An Roinn Sláinte
Department of Health

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

Date and Time	Tuesday, 7th April 2020 (Meeting 20) 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 Mr Liam Woods, National Director, Acute Operations, HSE Mr David Walsh, National Director, Community Operations, HSE Dr Colm Henry, Chief Clinical Officer (CCO), HSE Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group 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 David Leach, Communications, HSE Dr Mary Favier, President ICGP Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Micheal Power, Consultant in Anaesthetics / Intensive Care Medicine Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Prof Colm Bergin, Consultant in Infectious Diseases 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 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 Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division. DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Dr Jeanette McCallion, Medical Assessor, HPRA Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Ms Marita Kinsella, Director, NPSO, DOH Dr John Cuddihy, Interim Director, HSE HPSC Mr Tom McGuinness, Assistant National Director, Office of Emergency Management, HSE Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE
'In Attendance '	Mr David Keating, Communicable Diseases Policy Unit, DOH Mr Colm O'Conaill, Policy and Strategy Division, DOH Ms Aoife Gillivan, Communications Unit, DOH Ms Sarah Treleavan, NPSO, DOH Mr Ronan O'Kelly, Statistics and Analytics Service, DOH
Secretariat	Ms Rosarie Lynch, Ms Sarah Murphy, Ms Susan Reilly, Ms Linda O'Rourke, Ms Liz Kielty Mr John Harding, Ms Ruth McDonnell NPSO, DOH

1. Welcome and Introductions

(a) Conflicts of Interests Declarations

Verbal pause and none declared.

(b) Minutes from Previous Meetings

Minutes are prepared and will be circulated for feedback and agreement via email. 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 to progress.

(c) Matters Arising

The Team noted that the key decisions, actions and recommendations of NPHET meetings are communicated to the Minister and the relevant parties, as well as in the public domain, after the meetings.

2. Epidemiological Assessment

The HPSC, DOH and the Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) each presented overviews of the national COVID-19 data including:

- national and regional data currently available including age-group, healthcare worker status, outbreaks notified in residential facilities and acute hospitals, classification of transmission as well as data relating to the level of hospitalisation among confirmed cases;
- the identified data needs and any gaps identified;
- the emerging trends arising from the analysis of the testing and hospitalisation data.

a) Update on National Data

i) HPSC

The HPSC provided an update on the epidemiological data nationally. It was noted the East remains the areas with the highest rate of transmission and that presenting the information by age group may be helpful.

The HPSC advised that they are continuing to improve their reporting to ensure collection of timely and relevant data. They will continue to work with DOH to ensure the data reports are pertinent.

ii) DOH

An overview spreadsheet was presented by DOH, based on the daily HSE reports and the HPSC data received. It was noted that admissions of new COVID-19 cases to ICU over the last few days have been trending downwards and that information on ICU and hospital bed capacity is due to be finalised. The HSE will liaise with DOH to provide this. Further data on contact tracing is awaited.

There was discussion on reporting the breakdown of suspected and confirmed cases, as these figures are now available, and it was noted that any reports should indicate this for those data reported.

iii) CRM/GeoHive

The CRM data files and contact tracing files are not yet in the GeoHive. Work on this continues.

b) International Assessments

The DOH provided an overview of the international figures including confirmed cases across different countries. Currently, the higher number of cases are seen in Spain, Italy, France, Germany and the UK. It was noted that the European doubling rate is estimated as every 6 days while Ireland's doubling rate is estimated to be every 8 days.

The DOH advised that an updated risk assessment from the ECDC is due to be published in the coming days and may have considerations on possible public health measures and timing of same. They will look at the pandemic across Europe, and some Member States are dealing with large numbers of cases. It was noted it would be helpful if this was published in time to consider at the next meeting of NPHET (scheduled for Friday 10th April 2020).

The DOH also advised that a Memorandum of Understanding (MOU) for greater cooperation with Northern Ireland is due to be signed imminently to coordinate the efforts regarding COVID-19 on the Island of Ireland. Early bilateral engagement with Northern Ireland counterparts in this context will be arranged. The NPHET welcomed this development and acknowledged that this formal arrangement builds on the ongoing communication between Dublin and Belfast.

c) Modelling

The Chair of the IEMAG provided update from the modelling perspective and outlined that the modelling would be rerun to include the results from the tests processed in Germany. This will allow the model to be more accurate during the timeframe that those tests were taken. It currently shows the growth of cases in the population is falling and the additional data is unlikely to change this trend. The testing and hospitalisation data to inform the modelling report are being finalised and are nearly ready. The overall trend suggests a flattening of the curve which is to be welcomed.

There was also some discussion across the Group regarding Ireland's rate of ICU admissions in the context of how it compares internationally, and it was suggested that an analysis would be needed, and would need to include considerations such as country-specific approaches to data collection and /or medical care. It was also noted that a breakdown by location of death may help with understanding this if these data are known. The HSE advised that community geriatricians are working closely with community services to provide input and inform the care pathway.

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 (paper circulated to the NPHET).

Updates included:

- The discharge criteria for hospitalized patients returning to LTCFs remain unchanged.
- The updated IPC Guidance for Long Term Care Facilities was reviewed.
- Wearing of masks for all near patient healthcare workers providing care to those with confirmed and possible COVID-19 in nursing homes, was supported. (Note: it was clarified that this would apply to residential care settings, not just nursing home settings).

- Those returning from overseas with a history of proven COVID-19 infection, where it has been 14 days since symptom onset and they have been fever-free for 5 days, do not need further isolation related to their illness.
- Recovered cases of COVID-19 can return for essential care, including immunosuppressive therapy, after 14 days since symptom onset if their attending clinician agrees
    - Proposed that patients attending for their first round of treatment after their recovery from COVID-19, if that would ordinarily take place in a communal setting, should receive this care in a single room (if possible).

There was discussion identifying the need to consider the use of masks across various settings. Also, that change in recommendation regarding their use would need to be considered by the HSE operationally in the context of availability, supply continuity and healthcare demand. HIQA are currently reviewing evidence on mask wearing for healthcare workers. The need to provide protection for workers was acknowledged. It was agreed that the issue of the use of masks by healthcare workers should be further examined by the HSE and an update provided at the next meeting of NPHET, scheduled for Friday, 10th April 2020.

There was also update that the EAG Research subgroup had identified some possible research areas. The NPHET were broadly in support of the priority areas proposed and asked that some more consideration be given to the approach, structures and funding mechanisms needed to undertake the research. It was noted that there are possible research areas and there was consideration of this underway on a cross-Government basis. It was noted that public health input into research priorities would be helpful given the nature of COVID-19.

The NPHET noted the consideration of the EAG in regard to a group to consider testing strategies for COVID-19 that could inform NPHET recommendations in light of the increased focus on testing, and the emergence of newer test platforms.

Action: The NPHET accepted the advice of the Expert Advisory Group (EAG) that there is no change to the discharge criteria for hospitalised patients returning to long term care facilities.

Actions: The NPHET accepted the advice of the Expert Advisory Group (EAG) in relation to:

- **those returning from overseas with a history of proven COVID-19 infection to the extent that they do not need further isolation related to their illness, where it has been 14 days since symptom onset and they have been fever-free for 5 days. The HPSC is to update its guidance and publish accordingly.**
- **recovered cases of COVID-19 returning for essential care, including immunosuppressive therapy, after 14 days since symptom onset if their attending clinician agrees and that patients attending for their first round of treatment after their recovery from COVID-19 should receive this care in a single room (if possible) where this would ordinarily take place in a communal setting. The HPSC is to update its guidance and HSE is to implement accordingly.**

4. Review of Existing Policy

- **Personal behaviours:**

Update was provided on work underway on mental health and resilience, gender differences in attitudes to hand washing and posters were in development for distribution to homes to remind people to wash their hands when entering the house.

- **Social Distancing:**

The DOH gave an overview of a report of An Garda Síochána on the compliance among the public to the current measures which included:

- While there has been a good level of compliance, there is concern around potential complacency among individuals, in particular over the upcoming Bank Holiday weekend.
- More broadly, there is a confirmed rise in domestic abuse and the Gardaí have an Operation in place to address this; they are also increasing patrols of closed business premises; and reporting big increase in online fraud.
- An Garda Síochána have established a dedicated unit.

The NPHET has previously, and continues, to acknowledge the widespread change which has taken place in our ordinary lives and the support of the public, as a whole, for the significant public health measures required to date as part of Ireland's response to COVID-19. The importance of continued compliance by the public and society with these measures in the context of the approaching public holiday weekend was noted. The NPHET considered that the powers contained in the draft Regulations under the Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020 should be available for use by the Gardaí in the coming weeks.

There was discussion on the importance of continued compliance with the measures currently in place until the review date. The NPHET agreed communications should emphasise the importance of the public's cooperation in maintaining the public health measures and social distancing.

- **Rapid HTA on alternative diagnostic tests for COVID-19:**

This is a rapid Health Technology Assessment (HTA) on the emerging platforms for the diagnosis of COVID-19 being prepared by HIQA and interim report was presented entitled *Summary of the key findings of a rapid Health Technology Assessment (HTA) of Diagnostic Testing Approaches for the Detection of SARS-CoV-2 for NPHET April 6 2020.*The HTA will include information on what products are CE-marked at EU level or undergoing a validation / certification process internationally. It was noted that the WHO and ECDC recommends strongly that such tests should be subject to external validation and be supported by a QA process. Further update would be provided at the next meeting of NPHET, scheduled for Friday, 10th April 2020.

- **Testing**

Update as provided under agenda items above and below.

- **Contact Tracing:**

There was discussion on the role of testing and contact tracing, in particular the need for sufficient capacity to be able to stepdown some public health measures and have realtime feedback on how this affects transmission and to have active surveillance in place (such as regular interaction with infected individuals to monitor their progress). The DOH advised that there was ongoing discussion on this with the HSE and that a senior level point of contact for this was being put in place. This would ensure continuity across the pathway from sampling, contact tracing, testing and reporting. The HSE advised that there have already been significant increases in capacity and that the senior lead would enable a more cohesive approach across the steps in the pathway.

- **Impact of COVID-19 and non COVID-19 on mortality:**

The DOH presented a deliberative paper entitled "*Mortality Rate during the COVID-19 pandemic*" setting out a comparison of current international practices around measuring the morality rate, including excess mortality, and the possible factors affecting the variance across countries. It considered the differences seen on the mortality rates reported across countries and notes that the case fatality rate is reported for only the confirmed cases of COVID-19. There are also differences between countries on the numerator used. It was noted that the rate of co-morbidities could influence the cases fatality rate for COVID-19 and that there is a lag time between when confirmation of a case and a death being reported as this depends on the course of the disease in the patient. It was noted that measuring excess mortality in pandemics could only be determined through modelling and would require further exploration as well as access to more timely data. Ireland allows for a relatively long period for death registration and early registration would be helpful to give more timely data. The availability of the new online death registration facility for families was noted.

The NPHET agreed that a request be submitted to the Health Security Committee (HSC) on whether the HSC and / or the ECDC would help Member State with a cross European understanding of excess mortality and how best to monitor this.

Action: The NPHET recommends that Department of Health officials engage with officials from the Department of Employment Affairs and Social Protection (DEASP) regarding amendment of the Civil Registration Act, 2004 so that deaths should be reported within one week in order to improve the timeliness of the registration process.

5. HSE's update to the NPHET:

- **Residential Healthcare settings:**

The increase in numbers of cases and clusters in residential care settings was noted and that they were highest in the East of the country meaning there may be a requirement for more supports in this region. The HSE Model of Care was noted, in that it provides a pathway and allows for care in the resident's home environment. The DOH, HSE and HIQA continue to work closely on the progression of the previously agreed extensive range of enhanced actions and measures for these services.

The HSE presented an overview to the NPHET on the position in the long-term residential care settings which incorporate nursing home settings, as well as nursing home, disability, mental health and other care settings including:

- A daily HIQA report is provided to the HSE, to inform identification of services requiring support and the HSE have a process in place to follow up on this with the Community Healthcare Organisations.
- Occupational health supports are due to go live.
- Preparedness proformas have issued to all homecare and nursing home services today, along with guidance.
- There are significant numbers of staff absent across the community services due to COVID-19 related issues. Work is underway to increase staff to provide supports where needed.
- Supports provided to date to these services include PPE, public health input and advice, IPC support and management support.
- Engagement is ongoing with the Mental Health Commission and they have published their COVID-19 risk assessment framework for the sector.
- Work is underway with ICT to progress the community aspect of the CRM system and it should be in operation in the near future.

Action: The HSE is to immediately roll out the CRM system into long-term residential care settings and homecare, for public health, patient flow and outbreak-related data.

The HSE advised that the new Incident Control Team has been established across the health protection activities in the HSE and is working on outbreak guidance specific to nursing homes. There was discussion on the need to maximise use of the available public health resource. This would ensure public health specialist expert capacity is used to best support the management of outbreaks in long-term residential care settings, both in nursing home settings, as well as nursing home, disability and other care settings. The HSE agreed to provide a governance report in relation to the health protection response to COVID-19 to the NPHET at its meeting on 10th April 2020.

Action: The HPSC is to provide a governance report in relation to the health protection response to COVID-19 to the NPHET at its meeting on 10th April 2020.

The DOH advised of the financial package which was now being rolled out to nursing homes to help them to build capacity. It was acknowledged there is now an Infection Prevention and Control Hub operating in HIQA which is a very critical support. The work undertaken by the DOH, HSE and HIQA in progressing concerted and enhanced actions for these settings was acknowledged.

- **Acute Hospitals settings:**

The DOH advised that it is working with the HSE on progressing the 29 measures previously agreed by the NPHET and that a report is being prepared on same and that bilateral engagement is continuing to progress this. It was noted that HIQA is working on the design of a self-assessment for the Hospital Groups.

The HSE also provided a brief update on the operational plans and that it is proposed for national IPC oversight of the HSE Acute Hospitals setting to be coordinated through the National Oversight Team and associated structures for Antimicrobial Resistance and Infection Control (AMRIC). This is an established structure which is understood by staff across the system and can harnessed for the COVID-19 work in this regard.

Measures in place include:

- Identification of local focal points of contact,
- Establishment of outbreak control teams,
- Local surveillance and risk assessments, ongoing training,
- Provision of guidance and supports for staff on PPE and on procedures;
- Strong input from Quality and Patient Safety leads;
- Training on PPE is provided, including webinars;
- Occupational health input;
- In light of the discussions regarding the need for more robust oversight of the care setting, the HSE proposed that this structure be expanded to facilitate a joined up oversight across the acute and social care settings.

Action: The NPHET noted and welcomed the proposal from the HSE that the National Oversight Team and associated structures for Antimicrobial Resistance and Infection Control (AMRIC) provide a mechanism for national IPC governance for COVID-19 for care settings with outbreaks and clusters, such as long-term residential care settings and hospitals.

6. Future Policy

- **Public Health measures:**

As part of its ongoing review of public health measures in place and reducing measures, the NPHET took note of current international developments in the area. NPHET noted that the European Commission are considering 'exit strategies' and planning to publish a paper. Also, the ECDC's latest risk assessment contains advice in this regard, which would be essential to inform further discussions by NPHET.

Following on from the discussion at the last meeting (Friday, 3rd April 2020), updated draft considerations for the reduction of physical/social distancing measures introduced in response to COVID-19 were examined.

The need for this approach to be underpinned by public health disease control capacity, to include sufficient sampling, testing, contact tracing and reporting was reiterated. This would enable timely monitoring and action if needed when any change in measures is made. The true impact of lifting measures cannot be known until it happens, and if increases disease transmission occur, this is likely to happen quickly, so surveillance will be key to understanding the picture at that time.

The NPHET will continue its ongoing work on this matter at the next NPHET meeting on Friday 10th April.

- **Travel Considerations:**

The DOH advised that data with regard to the numbers of passengers travelling into the country, indicate that daily passenger arrival numbers are now very low. The HSE confirmed that they continue to work with ports to provide advice and guidance. There was discussion on the public health implications of travel and the extent of travel related restrictions.

The NPHET considered that it would be worthwhile for airlines and travel organisations issue all passengers entering Ireland from overseas with information on the public health measures in place in Ireland at their time of arrival. The NPHET will continue to keep the matter of travel restrictions under review.

Action: The NPHET recommends that all passengers entering Ireland from overseas are to be provided with information on the public health measures in place in Ireland at their time of arrival.

- **Childcare considerations:**

The DOH updated on two recent reports, the first is an ESRI report which includes a capture of data showing that essential workers constitute 20% of the workforce, approximately 40% of which have children. The HSE have also collected data on their likely demand.

A meeting of a sub-group of the Senior Officials Group (SOG) is to take place later today and childcare measures is on the Agenda for discussion. It was agreed that NPHET would keep this matter under review.

7. National Action Plan / Sub-Group Updates:

The Chair suggested that the Sub-Groups report by exception given that updates were discussed in more detail at the previous meeting.

- **Acute Hospital Preparedness:**

The DOH and HSE advised that the *Critical Care and Acute Care Bed Capacity Report* was being finalised and will be circulated for the NPHET meeting of Friday 10th April.

Update was provided that:

- Training is continuing and that a significant number of nurses have undergone training to support ICU patients;
- To date approx. 450 surge beds have been identified;
- Consideration of staffing requirements is ongoing and, as part of a whole of system solution, there is engagement with the Private Hospitals to examine options;
- Work is ongoing with individual sites with regard to putting enabling work in place for sites where required;
- One site has designated for non-COVID hospital care and this is working well;
- Work is ongoing with vendors to ensure the adequate oxygen capacity in the case of increased demand;

- Procurement of ventilators is continuing, recognising the ongoing challenges in the international market regarding securing of equipment.

The work undertaken on acute preparedness by the DOH and the HSE in collaboration was acknowledged, in particular, that there has been a large amount of change in a tight timeframe.

- **Medicines and Medical Devices Criticality:**

An update was provided on issues around potential problems in sourcing critical medicines and essential products. Work continues by DOH and HSE in this regard.

There was discussion that considered:

- The challenges regarding securing medicines and medical devices, including any vaccine developed, in the market given the ongoing volatility in the market; acknowledging that the HPRA monitor drug shortages.
- The need for a strategic approach (previously accepted by NPHET as a proposal on 3rd April 2020) should include harnessing the existing relationships in place with cross-Government and cross-sectoral stakeholders.
- This strategic approach is also required to drive the WHO essential items list to allow forecasting of requirements for medicines and essential products and may need to consider vaccine requirements into the longer term, should that become an option.
- Possible emerging challenges and potential ethical issues which may arise in some clinical trials in the event that the same medicines are sought for multiple trials.

The Chair thanked the Subgroups for their ongoing work and acknowledged the updates.

8. Consideration of other societal issues/consequences and possible measures - Implications of existing policy

The DOH presented a paper entitled "*Mental Health & Wellbeing response to Covid-19",* which set out a continuum of supports and initiatives to support the mental health and wellbeing needs of (i) the population, (ii) healthcare workers, and (iii) vulnerable groups in society, during the COVID-19 pandemic. There will also be a new mental health media campaign supporting the initiatives, with Healthy Ireland as a partner, which is due to be launched in the coming days. The work in this area was acknowledged by the Group.

9. Risk Register

The Chair advised that a request has issued to the Chairs of the Sub-Groups seeking to identify risks and based on their feedback, a paper will be prepared for discussion at a future NPHET meeting.

10. Communications Planning:

The NPHET was advised of a number of communications projects which are in place including:

- A Focus Group is taking place this evening to measure attitudes on the public health measures and that some early feedback will be available on Wednesday 8th April;

- The launch of a poster campaign as part of the work of the Behavioural Change subgroup with posters to be distributed to houses reminding people to wash their hands upon entering their home.

11. Meeting Close

a) Agreed Actions

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

b) AOB

The NPHET were advised of (i) updates regarding the NPHET Secretariat Team and (ii) the preparation of an overarching Governance Paper to outline the NPHET structures which is intended for publication when complete.

c) Date of Next Meeting

The next meeting is scheduled for Friday 10th April at 10am via teleconference.