for Health and the HSE CEO, as appropriate.

The Chair reiterated NPHEM's commitment to good governance and transparency in how it conducts its business and the continued efforts of the secretariat to prepare the draft minutes of the meetings as quickly as possible in light of the two meetings of the NPHEM per week.

c) Matters Arising

All matters were noted as having been completed or covered by the agenda.

2. Epidemiological Assessment

i) Health Protection Surveillance Centre (HPSC)

The Health Protection Surveillance Centre (HPSC) provided the latest update on the national epidemiological data. The data show an increase in the number of confirmed cases reported throughout the country and, in particular, in the East of the country and in the Border counties. Regarding the Border counties, it was noted that the rate of testing relative to the smaller populations was a potential factor for the high incidence rates reported in these areas. HPSC undertook to keep this under review.

The HPSC presented a more detailed update in relation to infection rates in healthcare workers, which account for approximately 25% of cases. The data show the source of transmission of the disease is evenly distributed between community and nosocomial transmission.



Outbreak and mortality figures were also presented. The number of outbreaks in long-term residential healthcare settings was noted by the NPHET and it was acknowledged that the recent increases in confirmed cases identified across residential care facilities and nursing homes correspond to the enhanced testing programme currently underway across these settings. This is being kept under review. Outbreaks in other vulnerable communities, including the Roma Community, Irish Travellers and direct provision centres were also presented.

ii) Department of Health (DOH)

An overview was presented by DOH, compiled from the daily HSE reports and the HPSC data. The numbers of overall hospital admissions and the numbers of patients requiring ICU care (including those requiring ventilation) are showing a downward trend. However, the rate at which patients are requiring ICU care was noted to be declining at a slower rate than would be required to support the reduction of social distancing measures.

An update on modelling and forecasting was provided by the Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG). The current data show a decline in the growth rate of the disease in the general population as well as a decrease in the number of confirmed cases overall amongst healthcare workers. An increase in the number of healthcare worker testing positive in long-term residential care centres (LTRCs) was noted, however, it was suggested that this increase may be associated with the enhanced testing programme in place across LTRCs.

In terms of the number of new cases detected each day by specimen collection date, the epidemic curve shows that cases started to rise in the long-term residential care centres towards the end of March, which was later than in the general population, where the epi-curve started to rise from mid-March.

Whilst there are observable improvements in the progression of COVID-19 in Ireland, concerns remained regarding the ongoing extent of this disease in the community, the impact of the disease within LTRCs, the current COVID-19 related occupancy levels in hospitals and ICU settings, the transmission profile of COVID-19 amongst healthcare workers and the burden of mortality.

3. Expert Advisory Group

An update was provided by the Chair of the Expert Advisory Group (EAG) in relation to the matters considered and discussed by the EAG at its meeting of the 27th April as follows:

- (i) Hospital and primary care algorithms with the ECDC definition were reviewed and agreed, and a line about the possibility of other non-respiratory presentations/atypical presentations especially in older people, children, and the immunocompromised was added;
- (ii) In the context of the testing of healthcare workers in residential care facilities, EAG recommended that asymptomatic staff with detectable SARS-CoV-2 RNA should not be allowed to work for 14 days (essentially no change from current recommendation),
 - this applies to residential care facilities that are not currently affected by COVID-19,



- in light of other groups meeting, it was agreed that the guidance for residential care facilities in which there is currently a COVID-19 outbreak/cluster, will be reviewed at the EAG on Wednesday 29th April;
- (iii) The issue of the wearing of masks in the community was discussed; there was broad agreement that there is a role for masks in the community in those settings in which physical distancing cannot be maintained;
- a final recommendation regarding mask use and mask type in the community will be considered by the EAG at its meeting on Wednesday 29th April.

Regarding the testing of healthcare workers in residential care facilities, it was clarified that it is existing policy that staff who test positive, including staff who are asymptomatic, must self-isolate for 14 days prior to returning to the workplace.

4. Review of Existing Policy

a) Sampling, Testing, Contact Tracing and CRM Reporting

The HSE provided an overview of the paper which had been presented to the HSE Board on 24th April setting out the HSE's new testing strategy. The paper set out the work underway to increase capacity across each step of the sampling, testing and contact tracing pathway. The new testing capacity is being put in place in preparation for the easing of public health measures and in order to meet the expected increases in demand arising from any change in the case definition.

An outline of capacity ceilings, turnaround times, risks, and the introduction of an automated system of active surveillance was provided. The HSE indicated that it anticipated that it will have the capacity to complete 15,000 tests per day by the 8th May 2020. Plans are also in place to provide for the automatic scheduling of swab assessments and test results.

It was noted by the NPHE that a robust, sustainable and flexible testing, detection and contact tracing infrastructure to protect public health in the next phase of the response to the pandemic is critical to tracking the viral spread, understanding epidemiology, informing case management, and reducing transmission. The availability of large-scale testing and monitoring capacity to quickly detect and isolate confirmed cases was noted to be a key component of this response.

The NPHE welcomed the significant work undertaken by the HSE to upscale its testing infrastructure in preparation for easing of the public health measures which are in place and to deal effectively with expected increases in demand arising from a change in the case definition.

b) Case Definition Update

The NPHE noted that the updated case definition, as recommended at its meeting of 21st April 2020, went live on 28th April 2020 and arrangements are in place to finalise the relevant guidance and publish the revised algorithms on the HPSC website.



The importance of ensuring timely communication of changes to the case definition, including associated algorithms and guidance, to general practitioners (GPs) in advance of change to the case definition going live was noted by the NPHE. Furthermore, the need for leadership and oversight from the public health programme within the HSE in relation to the testing and contact tracing programme was underlined.

The HSE and HPSC agreed to work collaboratively with the Irish College of General Practitioners (ICGP) and the Irish Medical Organisation (IMO) to support GPs to implement any future changes to the case definition, including the provision of webinars.

c) Use of Face Masks – update

An update was provided confirming that a paper on the use of masks would be prepared for NPHE's consideration at its meeting on 1st May 2020.

5. HSE's Update to the NPHE further to:

a) Residential Healthcare Settings

An update was provided on the survey of mortality conducted across long-term residential care settings to obtain a clear picture of COVID-19 mortality in these settings and to inform the public health response in this sector. The survey has yielded approximately a 90% response rate to date and work is underway to complete an analysis of the data collected. From the preliminary data, it appears that there is a level of accordance across the three sets of data regarding mortality (HIQA NFO2 notifications, HPSC Computerised Infectious Disease Reporting (CIDR) information system and the Department of Health census of mortality).

b) Acute Hospital Settings

The DOH updated NPHE in relation to HIQA's desktop review of infection prevention and control (IPC) preparedness for COVID-19, conducted across the Hospital Groups. The DOH has written to the HSE regarding mitigation plans for certain Hospital Groups and continues to engage bilaterally with the HSE on the issues raised.

6. Future Policy

a) Review of Current Public Health Measures - Phasing

Following on from the discussions at previous NPHE meetings, a further deliberative draft paper on the development of a planned phased approach to the reduction of the current public health social distancing measures was presented. The draft paper set out a public health framework approach to assist the NPHE in continuing to provide advice to the Minister for Health and to the Government regarding a reduction in social distancing and other public health measures currently in place in response to the progression of COVID-19 disease in Ireland.

The purpose of the NPHE's development of a public health framework approach is to inform a slow, gradual, step-wise and incremental reduction of the current measures, in a risk-based, fair and proportionate way with a view to effectively suppressing the spread of COVID-19 disease while enabling the gradual return of social and economic activity. The approach proposed in the framework is public



health-led, grounded in evidence and the advice of the ECDC, WHO and EU, as well as international learning and experience.

As NPHE had been discussing at previous meetings, the framework approach contains a range of illustrative measures set out under a number of different categories and across a number of potential phases. It acknowledges that there are other important considerations regarding the reduction of measures that Government will have, such as social and economic considerations, adherence, public sentiment, acceptability, feasibility, overall population health and wellbeing and others. It is intended that under the framework there will be regular monitoring of the impact of lifting of measures, in terms of infection rates within the population.

There was a detailed discussion of the risk-based approach set out in the draft framework and the following key points were considered:

- that NPHE's advice to Government in relation to the easing of measures would be guided by disease indicators or trigger criteria in relation to the status of the disease at the relevant time point including: the trajectory in incidence of the disease; the trajectory in number of cases and clusters in residential healthcare settings; the trajectory in the number of deaths; hospitalisation and ICU occupancy; a programme to consistently sample, test and contact trace; and other criteria as may arise into the future;
- the importance of a robust national testing strategy to assure the early identification of changes in disease progression;
- a recognition that choices will have to be made regarding which measures are lifted before others as all measures cannot be lifted at the same time due to the numbers of people that would be moving and interacting, and the importance of maintaining a balance between measures, while trying to reduce risk of infection;
- the importance of increasing the delivery of non-COVID-19 care and services alongside COVID-19 care in a safe manner to meet demand and the need for suitable communication encouraging people to present for care when they need it;
- the impact of the current pandemic public health restrictions on children and parents, the measures being taken in other countries in relation to childcare, education and examinations and the public health considerations;
- making available mental health, wellbeing and resilience supports designed for all and especially tailored for those in vulnerable groups in the current times;
- the need for the health service to plan for the safe provision of health protection services such as screening, childhood immunisation services, as well as ensuring a comprehensive seasonal flu vaccination programme for the coming winter;
- the possibility of making provision for those who are cocooned (those aged 70 and over and the medically vulnerable) to engage in exercise and activities outdoors, subject to adherence to strict social distancing, a 'no touch' approach, hand hygiene and the development of guidance for others on how to maintain social distancing and assist in keeping those aged 70 and over and the medically vulnerable safe;
- the appropriate time intervals between each of the phases bearing in mind the WHO and EU Commission recommendations;



- the importance of communicating the message that the public health risks associated with transport are the collective and time-bound nature of public transport, the numbers of vehicles (including private cars) travelling to specific destinations resulting in significant crowding at those locations (e.g. urban areas, popular public sites and amenities etc.), and travel from areas of higher infection rate to areas of lower infection rate potentially increasing spread;
- the possible role for the use of face covering in the community bearing in mind the need to ensure necessary availability of medical grade masks for use by healthcare workers;
- the current 'stay at home' restriction to a geographical area of 2km, the rationale for this to avoid the spread of disease to other areas and other parts of the country, and the potential expansion to cover an area within 5km from the home and wider, as the measures are lifted;
- particularly as the measures are lifted, the need for ongoing communication to ensure that the public are informed of the changes in restrictions as approved by Government, and the social distancing and other measures that are in place at each phase;
- also, the need for clear and coherent information and communication about:
 - the public health rationale, including the importance of handwashing and respiratory hygiene, social distancing, alertness to symptoms and self-isolation, reduction of close contacts and the risk of recurring waves of the disease if core personal hygiene activities are not observed;
 - feedback mechanisms to better understand the measures which work most effectively and areas of challenge, opportunities to innovate in protecting the safety of people while progressing towards a return to economic and social activity.

The NPHEET welcomed the document and there was broad agreement with the proposals outlined. It was agreed that the paper should be updated based on the discussion and feedback provided, and considered further at the NPHEET meeting on Friday 1st May 2020.

b) Trigger Criteria

Integrally connected with the discussion in relation to development of a planned phased approach to the reduction of the current public health social distancing measures, the NPHEET also considered a range of draft options for disease indicators which could be utilised by the NPHEET to inform its advice in relation to changes in social distancing and other public health measures.

The draft options for disease indicators were grouped under the following headings: epidemiological / disease incidence (including long-term residential care) criteria; ICU (and other acute) capacity criteria; and sampling, testing and contact tracing criteria. The NPHEET considered that these draft disease indicators would be updated and examined further at the NPHEET meeting on Friday 1st May 2020.

c) Travel Considerations

There were no items for discussion under this agenda item.

7. Meeting Close

a) Agreed actions

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



b) AOB

The Chair raised the matter of the role of NPHE in relation to requests to provide specific public health advice regarding individual sectors or specific measures. It was noted that the NPHE's role is to provide public health advice to Government and that the HPSO provides public health guidance. Sectors or organisations should be advised to apply the general public health advice and guidance and to engage with the relevant Government Departments, regulatory bodies and sector bodies within their sector.

c) Date of next meeting

The next meeting will take place on Friday, 1st May 2020 at 10am via video conferencing.