An Roinn Sláinte
Department of Health

National Public Health Emergency Team – COVID-19
Meeting Note – Standing Meeting

Date and Time	Tuesday 14th April 2020 (Meeting 22) at 10am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via Videoconference	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 NPHET 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 Prof Colm Bergin, Consultant Physician in Infectious Diseases, St James's Hospital Dr Kevin Kelleher, Asst. National Director, Public Health, HSE Ms Tracey Conroy, Assistant Secretary, Acute Hospitals 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 Ms Elaine Breslin, Clinical Assessment Manager, HPRA *(alternate to Dr Jeanette Mc Callion, HPRA)* Ms Marita Kinsella, Director, NPSO, DOH Mr Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE Mr David Leach, Communications, HSE Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Dr Siobhan Ni Bhriain, Lead for Integrated Care, HSE
'In attendance'	Mr David Keating, Communicable Diseases Control Policy Unit, DOH Mr Colm O'Conaill, Policy and Strategy Division, DOH Ms Sarah Treleavan, NPSO, DOH Ms Aoife Gillivan, Communications, Corporate Division, DOH
Apologies	Dr Jeanette McCallion, Medical Assessor, HPRA
Secretariat	Ms Rosarie Lynch, Ms Ruth McDonnell, Mr John Harding, Ms Sarah Murphy, Ms Linda O'Rourke, Ms Liz Kielty, NPSO, DOH

1. Welcome and Introductions
The Chair welcomed the group to the meeting.

a) Conflicts of Interests
Verbal pause and none declared.

b) Minutes of Previous Meetings
Draft meeting notes were circulated for review by NPHET members last Friday (10th April 2020) and further meeting notes have been prepared and will be sent out today for review and feedback. Subsequently, finalised meeting notes will be published on the website.

c) Matters Arising
(i) Health Protection Governance
A paper on the current governance arrangements for the HSE Health Protection Response to the COVID-19 Pandemic was presented. This follows on from the recent National Clinical Director, Health Protection, HSE taking up post and joining the NPHET.

It was outlined that the HSE health protection COVID-19 response was organised in line with the existing governance structures and there is health protection representation on the HSE's National Crisis Management Team for COVID-19 (by a NPHET member). The public health work undertaken to date has included:

- focus on outbreak management and prevention in the residential care settings,
- the public health leaders are also NPHET members,
- development of specific guidance for the COVID-19 response,
- data analysis and surveillance of the COVID-19 responses,
- specific advice on those at risk, including cocooning,
- case finding, contact tracing and following up of contacts.

A new Pandemic Incident Control Team has been established within the health protection function. Work is currently focusing on the more complex cases and on the more vulnerable groups. The NPHET were also advised that the HSE are working on public health and health protection functions, which need to be captured under a national governance structure.

The paper outlined the key principles of the response, health protection roles in outbreak/incident management, governance enhancements to public health in responding to COVID-19, current governance arrangements under development and furthers areas for development to support governance. It was agreed that this paper outlining the governance arrangements for the health protection response would be circulated to the NPHET for consideration in advance of its next meeting on Friday 17th April 2020.

The NPHET welcomed the significant work undertaken by HSE public health and health protection and underlined the importance of a single public health governance structure to respond to the COVID-19 pandemic.

(ii) Other
All other matters were noted as having been completed or covered by today's agenda.

2. Epidemiological Assessment

a) Update on National Data

(i) HPSC & (ii) DOH
The HPSC provided the latest update on the national epidemiological data. The data show an increase in the number of cumulative confirmed cases, week on week, reported throughout the country and, in particular, in the East of the country. The incidence of cases is relatively equally distributed by sex and across the adult age groups. These data also show an increase in the rate of local or community transmission of the disease and a decrease in transmission levels associated with travel. Outbreak and mortality figures were also presented; as was an epi-curve by date of onset of symptoms. The numbers of outbreaks / clusters by location, including in residential settings, was particularly noted by the NPHET, including infections amongst healthcare workers.

An overview spreadsheet was presented by DOH, compiled from the daily HSE reports and the HPSC data received. The number of appointments for testing had fallen off over the weekend, possibly due to the public holidays. DOH advised that they are continuing to liaise with HSE to capture more data, particularly denominator data in relation to bed capacity, in order to inform discussions and understanding. The number of patients requiring ICU care (with / without ventilation) is decreasing. It was noted and welcomed that a number of data gaps had been filled in the previous week.

An update was provided in relation to contact tracing. The numbers of contacts traced appears to be low with respect to capacity in terms of those trained, though it was acknowledged that this may be a factor of the reduction in people's close contacts due to the current social distancing measures. The importance of a robust process and use of available capacity for sampling, testing and contact tracing (including the contact tracing of suspected cases) for containing and slowing the spread of COVID-19 was strongly re-emphasised. This particular issue was further considered under agenda item 4(c).

b) International Assessments:

Nothing of note identified so no update was provided at today's meeting.

c) Modelling Report

An update on modelling and forecasting was provided by the Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG). The current status shows a decline in the growth rate, and the 5 numbers of cases, across a 5-day average, is levelling off. It was also noted here that the number of ICU admissions was decreasing. There was discussion on the R_0 and the need to minimise this to slow the transmission of COVID-19 in particular sectors, most notably long-term residential care settings (LTRCs). On behalf of the IEMAG, it was confirmed that the modelling data were being reviewed to take account of the results of tests which had now been received from the German Laboratories. The importance of constant and detailed monitoring of the disease through sampling, testing and contact tracing, to inform decisions in relation to the possible reduction of the social distancing measures, was underlined by the NPHET.

3. Expert Advisory Group

The advice of the Expert Advisory Group (EAG) in relation to the use of face masks by health care workers was outlined to the NPHET. The EAG now advises the following:

> *"1. As an addition to the pre-existing Infection and Prevention Control (IPC) Guidance, we now recommend that Health Care Workers (HCWs) who are providing near-patient care (i.e. within two metres) to patients who are not currently a suspected or confirmed case of COVID-19 should wear a surgical face-mask.*
>
> *2.Health care workers in clinical settings should wear a surgical face-mask when they cannot maintain physical distancing from their colleagues".*

The recommendation of the EAG is made in the context of widespread community transmission in Ireland, a significant number of COVID-19 infections in healthcare workers, growing concern regarding the burden of asymptomatic and pre-symptomatic transmission, and continued growth in the numbers of those infected, and hospitalised, with COVID-19. The EAG also made particular comment that masks were only one of a suite of measures that should be used and did not circumvent the need for hand hygiene, appropriate Infection Prevention and Control, physical distancing and appropriate PPE use. It was noted that the evidence for this is not very high quality but appears to be trending towards a benefit in wearing masks. The EAG will keep this recommendation under review, and may amend its advice at a future date, depending on the evolution of the pandemic.

There was a detailed discussion on the EAG's advice and the challenges outlined by the HSE in meeting the demand for surgical masks across a wide range of healthcare settings, including LTRCs. It was noted that a clear recommendation on masks may provide clarity on manufacturing and supply requirements. It was noted that Public Health England had adopted a more nuanced approach in their guidance and that the there was now Ethical Guidance available on PPE.

The HSE emphasised the importance of ensuring that there would be an adequate supply of masks for healthcare workers in high risk situations. In light of the supply issues and the need to secure the use of masks for healthcare workers, it was agreed that the HSE, working with the HPSC, would further consider the advice of the EAG and to revert with a recommendation at the next meeting of NPHET, planned for Friday, 17th April 2020. It was noted that every effort should be made to enable an adequate supply of surgical masks to meet the needs of healthcare workers.

The NPHET was generally supportive of the EAG advice, however, in light of the issues identified, it decided to accede to the HSE's request to revert with a further proposal on this matter by Friday 17th April 2020.

4. Review of Existing Policy

a) Personal Behaviours

No update at today's meeting.

b) Social Distancing

No update at today's meeting.

c) Sampling, Testing, Contact Tracing and CRM Reporting

The HSE provided an update in relation to the end to end referral, swabbing, laboratory testing and contact tracing and on the work ongoing to increase current capacity across each step of the pathway. The HSE advised there will be sufficient laboratory capacity to meet current testing demands once the testing backlog has been completed, subject to the continued availability of re-agent. Laboratory capacity has been scaled up, both within the NVRL and HSE hospitals and with the use of external laboratories.

All agreed that testing and contact tracing is critical to tracking the viral spread, understanding epidemiology, informing case management, and reducing transmission in line with WHO and ECDC guidance. The NPHET underlined the ongoing importance of continuing to review the appropriate pathway needs and the capacity to consistently deliver the necessary sampling, testing and contact tracing strategy if Ireland is to consider broadening the current case definition for COVID-19 in the future. There was discussion on how the modelling work might inform the testing requirements and that an agreed target capacity would be important to aim for. The HSE and DOH are looking at this and a paper will be presented for discussion at the next NPHET meeting on 17th April 2020.

The issue of follow up from public health for contact tracing, after the identification of confirmed cases, was discussed. Since it is important that contact tracing is very timely, the HPSC are to capture this in the relevant guidance and public health departments are to implement.

There was a discussion on the testing across all nursing homes, which in time could include alternative diagnostic tests and testing approaches for the detection of COVID-19, where appropriate. It was agreed that testing, could be deployed across LTRCs to allow for a rapid assessment of COVID-19 and any subsequent public health measures.

Additionally, there was a discussion on the potential for sero-epidemiological studies to assess overall infection and immunity rates in the population and to provide key information to guide decisions on medium and longer term measures that may be required. The NPHET noted that these studies require sensitive and reliable serological tests, which are currently under development but necessitate validation. In the interim and while this work is ongoing, the HSE and HPSC are already working on a protocol to conduct such surveys, with ongoing liaison with the DOH.

The HSE advised that demand for testing at the present time had reduced so some of the community testing centres were not needed to be open every day, however, this may would be expected to increase again. Also, in terms of testing, the lab reagent supply is now resolved and test results are coming back the same or next day from the hospital laboratories. This is helpful as it indicates scope to consider broadening the case definition if needed.

The HSE advised that the contact management (CRM) system had been deployed to acute hospital settings but some challenges remain in linking into existing data systems, so some manual entry is still required. The roll out of the CRM system into the LTRCs and homecare, for public health, patient flow and outbreak-related data is ongoing and the HSE undertook to provide a status report to the NPHET at its meeting on 17th April 2020.

Action: The HSE is to put in place a coordinated national process for carrying out prevalence surveys across nursing homes and other residential healthcare settings, with a particular focus on detecting COVID-19 infections in these settings, using approaches such as pooled PCR tests of randomised samples taken at these sites, in accordance with the recommendations of the European Centre for Disease Prevention and Control.

Action: The HSE and HPSC are to plan for the roll out of seroprevalence surveys.

Action: The HSE is to work with the Department and key experts (including the Irish Epidemiological Modelling Advisory Group) to develop a paper for NPHET to quantify the appropriate pathway needs and capacity to consistently deliver the necessary sampling, testing and contact tracing strategy.

d) Public Health Advice

No update at today's meeting.

e) Impact of COVID-19 and non-COVID-19 on mortality

Following on from the discussion last Friday (meeting of 7th April 2020), the need for timely and complete mortality surveillance to understand the impact of COVID-19 on mortality was considered. The DOH advised that engagement had been initiated with the Department of Employment Affairs and Social Protection (DEASP) regarding possible amendments of the Civil Registration Act, 2004 to provide for deaths to be reported within a shorter timeframe, which was welcomed. In addition to this measure, a communication will issue to Irish Association of Funeral Directors to encourage the early registration of deaths by families (noting the new online facility to register deaths and that the ideal time frame for reporting would be one week). COVID-19 mortality surveillance is to be considered by the NPHET at the next meeting on Friday, 17th April 2020.

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

a) Residential Healthcare Settings

An update paper was presented, including the paper entitled "*Long-term Residential Care (LTRC) NPHET 14th April 2020".* Key points of update were:

- The surveillance data show that the number of clusters in nursing homes continues to increase.
- Staffing challenges in the context of COVID-19 continue.
- Daily updates on the implementation of supports for nursing homes are being provided by the HSE.

- The National Antimicrobial Resistance and Infection Control (AMRIC) team met on Friday last (10th April 2020) on supporting the community services through these structures and are linking with the community Quality and Patient Safety teams in this regard.
- Several COVID-19 response teams are now established or under development.
- HIQA monitoring programme is due to commence in centres identified as higher risk.
- Improvements in PPE supply are ongoing.
- The support from acute hospitals going to the community in terms of resources, including staff and expertise.
- More information was needed on mortality in these settings and that this is a data gap across a number of other countries.
- HPSC has completed update guidance for LTCFs.

The NPHET agreed that data from the HPSC, including information on the percentage of symptomatic staff and residents in affected sites and mortality data, created a need to urgently target specific focused and enhanced public health measures for LTRCs.

A suite of further draft urgent actions (for all LTRC settings, including nursing homes, disabilities and other mental health settings) was outlined to the NPHET for consideration, including enhancing previously recommended actions, COVID-19 status classification of LTRCs/Nursing Homes involving the introduction of targeted enhanced testing and subsequent public health measures, the development of dedicated isolation beds/centres to provide capacity for cohorting, safe staffing measures and other measures to assure safe service provision arrangements for LTRCs. The NPHET approved the approach outlined in the paper and noted the value of the expanded testing to understand COVID-19 in these settings.

b) Acute Hospitals Settings

There is continuing engagement between DOH and the HSE to progress the implementation of public health measures for COVID-19 disease management in the acute hospital sector, noting the focus on the community response. The acute hospitals have confirmed that there are COVID-19 plans in place which include measures to control the further spread of the virus within the hospital setting. The Antimicrobial Resistance and Infection Control (AMRIC) Oversight Group and Implementation Team is providing oversight for all issues relating to COVID-19 infection control and has amended its terms of reference to reflect this. Work is underway by the HPSC to draw up criteria to identify when outbreak is declared complete / clusters are resolved and to update guidance for acute hospitals.

HIQA issued a self-assessment tool to Hospital Group CEOs on 8 April, in relation to IPC arrangements to manage COVID-19 and the returned self-assessments will be analysed by HIQA and this will provide an indication of the level of IPC preparedness in the acute hospital sector and identify any gaps in that regard.

The ongoing collaboration and implementation achieved to date by all parties in enhancing the response across acute hospitals and community settings was acknowledged.

6. Future Policy

a) Use of Masks Within Healthcare Settings

This matter was discussed under item 3.

b) Review of Current Public Health Measures - Phasing

A draft paper outlining considerations for any future phased reduction of the social distancing measures currently in place was previously presented to the NPHET at the meeting on 10th April 2020 and DOH is continuing to work on this paper; which is being developed in line with the advice of the EU Commission, ECDC, WHO and approaches of other countries. A further version of the paper is to be considered by the NPHET at the next meeting on 17th April 2020.

c) Travel Considerations

Brief update was provided by the DOH. The numbers of passengers arriving remains very small and carriers have been requested to ensure the Irish information is available to their passengers and on their websites. The public health passenger locator form is being finalised. The NPHET agreed that from a public health perspective any unnecessary travel should be minimised.

d) Ad hoc

No matters were tabled so no update at today's meeting.

7. National Action Plan/Updates

a) Hospital Preparedness

i. Critical care bed capacity and acute care bed capacity

The HSE presented a report on critical care bed capacity and acute care bed capacity which outlined total acute and critical care bed availability at the projected maximum surge, as well as ventilator availability to support surge. This was noted by NPHET.

There is anecdotal evidence and the number of presentations indicating that patients are reluctant to attend the acute setting for non-COVID care. The importance of ensuring a strong focus on continued delivery of non-COVID care was underlined by the NPHET. The ongoing collaboration of DOH and other stakeholders to optimise the utilisation of all available capacity nationally for the continued delivery of COVID-care and non-COVID care was welcomed by the NPHET. The Acute Preparedness subgroup of the NPHET is to continue to monitor this matter and welcomed feedback from NPHET members.

The HSE are continuing to work with the acute sector to identify and deploy resources to assist LTRCs (as acknowledged under item 5 above).

b) Vulnerable People and Community Capacity

The Chair of the Vulnerable People Subgroup gave an overview of the work to date. The importance of community support for vulnerable people (other than those covered by agenda item 5a) including the Roma community and those in migrants' centres were identified as being at high risk for COVID-19 from both a personal/familial and a public health perspective. Work is ongoing to provide support for these groups. An update paper was circulated.

c) Acute Hospital Preparedness Subgroup Update

An update paper was circulated. Further update was addressed under item 5(a).

d) Medicines and Medical Devices Criticality

An update was provided by the Chair of the Medicines and Medical Devices Criticality Subgroup advising that work is ongoing to overcome the supply challenges to secure the availability of PPE, medicines and medical devices used in diagnosis and treatment of COVID-19; as well as supportive care and treatments of secondary infections. A process is underway to appoint a third party to oversee an integrated, strategic approach, to inform the provision of the essential products, essential consumables, medical devices and medicines necessary to enable the Irish health service to plan and respond, in the most effective way possible, to COVID-19. An update on this appointment will be provided to the NPHET. It was advised that modelling and evidence synthesis work are feeding into the strategic procurement approach.

e) Health Sector Workforce

An update was provided by the Health Sector Workforce Subgroup. Work is ongoing to ensure that the health sector workforce is supported to meet the increase in demand associated with the response and staffing for services in the community, particularly Nursing Homes which is at a critical point. The HSE are continuing to work on contingency measures and to work with the acute system to identify resource capacity to assist. Filling posts in the community is proving difficult. Progress is ongoing in relation to indemnity for section 39 workers working in Nursing Homes and the SNAs temporary reassignment to the HSE to help in non-HSE services remains a key issue. An update paper was circulated.

f) Guidance and Evidence Synthesis

The Chair of the Guidance and Evidence Synthesis Subgroup reported the development of over 200 guidance documents and evidence reviews/summaries to date since the establishment of the group.

The rapid HTA undertaken by HIQA in relation to alternative diagnostic testing approaches, (discussed at NPHET meeting 10th April 2020) should be ready for publication in the coming week. This work will input to the development of a rapid European HTA by the European network of HTA agencies (EUnetHTA). An update paper was circulated.

g) Legislation

An update was provided. The Regulations (Health Act 1947 (Section 31A-Temporary Restrictions)(Covid-19) Regulations 2020), which came into effect on 8th April 2020 providing statutory underpinning for restrictions on leaving home without reasonable excuse, have been extended to provide for the restrictions to remain in operation until 5th May 2020. An update paper was circulated.

h) Research and Ethical Considerations

An update paper was provided.

i. PPE and Duty of Care

A deliberative paper entitled "*Ethical Considerations for PPE Use by Health Care Workers in a Pandemic"* was presented to the NPHET for approval. The guidance is directed primarily to healthcare workers (HCWs) in acute, pre-hospital and community settings as well as to their managers. The NPHET approved the guidance and indicated that it be communicated and published.

Action: The NPHET approved the Guidance on the "Ethical Considerations for PPE Use by Health Care Workers in a Pandemic". 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.

i) Behavioural Change

This item was carried over on the agenda to a future meeting.

8. Risk Register

A draft risk register was presented for review and the NPHET agreed, subject to input from the relevant subgroups to review the risk register as an agenda item at a future NPHET meeting with a view to finalisation. It was identified there should be consideration of overall risk, including public health risks.

9. Communications Planning

There was no update for today's meeting.

10. Meeting Close

(a) Agreed actions

The actions from the meeting were presented to the group, clarified and agreed.

(b) AOB

(i) The Chair brought correspondence from a Consultant of Infectious Diseases to the attention of the NPHET for its consideration in terms of an eradication approach and indicated that input from the NPHET would be welcomed in replying. (Permission to share to NPHET was granted by the author). It was noted that the component parts of the approach outlined are aligned with priorities already identified by NPHET.

(ii) There was discussion on the research priorities (the item was previously discussed at the meeting on 7th April 2020). The NPHET agreed to input into identification of research priorities, through its sub-groups, in the context of providing guidance to funders and feeding into the process on setting out the strategic perspective on the research priorities on a whole-of-Government basis on the COVID-19 response. The importance of research in the COVID-19 response was reiterated.

(iii) In relation to the recent issue of the tests that had been reported negative but subsequently were found to be indeterminate, the Chair indicated that further work was required to determine what had happened in these circumstances. It was agreed that this was an operational matter and therefore should be followed up by the HSE and NVRL.

(c) Date of next meeting

The next meeting will take place on Friday, 17th April 2020 at 10am via video conferencing.