An Roinn Sláinte
Department of Health

National Public Health Emergency Team – COVID-19

Meeting Note – Standing Meeting

Date and Time	Thursday 28th May 2020, (Meeting 33) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via videoconference	Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Mr Liam Woods, National Director, Acute Operations, HSE Dr Darina O'Flanagan, Special Advisor to the NPHET Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Mr David Leach, Communications, HSE Dr Mary Favier, President, Irish College of General Practitioners (ICGP) Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Dr Siobhan O'Sullivan, Chief Bioethics Officer, DOH Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Mr Paul Bolger, Director, Resources Division, DOH Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Dr John Cuddihy, Interim Director, HSE HPSC Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE Dr Colm Henry, Chief Clinical Officer (CCO), HSE (for part of meeting)
In Attendance'	Ms Laura Casey, Health Systems and Structures Unit, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Mr Colm Ó Conaill, Policy and Strategy Division, DOH Ms Sheona Gilsenan, Statistics and Analytics Service, DOH Mr Ronan O'Kelly, Statistics and Analytics Service, DOH Ms Aoife Gillivan, Communications, DOH Ms Claire Gordon, Tobacco & Alcohol Control Unit, DOH Ms Siobhain Brophy, Tobacco & Alcohol Control Unit, DOH Ms Noelle Waldron, Immunisation Policy Unit, DOH
Secretariat	Ms Marita Kinsella, NPSO, DOH, Ms Sarah Murphy, Ms Susan Reilly, Ms Linda O'Rourke, Mr John Harding, Ms Liz Kielty, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH
Apologies	Prof Colm Bergin, Consultant in Infectious Diseases, St James's Hospital Dr Jeanette McCallion, Medical Assessor, HPRA Mr David Walsh, National Director, Community Operations, HSE

1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and no conflicts were declared by members.

b) Minutes of previous meeting(s)

The minutes for 12th, 14th and 22nd May 2020 were circulated to the NPHET for review and feedback. These minutes were agreed and formally adopted by the NPHET.

It was noted that there was a need to balance the timely publication of NPHET minutes while enabling the deliberative processes of Government in taking decisions regarding the adjustment of public health restrictive measures at each next Phase of the Roadmap.

c) Matters Arising

The Chair updated the NPHET on a meeting with members of the Cabinet at which an update was provided regarding the current epidemiological data, international comparisons in relation to mortality and an update on the work of the NPHET as part of the overall national health service response to COVID-19.

2. Epidemiological Assessment

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

An update was provided on the national epidemiological data. The update included information on the number of confirmed cases, mortality, hospitalisation, critical care, outbreaks and testing.

An overview of the current data was as follows:

- During the last 14 days, the overall incidence rate per 100,000 population continued to decrease across all age groups with a very low incidence rate reported in those under 20 years of age;
- In the previous week, the data showed a small increase in the number of new clusters and outbreaks notified in workplaces (excluding meat processing plants). A decline in the number of cases associated with outbreaks in meat processing facilities was also evident, with 103 cases notified over the past week compared with 300 cases in the preceding week;
- In the past week, nearly 40% of new cases identified were linked to outbreaks;
- The incidence of infection in healthcare workers continued to decline but the rate of infection remains elevated when compared with the general population. The fact that healthcare workers are at a greater risk of infection remains an issue;
- In relation to key measures of the severity of the disease, there appeared to be a sustained downward trend in the following areas: hospital admissions; hospital inpatient numbers; deaths confirmed per day. However, the number of patients being admitted to critical care units had increased slightly. The data showed a high occupancy rate for critical care beds (with non-COVID and COVID patients) which will be kept under review to ensure that the health system can cope with any future increases in cases;
- The number of tests carried out had decreased over the last week, with the daily positivity rate running at approximately 1.9%;

- The median time from referral to the completion of contact tracing calls is falling and is now 2.35 days across community and hospital settings. The end-to-end turnaround for negative test results is 2 days or less;
- The effective Reproduction number (R number) was estimated to be well below 1 for the period 12th – 20th May 2020;
- While the influenza-like illness (ILI) rate was within the acceptable threshold and had declined since last week, it is elevated for the time of year. Also, an increase in the ILI rate among those aged over 65 years continued to be observed and will continue to require monitoring.

Overall, virtually all the disease parameters appeared to be stable or improving. Whilst NPHET noted continued progress in suppressing the transmission of COVID-19, it considered that a focussed strategy and cautious approach was still warranted considering the following:

- the slight increase in the daily number of confirmed cases in hospital;
- the plateau in the number of patients in intensive care units with 5 new admissions on 27 May 2020;
- the sustained increase in the ILI rate among those aged 65 years or over; and
- the fact that the transmission status remained unknown for a proportion of new cases.

The importance of enhanced surveillance information, specifically in relation to the transmission amongst healthcare workers was reiterated. The Health Protection Surveillance Centre (HPSC) advised that the current surveillance form for COVID-19 had been updated to capture additional information in the case management system (CRM) and this was due to be operationalised shortly.

b) Ad hoc

(i) COVID-19 Outbreaks in Meat Processing Factories in Ireland

The HPSC provided a verbal update in relation to COVID-19 outbreaks in meat processing factories in Ireland. There have been 951 cases to date associated with 19 meat processing factories. The NPHET was advised that significant work is underway by outbreak control teams to investigate, manage, and control the outbreaks. This has included onsite visits by public health departments to review working practices, issuing guidance, testing, as well as engagement with the Department of Agriculture inspectorate. Mass testing of workers was ongoing in one facility, as part of the outbreak control management at that facility. Early indications suggest that control measures are slowing down the transmission of the disease and that there is good adherence to the public health guidance.

The HPSC advised that a range of factors, including work-related and non-work-related, had contributed to the spread of infection. A cohort study is planned in order to better understand the causes and factors associated with the outbreaks. Engagement is also ongoing with Germany and the Netherlands where a similar experience of outbreaks across these settings has been reported.

The NPHET welcomed the update and the work undertaken by the HPSC to date. The Chair highlighted the importance of continued monitoring, the need for comprehensive epidemiological

information, and a robust system of reporting on the impact of the control measures to ensure an appropriate public health response in these settings. It was agreed that the HPSC would provide a written update report to NPHET for consideration, including in relation to the epidemiological picture and control measures being implemented.

(ii) Update Testing of Contacts

Following on from the decision of the NPHET at its meeting on 14th May 2020 in relation to the testing of close contacts (including asymptomatic close contacts) of confirmed cases of COVID-19, the HPSC provided a preliminary update in relation to this testing regime which commenced on 18th May 2020.

The HPSC advised that approximately 1,000 contacts have been tested to date and that some preliminary data were available in relation to the positivity rates in those close contacts who were symptomatic and asymptomatic.

The HPSC identified that challenges sometimes emerge in trying to make contact with close contacts, and it was acknowledged that the reasons for this need to be clarified and addressed. The importance of rigorous and reliable information and processes in place to rapidly identify secondary cases that may arise from transmission from the primary known cases to interrupt further onward transmission was emphasised.

The HPSC updated that ICT solutions have now been deployed and operationalised to allow for enhanced data-sharing and reporting. NPHET was also advised that the case form has been updated to capture enhanced surveillance data and this is due to come into operation next week.

The HPSC is to provide a written report to NPHET on the testing of close contacts for consideration at its next meeting of Thursday 4th June 2020.

c) International Update

The NPHET noted the recent publication of technical guidance entitled "*Considerations for travel-related measures to reduce spread of COVID-19 in the EU/EEA"* (26th May 2020) which outlines principles for developing more individualised guidance or operating procedures related to travel in European countries. This guidance was taken under agenda item 4. c), on Travel Considerations.

3. Expert Advisory Group (EAG)

The Chair of the EAG advised that the EAG had approved the HSE/HPSC Interim "*Infection Prevention and Control guidance for settings providing childcare during the COVID-19 Pandemic"* at its meeting of 27th May 2020. NPHET expressed its thanks to the HSE, HPSC and all involved in the development of this very useful guidance.

Furthermore, the EAG Chair informed the NPHET that minutes of EAG meetings up until the end of March 2020 have been published on the Department of Health's website.

Finally, NPHET was advised that a proposal on the National Research Response to COVID-19 has been developed by the Research Subgroup of the EAG.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

(i) Evaluating the impact of public health measures in the community

The GP representative spoke to a paper entitled *"Evaluating the community impact of NPHET recommendations – how NPHET addresses societal impacts other than the Covid infection rate"*.

The purpose of the paper was to generate a discussion on the need for the NPHET to consider how best to systematically gather information, evaluate, and act on qualitative parameters that measure the impact, effects and consequences of the NPHET recommendations, particularly the public health restrictive measures in the community.

The GP representative noted that to date, a significant emphasis has appropriately been placed on reducing the infection rate, however, importantly, there have also, inevitably, been significant impacts on the lives of individuals and groups in the community, with some groups and communities being disproportionately impacted.

While high quality and important epidemiological work is being carried out by the NPHET, the focus has been on quantitative measures and the importance of feedback from a qualitative perspective was noted. It was emphasised that NPHET should take a more holistic interpretation of public health, and consider broader public health objectives of health, wellbeing, mental health etc., to strengthen its consideration of measures. The intention now is that the NPHET should have a mechanism in place to measure the qualitative impacts of the restrictions on patients, persons and communities, including those who may be more vulnerable, marginalised, or disproportionately affected, to feed into the NPHET's consideration and decision-making in relation to the public health restrictions.

The Chair and members thanked the GP representative for raising this important matter and strongly welcomed the approach.

The NPHET discussed the following:

- At the outset of the pandemic, the immediate and urgent priority was on controlling the spread of infection and managing the national emergency, but it was acknowledged that it is now important and timely to put in place qualitative processes for the NPHET to consider the wider public health impact of the restrictive measures. This is particularly important in preparation for the coming months, in the event that measures may have to be imposed again due to a second wave of the disease, as it provides an opportunity now to consider how future measures could be implemented to minimise any disproportionate impact on certain groups in society, including more vulnerable groups;

- The NPHET was advised that a significant volume of qualitative research in relation to the impact of the public health restrictive measures on different cohorts in society is currently being carried out. The secondary impacts of the restrictions have been actively sought through public opinion and focus group research since mid-March 2020 as these have been an important consideration in the context of gaining a broader understanding of the public's perceptions of the restrictions. This research has been feeding into the development of communications material;

- The results of these qualitative studies are regularly considered by the various Subgroups of the NPHET, including the Behavioural Change Subgroup, Acute Hospitals Preparedness Subgroup and others. While that research work feeds into the Subgroups' input to the NPHET, it was acknowledged that the visibility of this research has been somewhat limited at the NPHET and this will be addressed so that the NPHET has greater visibility of the ongoing qualitative research;

- It was considered that there would be a value in bringing a social inclusion frame or lens to the NPHET's consideration of public health restrictive measures, and there is anecdotal evidence of wider societal issues, including children's issues, that may warrant closer attention in terms of targeted qualitative research;

- It was also acknowledged however, that there are also impacts of the measures, such as societal, economic, educational, fiscal, that are broader than public health or health and social service issues and these will be for the consideration of wider Government and other organisations.

As a matter of course, the DOH committed to circulating to the NPHET on a regular basis a report on the qualitative research already ongoing.

It was agreed that the DOH would work with the GP representative to bring a paper to the next meeting of the NPHET on Thursday 4th June 2020 setting out a proposal to measure and regularly report to the NPHET the qualitative impacts of the public health restrictions in the community.

The DOH also presented a paper dealing with the perceptions the public have now on COVID-19, the risks and the different levers available to them. The key insight derived was that people generally still favour receiving detailed instructions with regard to what they should do and how they should respond. Communications material is being developed bearing these issues in mind and with a view to empowering people in applying the relevant public health guidance in each situation.

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

There was no update from the HSE on this matter.

(i) COVID-19 RNA/PCR Testing – Public Health Recommendations on a Strategic Approach

Following discussion and feedback from NPHET at its meeting of 22nd May 2020, the HPSC presented an updated paper entitled *"COVID-19 RNA/PCR Testing in Ireland – Draft Public Health Recommendations on Strategic Approach Post 21 May 2020"*.

The HPSC advised that a number of draft recommendations were agreed by a working group of Public Health and Clinical Leads at a meeting of 27th May 2020, with the core recommendation that Ireland's overall testing approach will focus on testing those who meet the case definition and close contacts of confirmed cases, acknowledging that the case definition is regularly reviewed and updated as appropriate in line with emerging evidence of new symptoms associated with COVID-19, and that Ireland will be guided by the ECDC in broadening the case definition.

The HPSC gave an overview of some of the key updates to the paper that included, *inter alia* public health principles of testing, the need for enhanced public messaging, a communications strategy and understanding around COVID-19 and the role of testing; and an enhanced detailed recommendations section in relation to healthcare workers.

The NPHET discussed the following points in relation to the paper:

- The paper, as presented, encompassed three distinct areas–
    a. how the health system proposes to direct the available PCR RNA testing capacity,
    b. the broad public health approach to testing, and infection prevention and control measures, and
    c. a strategy in relation to the testing and surveillance of healthcare workers, including how testing capacity is directed towards this cohort, bearing in mind the recent recommendations of ECDC with regard to testing of healthcare workers in various settings e.g. high-risk clinical services.

- In relation to healthcare workers, the importance of an enhanced testing approach as part of a protection and surveillance strategy specific to such workers was emphasised by the NPHET, bearing in mind the higher incidence of infection that has continually been observed in this group. It was agreed that there was a wider operational aspect for the HSE to address given the duty to staff. It was also clarified that the strategy should apply to all healthcare workers, including HSE staff, workers providing home care and residential care (both public and private), etc.;

- It was suggested that focussed studies need to be considered in relation to healthcare workers, potentially in healthcare facilities where there has been a history of outbreaks. Alternative testing methods other than the nasopharyngeal swab test also need to be considered for healthcare workers. Significant involvement from public health to address data collection and surveillance gaps was also raised;

- The need to consider a public health ethics approach to the testing principles that reflect principles of reciprocity and minimising harm, in particular for healthcare workers who have been disproportionately affected by the disease.

The NPHET agreed that the paper merits being split and considered as two distinct papers comprising–

(i) a testing strategy in relation to how the health system proposes to direct the available PCR RNA testing capacity and healthcare setting testing programmes, bearing in mind international guidance, particular patient cohorts and particular clinical settings, and

(ii) a strategy in relation to the protection, testing and surveillance of healthcare workers, including how testing capacity and healthcare setting testing programmes are directed towards this cohort.

It was agreed that: NPHET members would provide feedback to the HPSC; HSE Acute Operations would engage with HPSC in relation to testing programmes in respect of specific patient cohorts and clinical settings; and that HPSC would undertake further work to split the document as outlined. The

final papers and recommendations will be reviewed at the next NPHET meeting on Thursday 4th June 2020.

c) Review of Mortality

The DOH presented the paper "*COVID-19: Comparison of Mortality Rates Between Ireland and Other Countries in EU and Internationally"*. The paper had been considered by the NPHET at previous meetings.

This paper examined mortality rates in Ireland in comparison with those in other comparable healthcare systems and outlined factors that may explain any differences. The DOH summarised the factors that affect mortality rates. The DOH presented to the NPHET the information in the paper relating to:

- Mortality ratios and rates;
- testing rate;
- reporting of probable and confirmed deaths from hospital and community settings;
- case definition;
- incidence rate;
- population density;
- case fatality rates over time;
- mortality in nursing homes;
- excess mortality.

The NPHET noted that comparative analysis of pandemic-related mortality between different countries is important in describing the impact of the pandemic on the population, to inform health system responses and to assess the effectiveness of countermeasures taken at national level by different countries. Countries throughout the world have reported very different mortality experiences to date. The paper identifies that it is difficult to draw definitive comparisons between countries in particular because of widespread differences in the relative numbers of people tested, differences in mortality case definitions and reporting practices, as well as differences in demography, geography and health system responses.

Ireland reports both confirmed and probable deaths from COVID-19 in all settings, in contrast to a number of comparable health systems. Also, because mortality reporting has been a particular focus of the NPHET and the Irish public health system, Ireland has been in a position to report comprehensively on mortality, often before other countries.

The DOH noted the paper represents ongoing work, and will be updated as additional information, including information regarding excess mortality, becomes available.

The NPHET welcomed the paper and noted that mortality in Ireland has been within the lower range in overall terms in comparison with similar health systems, particularly the UK and a number of other European Member States. The NPHET agreed that the paper should be submitted to the Minister for Health for his consideration, approval and publication.

Action: The NPHET agreed that the comparative analysis of pandemic related mortality, "*COVID-19: Comparison of Mortality Rates between Ireland and other countries in EU and internationally*", be amended as agreed and be submitted to the Minister for Health for consideration, formal approval and for publication.

d) Health and Safety Authority – Return to Work Safely Protocol COVID-19 Specific National Protocol for Employers and Workers

Discussion of this item was deferred to a later meeting.

5. Future Policy

a) Review of Public Health Measures

(i) Draft Guidance on Visiting Long Term Care Facilities

Following discussion and feedback at the NPHET meeting of 22nd May 2020, the HSE presented updated draft guidance on facilitating visitation for older people and extremely medically vulnerable groups living in their own home or in Residential Care Facilities (RCFs). This guidance will be incorporated into the broader Interim Public Health and Infection Control on the "*Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units"*

The aim of the draft guidance was to support the safe visiting of older people and medically vulnerable groups who have been impacted by visiting restrictions recommended by the NPHET in March 2020 to attenuate the spread of COVID-19, namely visiting restrictions in long term care facilities (as recommended by NPHET to Government on 12th March 2020) and the introduction of cocooning for those over 70 years of age and specified categories of people who are extremely medically vulnerable to COVID-19 (as recommended by the NPHET to Government on 27th March 2020). The easing of visiting restrictions on older people and medically vulnerable people in their own homes is due to be eased under Phase 2 of the Government's *Roadmap for Reopening Society & Business*.

The Chair noted the importance of a consistent and coherent approach to the easing of any visiting restrictions across settings, in line with the phased approach in the Government's *Roadmap for Reopening Society & Business,* and NPHET's Public Health Framework Approach.

Recognising the impact of visiting restrictions on older and medically vulnerable people and their families, the NPHET proposed that the DOH would now incorporate the HSE proposal to bring forward the easing of visiting restrictions from its current implementation date of 29th June 2020 (Phase 3) to the earlier date of 8th June 2020 (Phase 2).

This proposal will form part of the NPHET's planned wider consideration of the Review of Public Health Measures for Phase 2 at the next meeting on Thursday 4th June 2020, having regard to the latest national and international epidemiological assessment of the disease.

(ii) Review of Public Health Measures in preparation for Phase 2

The NPHET noted it would be advising Government in relation to Phase 2 of the Government's *Roadmap for Reopening Society and Business* (Government Roadmap) at the forthcoming NPHET

meeting on Thursday 4th June 2020, depending on the status of and latest trends in the disease as well as the impact of the disease on the health service.

The NPHET considered an updated draft deliberative document entitled "*NPHET Discussion Paper on Phase 2 reduction of measures in preparation for advising Government in advance of 8 June 2020*". The purpose of the updated paper is to assist NPHET's thinking on the Phase 2 measures which could be introduced in line with the Government Roadmap. The paper recalled that it is not possible to predict with certainty the future trajectory of the disease and that the easing of measures has the potential to increase the risk of transmission of infection.

In light of the fundamental change in public health approach that Phase 2 will bring, the paper seeks to set out draft core principles of public health advice in relation to COVID-19. Initially, these have been identified as follows:

1. Maintain a high standard of handwashing and respiratory hygiene and awareness of symptoms;
2. Keep a safe distance from other people;
3. Keep your close contacts to a small number of people;
4. Reduce the duration of contact with other people;
5. Assess the risk in different situations and structure your environment in a way that lowers risk.

There was a detailed discussion on the options and proposed approach to Phase 2 measures and the points raised in the discussion included the following:

- There was broad support for the overall measures as set out in the updated draft paper;
- The requirement for strong communications around the change of message for the public from 'stay at home' to 'stay local' was emphasised;
- There was strong support for prioritising those measures which are aimed at people who are cocooning including the medically vulnerable, enabling cocooners to make decisions for themselves and providing mechanisms to support them living normal lives e.g. specific coordinated retail hours, utilising the "pod" or micro-community concept;
- The need for guidance on social visits and family-type social gatherings to support people in responding to the "new normal" was highlighted. A preference for indicative guidance, especially in terms of group sizes, was outlined and providing a rationale for the guidance;
- The need to prioritise phased visiting for residents in long term residential care facilities where there is no COVID-19 outbreak was strongly emphasised having regard to the potential impact of prolonged visiting restrictions on residents' wellbeing;
- The need to consider the impact on people in all groups in society, including those in lower socioeconomic groups, and to bring a social inclusion perspective on the Phase 2 measures;
- Bearing in mind the real possibility of a second pandemic wave and the potential for this to further disrupt education, if the COVID-19 disease status remains in its current stable condition, there was support for the commencement of formal primary and secondary education, as well as programmes and initiatives in relation to: children with special educational needs; children with educational disadvantage; children with disabilities; vulnerable children with complex disability support needs; and other specific programmes

for children and young adults. It was noted by the NPHET that these, and the timings thereof, would have to be decided by other Government Departments and sectors;

- Continued support for the opening of playgrounds, particularly in urban disadvantaged areas was outlined. It was noted that engagement with Local Authorities is ongoing;
- In relation to camps for children, it was noted that the interim guidance from the HPSC on *Infection Prevention and Control for settings providing childcare during the COVID-19 Pandemic* (developed for creche and pre-school childcare settings) could be adapted and applied to these settings. The timing of such camps was also discussed, bearing in mind that primary school children are usually still in school until the end of June. The specific needs of teenagers were highlighted;
- There was some caution around the easing of the social gathering restrictions for indoor camps and attendance at funerals, with some NPHET members citing the potential of increased risk of transmission in such settings;
- The need to monitor the experience of other countries and the impact of relaxation of measures internationally was stressed. It was suggested that learnings from national outbreaks and the settings in which they occurred should also inform the easing of measures;
- There was general agreement on the importance of ensuring consistency across the various measures contained in the paper and the order in which any such measures are to be eased.

Arising from the discussion, the DOH will continue to engage with relevant Government Departments in relation to progressing potential measures. The NPHET will continue its work in relation to examining and preparing for advising on Phase 2 measures at its next meeting on Thursday 4th June 2020.

b) Case Definition

With regard to the current clinical case definition for COVID-19, the DOH advised that the ECDC is expected to publish an updated case definition on 29th May 2020 which will expand the current case definition to include anosmia, ageusia and dysgeusia. It was noted that Germany and the UK have already updated their case definitions to include these symptoms.

It was proposed in principle that, subject to the expected update of the case definition by the ECDC, the clinical criteria in the current case definition would be widened to include sudden onset of anosmia, ageusia or dysgeusia. Should this be approved by the NPHET, it would be implemented through the HPSC early next week. The NPHET considered that it was appropriate to approve in principle the updating of the clinical case definition pending the expected ECDC publication.

Action: The NPHET recommended that, subject to the expected update of the case definition by the ECDC on May 29th 2020, that the clinical criteria in the current case definition be widened to include sudden onset of anosmia, ageusia or dysgeusia, and that this be implemented through the HPSC early next week.

c) Travel Considerations

The DOH updated that since the making of Regulations by the Minister for Health on 28th May 2020, completion of the Public Health Passenger Locator Form is now mandatory for all overseas arrivals

to Ireland. Self-isolation remains voluntary and work is ongoing on the possible strengthening of this measure, with the issue expected to be considered by Government next week.

The DOH further updated Government on an ECDC technical report entitled *"Considerations for travel-related measures to reduce spread of COVID-19 in the EU/EEA"* published on 26th May 2020 in relation to travel and tourism.

It was agreed that the NPHET would bear in mind the ECDC guidance in its ongoing considerations.

d) Ad Hoc

There were no matters raised under this heading at the meeting.

6. National Action Plan/Updates

a) Hospital Preparedness

A written update under this item was noted at the meeting.

b) Vulnerable People and Community Capacity

A written update under this item was noted at the meeting.

c) Medicines and Medical Devices Criticality

There was no update under this item at the meeting.

d) Health Sector Workforce

A written update under this item was noted at the meeting.

e) Guidance and Evidence Synthesis

A written update under this item was noted at the meeting.

f) Legislation

A written update under this item was noted at the meeting.

g) Ethical Considerations

(i) Ethics Guidance on LTRCs

The DOH presented the paper entitled *"Ethical Considerations Relating to Long-Term Residential Care Facilities in the context of COVID-19".* The guidance is intended to be of use to providers of long-term residential care (LTRC) services and all staff working in congregated LTRC settings. The separate guidance in the paper is warranted based on the nature of the congregated settings in LTRCs and the needs of the individuals in LTRCs who could be particularly vulnerable. The paper was circulated to the NPHET in advance of this meeting.

A preliminary version of this paper had been discussed at last week's NPHET meeting (22nd May 2020) and had been reviewed by members in the intervening week.

The DOH thanked NPHET members for input on the paper, which has now been incorporated. The Chair proposed that the NPHET would approve the updated document for publication on the DOH website. This was agreed by the NPHET members.

Action: The NPHET agreed the guidance on *"Ethical Considerations Relating to Long-Term Residential Care Facilities in the context of COVID-19".* The HSE is to disseminate the guidance to the healthcare system in order to ensure planning decisions are made in a fair and consistent manner.

h) Behavioural Change

The update on this work was covered under item 4(a) above.

7. Communications Planning

There were no additional matters for noting under this agenda item.

8. Meeting Close

a) Agreed actions

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

b) AOB

No other business was raised at the meeting.

(i) Date of next meeting

The next meeting will take place on Thursday 4th June 2020 at 10:00am via video conferencing.