An Roinn Sláinte
Department of Health

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

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| **Date and Time** | Tuesday, 21st April 2020 (Meeting 24) at 10am |
| **Location** | Department of Health, Miesian Plaza, Dublin 2 |
| **Chair** | Dr Tony Holohan, Chief Medical Officer, DOH |
| **Members via videoconference** | Dr Kevin Kelleher, Asst. National Director, Public Health, HSE<br>Mr Liam Woods, National Director, Acute Operations, HSE<br>Mr David Walsh, National Director, Community Operations, HSE<br>Dr Colm Henry, Chief Clinical Officer (CCO), HSE<br>Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG)<br>Dr Lorraine Doherty, National Clinical Director, Health Protection, HSE<br>Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair<br>Dr Darina O'Flanagan, Special Advisor to the NPHET<br>Dr Mary Favier, President, Irish College of General Practitioners (ICGP)<br>Mr Phelim Quinn, Chief Executive Officer, HIQA<br>Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine<br>Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA<br>Prof Colm Bergin, Consultant Physician in Infectious Diseases, St James's Hospital<br>Dr Ronan Glynn, Deputy Chief Medical Officer, DOH<br>Dr Alan Smith, Deputy Chief Medical Officer, DOH<br>Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH<br>Dr Siobhan O'Sullivan, Chief Bioethics, DOH<br>Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Division, DOH<br>Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH<br>Mr Paul Bolger, Director, Resources Division, DOH<br>Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH<br>Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division. DOH<br>Ms Deirdre Watters, Communications Unit, DOH<br>Dr Breda Smyth, Public Health Specialist, HSE<br>Dr Jeanette McCallion, Medical Assessor, HPRA<br>Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH<br>Ms Marita Kinsella, Director, NPSO, DOH<br>Dr John Cuddihy, Interim Director, HSE HPSC<br>Mr Tom McGuinness, Assistant National Director, Office of Emergency Management, HSE<br>Ms Fidelma Browne, Communications, HSE *(alternate to Mr David Leach)* |
| **Apologies** | Mr David Leach, Communications, HSE |
| **'In Attendance'** | Mr Colm O'Conaill, Policy and Strategy Division, DOH<br>Mr David Keating, Communicable Diseases Policy Unit, DOH<br>Ms Aoife Gillivan, Communications Unit, DOH<br>Ms Sarah Treleavan, NPSO, DOH<br>Ms Laura Casey, Policy and Strategy Division, DOH<br>Mr Ronan O'Kelly, Statistics and Analytics Service, DOH<br>Ms Sheona Gilsenan, Statistics and Analytics Service, DOH<br>Ms Deirdre Mc Namara, Office of the Chief Clinical Officer, HSE |

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| **Secretariat** | Ms Rosarie Lynch, Ms Sarah Murphy, Ms Susan Reilly, Ms Ruth McDonnell, Ms Linda O'Rourke, Ms Liz Kielty, Mr John Harding, NPSO, DOH |

**1. Welcome and Introductions**

The Chair welcomed Ms Fidelma Browne, who was attending on behalf of Mr David Leach.

***a) Conflict of Interest***

Verbal pause and none declared.

***b) Minutes of previous meeting(s)***

Preparation of minutes continues and when ready, they will be circulated in the usual way for feedback and agreement. It was noted that all immediate actions are agreed during the NPHET meetings and are communicated by letter to the relevant parties after each meeting in order that the actions can be progressed.

***c) Matters Arising***

There were no further matters arising.

**2. Epidemiological Assessment**

***a) Update on National Data***

(i) HPSC & (ii) DOH

The HPSC and DOH each presented overviews of the current picture in terms of national COVID-19 data including:

- national and regional data currently available including age-group, classification of transmission as well as data relating to the level of hospitalisation among confirmed cases;
- national and regional data regarding confirmed cases amongst healthcare workers, and numbers of clusters/outbreaks by locations including nursing homes;
- the emerging trends arising from the analysis of the testing and hospitalisation data, including ICU data;
- update on the planning for prevalence studies.

There was a discussion regarding testing and contact tracing, and in particular why a waiting list for testing existed when there is community testing capacity. Furthermore, in relation to contact tracing it was noted by the NPHET that, in the preceding days the number of step 1 calls was less than the number of confirmed cases.

The HSE committed to follow these matters up and revert, but indicated that the waiting list for tests may be accounted for on the basis that individuals waiting for a test may be scheduled for the following day after they present or their first availability, hence a wait time exists.

***b) International Assessments***

Nothing of note was identified for update to the NPHET so no update was provided at today's meeting.

***c) Modelling Report***

The Chair of the IEMAG provided update, noting that an estimated 60 to 65% of cases should now be recovered in the community or discharged from hospital.

NPHET recognised the need for effective monitoring of data in order to model future potential approaches to the reduction of measures. In this regard, the determination of the reproduction number for COVID-19 in Ireland will enable the modelling group to recalibrate its estimates and provide more accurate models.

In the context of relaxing the public health social distancing measures, the NPHET noted how essential it will be for Ireland to have adequate testing capacity in place, as constrained capacity will have the potential to impact on the ability to effectively monitor and respond to the progress of COVID-19 epidemic.

With regard to the modelling data, the Chair of the IEMAG updated on the work to incorporate the tests carried out in Germany into the model backdated to the date the sample was taken rather than the date of the result, in order to give a more accurate profile. It was noted that the accuracy of the modelling continues to be impacted by testing capacity. However, the modelling group now has enhanced monitoring tools to identify early anomalies in the case report vs the incident date should these reoccur.

From the modelling data, the NPHET noted that the rate of growth in the number of confirmed cases has flattened off, initially due to constrained testing but subsequently due to reduced growth in the number of cases. The total number of hospitalised and ICU cases has also flattened. Furthermore, the total number of deaths was also flattening but to a smaller degree.

The NPHET also noted an analysis of the incidence of cases per day by population per date of specimen collections based on age and observed that:

- the number of new cases per day in the under 65s was declining very rapidly,
- the number of new cases per day in the over 65s is stable.

The data indicate that the rate of growth in cases in people over 65 and people under 65 was quite similar up to the public health social distancing measures being introduced on the 24th March 2020. These measures have resulted in a rapid decrease in the younger aged cohort and may have stabilised the number of cases emerging per day in the older aged cohort.

The NPHET also discussed the issue of infection rates amongst healthcare workers (HCWs) and of the need to interrogate these data including in relation to healthcare workers in community or in residential healthcare settings. The HPSC agreed to revert with a report on this matter.

***d) Update on planning for Prevalence Studies***

The HSE advised that detailed plans were now in place for the sero-prevalence survey. This includes a North-South approach on the development of a methodology. The survey is to be a prospective cross-sectional survey across a random sample of households and further update will be provided to NPHET as the plans are finalised.

The Chair noted that there is close and ongoing co-operation and engagement between the CMOs on the matter of COVID-19 and this collaborative approach on a North/South basis was welcomed.

**3. Expert Advisory Group (EAG)**

The Chair of the Expert Advisory Group gave an update on the discussions of the most recent meeting of the Group (20th April 2020). The update outlined that:

1. The testing algorithm/pathway for long-term residential healthcare facilities was reviewed and approved by the EAG;
2. Following on from this, the EAG recommended that contacts of asymptomatic healthcare workers outside the residential facility should undergo careful questioning for subtle symptoms (including anosmia and GI issues) but if truly asymptomatic, should be contact-traced from 24 hours pre-diagnosis;
3. The EAG recommended that NPHET consider prioritising mask use by healthcare workers for near patient care in all nursing homes, if universal mask wearing is not possible;
4. The definition for healthcare-associated COVID 19, as per current HPSC guidance was reviewed and accepted.

It was clarified that the scope of item 2 relates to all long-term residential health care facilities, including nursing homes, disabilities and mental health facilities.

**Actions: The NPHET accepted the advice from the EAG of 20th April 2020 in relation to:**

**a) the updated testing algorithm for long term residential facilities,**
**b) contact training of asymptomatic healthcare workers is to commence from 24 hours prior to the test,**
**c) face masks should be worn in long term residential facilities for near patient care,**
**d) the case definition for healthcare associated COVID-19.**

**The HPSC is to update its guidance and the HSE is to implement accordingly.**

**4. Review of Existing Policy**

***a) Personal behaviours & b) Social distancing***

Nothing of note was identified for update to the NPHET.

***c) Sampling, Testing and Contact Tracing and CRM Reporting***

It was noted that a letter dated 20th April 2020 had been received by the Chair from the Lead for Testing and Contact Tracing in the HSE.

A verbal update was provided by the DOH that the letter provided a clearer picture from the HSE of the current capacity for testing, turnaround times, accompanying risks and mitigation measures that have been put in place. Further clarity will be required in relation to the processes regarding active surveillance and contact tracing and alignment with the WHO and ECDC guidance in relation to testing and contact tracing.

The HSE is due to produce a paper for DOH on Friday, 24th April 2020 which will confirm capacity, turnaround times and costs to run at defined testing capacity levels for the next six months. The aim is to increase capacity to the appropriate level, increase consistency and improve turnaround times.

The DOH indicated that it would seek further clarity from the HSE on the matters discussed, plans to expand the current capacity to meet requirements and on reporting through the CRM system.

**5. HSE's update to the NPHET further to:**

***a) Residential Healthcare settings***

i) Preliminary Report – Census of mortality long-term residential care settings

The DOH gave a very preliminary update on the census of mortality in long-term residential care settings, which took place over the weekend of 18th & 19th April 2020. There had been an 87% response to this census so far and preliminary data had been collected and was currently being validated and analysed. A report will now be prepared and brought to NPHET at the next planned meeting on Friday 24th April 2020.

It was noted that HIQA would be publishing a *Regulatory assessment framework of the preparedness of designated centres for older people for a COVID-19 outbreak* today, with inspections beginning next week (week commencing 27th April 2020).

The NPHET was informed of the rollout of an approach to testing in long-term residential settings involving testing of all healthcare workers and patients. The new approach commenced in long-term residential care facilities with outbreaks, followed by those facilities with new outbreaks and finally, in non-COVID-19 facilities. This was in line with input from the Public Health Departments. All specimens are assigned a unique outbreak code to ensure they are linked back to the correct facility. The support of the National Ambulance Service in supporting this enhanced testing was acknowledged. The collaboration across all parties to progress enhanced testing in these settings was noted in helping to move forward our understanding of the disease in these cohorts; in particular, it was considered that Ireland's approach appears to be more comprehensive than that observed elsewhere.

Regarding the testing of staff, the NPHET reiterated the existing policy that staff who test positive must self-isolate for 14 days prior to returning to the workplace.

In relation to the testing of residents, NPHET noted the importance of engaging with GPs in light of the volume of test results that could be issued to GPs over a short period of time for residents under their care. It was agreed that the HSE would work with the ICGP on this matter.

The ongoing engagement of the ICGP in working with the HSE in the management of COVID-19 in both the community and nursing homes/long term care residential care facilities was particularly noted.

In relation to governance responsibility within the HSE for directing the management and oversight of the testing approach as part of outbreak management in nursing homes, the HSE advised that the

outbreak management is directed and led by Public Health within the HSE. Overarching policy is determined by National Clinical Director Health Protection HSE, HPSC and the testing pathway is operationalised through HSE Executive Management team in the HSE.

***b) Acute Hospital settings***

The DOH gave a short update on the implementation of disease management measures in acute hospitals and in particular, measures adopted following the decision of NPHET on 31st March 2020 to focus on the adoption of enhanced measures to reduce the risk of COVID-19 outbreaks in acute hospitals.

The NPHET was informed that all acute hospitals have COVID-19 plans in place which include measures to control further spread of the virus within the hospital setting. In addition, the HSE has affirmed that its AMRIC (Antimicrobial Resistance and Infection Control) Oversight Group provides the overarching governance structure and provides oversight for all issues relating to COVID-19 infection control. This group ensures that priorities and actions agreed by NPHET, the Department, the HSE Executive Management Team and the COVID-19 Crisis Management Team are implemented, progressed and reported on in a timely manner to relevant stakeholders, as appropriate. The AMRIC Oversight Group is chaired by Chief Clinical Officer.

The AMRIC Implementation Team supports acute services on compliance with general guidance issued on the pandemic response and supports good infection prevention and control (IPC) practices to prevent outbreaks in acute settings. In addition, the Implementation Team supports acute services on the provision and analysis of data on incidents and practice.

The HPSC has also issued IPC guidance across long-term care facilities and acute settings and updated Occupational health guidance for HCWs is now available on the HSE website.

HIQA has completed a desktop review of the self-assessment questionnaire circulated to Hospital Group CEOs and identified key areas for attention by Hospital Groups including: access to PPE and other essential products and equipment; access to medical microbiology in some sites; IPC capacity and staff absenteeism. The DOH and HSE are engaging in relation to practical measures to address these. HIQA's prompt work on the desktop review to inform this was acknowledged.

The NPHET members noted the reduction in numbers of patients presenting for care in the health services and that this will need to be examined and considered further. Finally, work is underway to put structures and pathways in place for the safe and effective delivery of non-COVID-19 related acute hospital care, in particular, urgent surgery and other elective care. Engagement is ongoing with key stakeholders on this matter. A paper will be brought to NPHET for discussion in the coming weeks.

**6. Future Policy**

***a) Use of surgical facemasks within healthcare settings***

Following on from the EAG's recommendation to the NPHET on 10th April 2020, regarding the use of surgical face masks by healthcare workers in clinical settings, the NPHET considered the letter addressed to the Chair received from the HSE Chief Clinical Officer dated 20th April 2020.

Further to the letter from the CCO to the Chair, the NPHET agreed to adopt the recommendation of the EAG on 10th April 2020. The Chair thanked the HSE and the EAG for their work on this important issue.

**Action: The NPHET accepted the advice of the EAG of 10th April 2020 on the use of surgical face masks, as follows:**

a) **Surgical masks should be worn by healthcare workers when providing care to patients within 2m of a patient, regardless of the COVID 19 status of the patient.**
b) **Surgical masks should be worn by all healthcare workers for all encounters, of 15 minutes or more, with other HCWs in the workplace where a distance of 2 metres cannot be maintained**

**The HPSC is to update its guidance and the HSE to operationalise accordingly.**

***b) Review of current Public Health measures & c) Travel considerations***

The NPHET continued its work on the development of a public health and risk-based approach in advising the Minister for Health and Government on the reduction of social distancing measures. The DOH presented a draft deliberative paper taking on board comments made at the NPHET meeting of 17th April 2020, which would continue to be worked on by the NPHET over the coming few meetings. The draft paper was under development having regard to the guidance and advice of ECDC, WHO and EU, as well as the evolving situation in other countries that are ahead of Ireland in terms of their epidemic. It was considered that the approach would be public health-led, grounded in evidence, guidance and advice of, as well as experience and learning from other countries, particularly those countries with a similar outbreak profile.

The approach should also consider risk both from the perspectives of protecting those 'at greatest risk'/ most vulnerable to infection as well as from the perspective of protecting against the causes of infection spread (i.e. the causes, situations, circumstances, behaviours that may lead to risk of spread of disease). The NPHET noted that it is important that any reduction of measures is proportionate and practical, balancing overall risk with hierarchy of benefits in terms of population health, wellbeing, resilience to support ongoing restrictions. It also noted that there will be other considerations, such as social and economic considerations that Government will have.

Clear consistent sustained communication with the public outlining the benefits associated with each/all stage/s of phased reductions and maintaining solidarity, mental wellbeing and resilience.
Any advice on easing of restrictions will come with the caveat that the NPHET is making best judgements based on the current community transmission of the virus; the NPHET cannot give an assurance that there will not be an accompanying increased risk of transmission with any relaxation of measures.

The NPHET considered that measures would be needed in relation to international travel. The NPHET will continue its consideration of this work at the next meeting.

***d) Ad hoc Matters***

(i) Childcare Considerations

The NPHET reviewed the proposal (entitled "*Childcare Support for Essential Health Care Workers*") from the Department of Children and Youth Affairs (DCYA) developed by a subgroup of senior officials on COVID-19 comprising officials from the Departments of the Taoiseach, Public Expenditure and Reform, Children and Youth Affairs, Education, Health and the HSE and made the following recommendations:

**Measure 1:** In circumstances where a parent/guardian/partner is an "essential healthcare worker", the other parent/guardian/partner is supported by their employer to remain at home to care for the child(ren). There is no public health rationale to suggest that this measure should not be implemented as soon as is practicable.

It was acknowledged that this measure will not benefit one-parent/guardian families.

**Measure 2:** Department of Children and Youth Affairs (DCYA) supported in-reach service where registered childcare workers provide support in an essential healthcare workers home. This measure will be reviewed as a candidate measure by NPHET as part of its consideration of the phased reduction of the social distancing measures which are currently in place.

**Action: The NPHET reviewed the proposal from the Subgroup of the Senior Officials Group on COVID-19 to introduce targeted and time limited childcare measures for essential healthcare workers only and makes the following recommendations:**

- **In circumstances where a parent/guardian/partner is an "essential healthcare worker", the other parent/guardian/partner is supported by their employer to remain at home to care for the child(ren). There is no public health rationale to suggest that this measure should not be implemented as soon as is practicable.**
- **Department of Children and Youth Affairs (DCYA) supported in-reach service where registered childcare workers provide support in an essential healthcare workers home. This measure will be reviewed as a candidate measure by NPHET as part of its consideration of the phased reduction of the social distancing measures which are currently in place.**

**7. National Action Plan / Weekly Updates on:**

***a) Vulnerable People***
***b) Hospital Preparedness***
***c) Medicines and Medical Devices Criticality***
***d) Health Sector Workforce***
***e) Guidance and Evidence Synthesis***
***f) Legislation***
***g) Research and Ethical Considerations***
***h) Behavioural Change***

Due to time constraints, the written subgroup updates were taken as noted.

**8. Risk Register**

Due to time constraints, this item was deferred to consideration at a later meeting.

**9. Communications Planning**

No update under this item today.

**10. Meeting Close**

***a) Agreed Actions***

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

***b) AOB***

Alternative Diagnostic Testing Approaches

Noting the work by HIQA on health technology assessment (HTA) of alternative diagnostic approaches, the NPHET considered this issue and agreed as follows:

***Action:*** **The NPHET recommends the establishment of a subgroup to draft a strategy on the incorporation of alternative diagnostic testing approaches into the overall national approach to testing. This follows the completion of the HIQA *Rapid HTA of alternative diagnostic testing approaches for the detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).***

***c) Date of Next Meeting***

The next meeting is scheduled for Friday 24th April 2020 at 10am via videoconference.