An Roinn Sláinte
Department of Health

National Public Health Emergency Team – COVID-19
Meeting Note

Date and Time	Monday, 16th March 2020 (Meeting 15) at 10am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via Teleconference	Dr Colm Henry, Chief Clinical Officer (CCO), HSE Dr John Cuddihy, Acting Director, HSE HPSC Prof Philip Nolan, President, National University of Ireland, Maynooth
Members in Attendance	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 Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group Chair Dr Darina O'Flanagan, Special Advisor to the NPHET Mr Tom McGuinness, Asst. National Director, Office of Emergency Planning, HSE Mr David Leach, Communications, HSE Mr Phelim Quinn, Chief Executive Officer, 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, 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 Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Dr Jeanette McCallion, Medical Assessor, HPRA Mr Colm Desmond, Assistant Secretary, Corporate Legislation Mental Health Drugs Policy and Food Safety, DOH Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Dr Máirín Ryan, Deputy Chief Executive and Director of Health Technology Assessment, HIQA Mr Colm O'Conaill, Policy and Strategy Division, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH
In Attendance	Ms Aoife Gillivan, Communications Unit, DOH
Secretariat	Ms Rosarie Lynch, Ms Claudine Hughes and Ms Sarah Treleavan, NPSO, DOH

1. Welcome

The Chair welcomed the group. In particular, welcome was extended to Dr Mairin Ryan, Chair of the new Guidance and Evidence Synthesis Subgroup and Prof Philip Nolan, Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG), who are invited as NPHET members.

Two members were due to join by teleconference. Dr Kevin Kelleher confirmed he was the senior HSE lead until the Chief Clinical Officer could join by teleconference (commenced from agenda item 4).

The Chair advised that the Cabinet Committee is due to meet this afternoon.

2. Conflicts of Interests Declarations
Verbal pause and none declared.

3. Minutes from Meetings 9 (scheduled) (for adoption)
The meeting 12 (10th March 2020) note was taken as an accurate record.

4. Matters Arising
The actions from meeting 12 were reviewed. All were noted as having been completed or covered by today's agenda.

5. Updates on current situation
a. Current Assessment / Epidemiology
Taken with next item.

b. National Assessments (HSE, HPSC), including HSE Situational Report
The HPSC presented:

- HSE's COVID-19 Situational Report (No. 6; week 12)
- The epi-report *Epidemiology of COVID-19 in Ireland. Report prepared by HPSC on 15/03/2020 for NPHET*.

Some data gaps still exist.

The vital role of surveillance data in the response to COVID-19 was stressed strongly by the Chair; in particular the need for real-time reporting (within 24-hours) to support decision making. This needs to be addressed by the HSE as an immediate priority with work to increase capacity to upscale if this is necessary. This is essential to support case detection, contact tracing and effective control of the transmission measures.

The HSE advised that work on real time surveillance is underway and acknowledged the need to scale this up. They also advised that surveillance scientists have been assigned to support this process in the busier departments (Cork and Dublin) and there has been a change in process so the case form is now completed in real time during the patient interview.

The HSE also provided an update that they are setting in place the central contact tracing facility and are working with the higher education centres to increase capacity for contact tracing with an aim of have 15 to 20 centres in place by the end of the week.

There was discussion on how to scale this up further and quickly, including the need for additional capacity for other regions as the numbers increase; that planning is required on a rolling basis to ensure capacity is in place to meet demand as it arises; and that the skills of public health doctors should be used optimally.

Action: The HSE to expand capacity and processes to deal with increasing numbers of cases to ensure timely contact tracing and surveillance data.

c. International Assessments:
A meeting of the ECDC Advisory Forum is planned for tomorrow (Tuesday, 17th March 2020).

The latest ECDC update was published on Friday last, 13th March 2020. It forecasts that health service capacity across all countries is on the same growth trajectory and advises that the risk of healthcare system capacity being exceeded in the EU/EEA and the UK in the coming weeks is considered high. Also, it advises that if there are not countermeasures and surge capacity in place, the ICU capacity across Europe will be insufficient by the end of March.

d. Modelling Report
Update was provided by the Chair of IEMAG.

The IEMAG are fitting an exponential curve to the cases that have already arisen which will allow tracking of the numbers of cases to see whether the numbers change faster or slower than the rest of Europe. Current status shows that confirmed cases expected by the end of the week are likely to number several hundred, with the number of cases likely to continue to rise each day. The modelling also shows that if no mitigation steps are taken, there is likely to be very high demand for ICU beds. More specific data is required for the modelling.

It is estimated that, if they are adhered to, social distancing measures will significantly reduce the demand for hospital capacity during the peak of the epidemic. This may also reduce the total number of cases and deaths.

The NPHET noted that it is difficult to accurately compare the numbers of confirmed cases from country to country as this depends on the amount of testing a given country is performing. Ireland is testing more potential cases than some other countries and so is likely to find more confirmed cases.

e. Expert Advisory Group (EAG)
Update was provided by the Chair of the EAG.

With regard to testing and care of healthcare workers, the EAG's current advice is that they considered that healthcare workers (HCWs) should be managed in the same way as members of the public. As such, if symptomatic, they should be tested for COVID-19. If the test result is positive for COVID-19, the HCW should stay off work for 14 days. If result is negative for COVID-19, then the HCW may return to work 48 hours after symptoms resolve.

The EAG also recommended that all persons returning to the island of Ireland should restrict movement and not go to work for 14 days. Essential HCWs who are asymptomatic may return to work with twice daily active monitoring by Occupational Medicine, depending on if there are significant pressures on system (see also agenda item 14 - Travel Considerations).

In relation to the definition of "social distance", the EAG acknowledged the need for consistent messaging where possible but noted the lack of evidence in distinguishing between 1 and 2 metres. In addition, in some circumstances (including the healthcare, and domestic settings) it may not be possible or practical to maintain 2m distance. As such, the recommendation is that at least 1 metre, but ideally 2 metres is maintained between people, especially in the context of keeping distance from symptomatic individuals.

Action: The HSE to update and implement guidance in line with Expert Advisory Group (EAG) advice in relation to social distancing, which was accepted by the NPHET.

Action: The HSE to update and implement guidance in line with EAG advice in relation to essential healthcare workers return to work in specific scenarios, which was accepted by the NPHET.

6. National Action Plan Update

The Chair expressed sincere thanks to all, including the NPHET subgroups, who worked so hard over the last few days to contribute to and ensure timely preparation of the National Action Plan for the COVID-19 response in Ireland, which was presented at NPHET and has now been finalised.

The group acknowledged that this is a COVID-19 plan and not an influenza plan so it is different in its approach and applies different measures. It was noted that the movement to the Delay Phase and the measures implemented last Thursday (12th March 2020) does not mean that containment measures have been superseded. Containment measures remain of utmost importance and should be pursued and continued. In addition, the Plan recognises the actions all individuals can take and the role of individual behaviour in reducing spread.

The Chair updated on the engagement with NI which occurred over the weekend. In NI, the UK wide advice has been implemented, which means testing is focused on hospitalised cases. This difference in approach means that the statistics on confirmed cases may diverge over time. The need to be cognisant of this was noted.

7. Public Health

This has been covered under item 5b.

8. Legislation

Update was provided by the Chair of the Legislative Powers subgroup. Work is underway on the Heads of Bill for the COVID-19 related amendments to the Health Act 1947. It is planned that the Heads of Bill will go to Government this week.

This allows exceptional provisions to be made, in the public interest and having regard to the health threat posed by COVID-19, in order to mitigate the spread of the disease. It includes provision on the detention and isolation of persons who are may spread infection if they do not voluntarily submit, and other related matters. It is designed to ensure a proportionate response to the situation at a given time.

There was a discussion about potential further requirements from the legal perspective.

9. Evidence Review Capacity and Guideline Development

Update was provided by Chair of this new subgroup, which will be entitled Guidance & Evidence Synthesis Subgroup. It was noted that the guidance requirements are increasing. In particular, the need for guidance to support the work of the subgroups and to complement the work of the HPSC.

The work will comprise continuing synthesis of evidence and include support to the EAG for the systematic analysis of evidence to inform their advice. There may also be work with groups developing clinical guidance to support them as well.

It was agreed that this group and the IEMAG should link in together as there may be overlap and synergies between the evidence for work of the two teams.

Action: The NPHET will establish a Guideline Development and Evidence Synthesis Subgroup.

10. NVRL / Laboratory Capacity

Update was provided by the Director of the NVRL.

The work on expanding laboratory capacity for testing continues at pace, with 5 additional sites now recruited and daily capacity set to increase. The work with other facilities to expand capacity also continues. It was agreed that projections of testing capacity would be an important regular information update to NPHET as this work progresses.

The HSE advised that the updated case definition has led to a large surge of people over the weekend who are now contacting the HSE for testing. They are increasing the number of test centres to 13. The testing pathway is also being developed.

The need for sufficient testing to accurately inform the modelling was emphasised and that the positively rate of the testing was likely to increase as more cases are identified.

Action: The HSE (COVID-19 Operations Group) to prepare a paper on matching modelling data with the testing, equipment, and lab capacity data. The first version should be presented at the NPHET meeting on 24th March 2020.

11. Items for Decision

a) Creche Closure Recommendations – for review

A paper for discussion was presented on the *Provision of Emergency Childcare for Essential Health Care Staff.*

Following the NPHET recommendation (12th March 2020) on the closure of creches and other childcare facilities, it is recognised that staff providing essential frontline services (including health services) may require childcare facilities to support them to continue to go to work.

The paper presented options for provision of childcare for health workers and related staff. There was a discussion which considered several aspects of this, including the need to support health care workers, public health risk assessment, monitoring of any care offered and whether alternative arrangements might meet the same aims. The need for consistent public health messaging on social distancing was noted.

It was agreed that this will be kept under review and further information is needed to quantify the anticipated impact and demand.

Action: The NPHET will further consider the proposal "Provision of Emergency Childcare for Essential Health Care Staff" at the NPHET meeting on 24th March 2020. Further work will commence to quantify the impact of this and to identify other measures that may accomplish the stated aims.

12. Ethical Considerations

Update was provided by Chair of this new subgroup, and a draft paper presented on *Ethical framework for Decision making in a Pandemic.*

This is based on WHO guidance and outlines the 7 ethical principles and 5 procedural values. These apply to 4 main areas: duty of care, allocation of resources, individual liberty and research.

International work is also underway to look at how to prioritise critical care. The importance of having clinician input into the ethical considerations was noted.

13. Social Distancing – Public settings including playgrounds, pubs, etc.

The continued importance of public health advice in guiding decisions on social distancing was noted. It was also noted that there is a need to keep under review the experience of other countries in their social distancing measures to see what is effective.

The Chair provided update that the publicans had spoken with DOH and the closure of pubs and bars was announced yesterday (Sunday, 15th March 2020). There are other areas which may need to given consideration e.g. playgrounds, barber shops, hairdressers etc.

It was agreed to keep the social distancing measures recommended under review.

14. Travel Considerations

A paper for discussion was presented with proposals for travel measures.

The possible measures included a general warning on non-essential foreign travel, supply chain workers, restricted movement upon return from other jurisdictions and cruise ships. There was a discussion on the different proposals. It was noted that it is not possible to have comparative incidence rates across countries due to different testing approaches, that the WHO allows for proportionate travel measures and the importance of maintaining supply chains with appropriate protocols in place.

Action: The NPHET recommends that all Irish residents be advised against all non-essential travel overseas at this time until 29th March.

Action: The NPHET strongly recommends against leisure cruise ship travel at this time.

Action: The NPHET recommends that all persons, including Irish residents, entering the country from overseas should restrict movements for 14 days, if asymptomatic. This does not apply to Northern Ireland at this time. This measure applies prospectively.

Action: The NPHET notes that this recommendation on restricted movement does not apply to specified categories of essential supply chain workers (such as pilots, hauliers and maritime staff, either Irish-based or foreign-based). DOH is working with other relevant sectors on protocols for social distancing and other public health measures for these workers. This exemption from the recommendation for restricted movement for all other persons is contingent on the provision that these protocols are strictly complied with.

15. Communications Planning

The DOH provided update that a leaflet for the public and a TV advert are being prepared. They advised of the need to target young adults which can be done by use of social media. The DOH continue to work with GIS for dissemination of messages to other Government Departments. The HSE are working to put in a chatbox system for HSElive. The DOH and HSE communications teams continue to work closely together.

16. Slide Deck for Spokespersons
The DOH proposed that a standard set of slides for spokespersons would be helpful in communicating and explaining public health advice at a point in time and the rationale behind it. The groups agreed this would be useful.

17. Agreed actions
These were presented to the group and agreed.

18. AOB
The HPRA advised that there was information circulating about the use of ibuprofen and COVID-19. They are looking at this to assess whether an advisory notice was required.

The Chair explained that from the next meeting, the NPHET will meet remotely via video conferencing to help with social distancing. Arrangements for this were being put in place and the secretariat will advise further in due course. Teleconference remains an option for ad hoc meetings if needed.

It was proposed to move the time of the regular NPHET meeting to a Tuesday morning and a time of 10am was agreed. This allows all parties to start working on action items on the same day.

Additionally, now that the National Action Plan on COVID-19 is published, the implementation update will become a standing item for the NPHET. At this juncture, there is the opportunity to update the governance of NPHET processes, including membership.

19. Date of next meeting
The next meeting will take place on Tuesday, 23rd March 2020 at 10am via video conferencing.