An Roinn Sláinte
Department of Health

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

Date and Time	Thursday 18th June 2020, (Meeting 36) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, Chief Medical Officer, DOH
Members via videoconference	Dr Kevin Kelleher, Assistant National Director, Public Health, HSE Mr Liam Woods, National Director, Acute Operations, HSE Dr Darina O'Flanagan, Special Advisor to the NPHET Prof Philip Nolan, President, National University of Ireland, Maynooth and Chair of the Irish Epidemiological Modelling Advisory Group (IEMAG) Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Prof Colm Bergin, Consultant in Infectious Diseases, St James's Hospital Dr Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Mr David Leach, Communications, HSE Dr Mary Favier, President, Irish College of General Practitioners (ICGP) Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA Dr Ronan Glynn, Deputy Chief Medical Officer, DOH Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Eibhlin Connolly, Deputy Chief Medical Officer, DOH Dr Siobhan O'Sullivan, Chief Bioethics Officer, DOH Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Mr Paul Bolger, Director, Resources Division, DOH Ms Deirdre Watters, Communications Unit, DOH Dr Breda Smyth, Public Health Specialist, HSE Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Dr John Cuddihy, Interim Director, HSE HPSC Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE
'In Attendance'	Ms Laura Casey, Health Systems and Structures Unit, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH Mr Colm Ó Conaill, Policy and Strategy Division, DOH Ms Sarah Treleavan, NPSO, DOH Ms Linda O'Rourke, Scheduled & Unscheduled Care, DOH Ms Aoife Gillivan, Communications, DOH Mr Muiris O' Connor, Assistant Secretary, R&D and Health Analytics Division, DOH (for part of the meeting) Ms Deirdre McNamara (alternate for Mr Colm Henry, Chief Clinical Officer, HSE)
Secretariat	Ms Rosarie Lynch, Mr Keith Lyons, Ms Marita Kinsella, Ms Sarah Murphy, Ms Susan Reilly, Mr John Harding, Ms Liz Kielty, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, DOH
Apologies	Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Dr Colm Henry, Chief Clinical Officer (CCO), HSE Mr David Walsh, National Director, Community Operations, HSE Dr Jeanette McCallion, Medical Assessor, HPRA

1. Welcome and Introductions

a) Conflict of Interest
Verbal pause and none declared.

b) Minutes of previous meeting(s)
The minutes for 11th June 2020 had been circulated to the NPHET for review and feedback. These minutes were agreed and formally adopted by the NPHET.

c) Matters Arising
There were no matters raised.

2. Epidemiological Assessment
a) Evaluation of Epidemiological data: (incorporating National Data Update and Modelling Report)
An overview was provided of the current status of the virus, noting the latest epidemiological data on confirmed cases, hospitalisation, critical care, mortality and sampling testing and contact tracing.

The current data were as follows:

- During the last 14 days, the overall incidence rate was 3.8 cases per 100,000 population and 17 counties reported fewer than 6 cases each.
- "Close contact with a confirmed case" and "community transmission" were the most common sources of transmission reported. It was noted that gaps in data exist, including probable source of transmission and occupation.
- The incidence of infection in healthcare workers (HCWs) remains slightly elevated when compared with the general population. The rate of infection in healthcare workers (HCWs) has decreased and is now approaching an incidence rate similar to that found across the general population. It is estimated that fewer than 0.2% of healthcare workers have active infection, based upon latest recovery data. There were 16 new cases notified in the last week.
- The data showed that there were 11 new cases notified in meat and poultry processing plants in the previous 7 days, with 3 cases in other workplaces.
- The figures indicated that the majority of clusters and outbreaks notified in long-term residential care settings and nursing homes have now been closed (as at the week ending 13th June 2020), noting that outbreak closure requires that there are no new infections in the preceding 28 days.
- It was noted that the 103 outbreaks were notified during the week ending 13 June however, of these 80 were historic, arising due to the time that can elapse in linking reported cases together as outbreaks.
- Data relating to key measures of the severity of the virus showed a stable or declining trend in hospital admissions; hospital inpatient occupancy; ICU confirmed cases; and ICU admissions per day.
- The mortality rate has remained stable over the past 7 days.
- Regarding testing and contact tracing, approximately 400,000 tests have been carried out to date, with an overall positivity rate running at ca. 7.3% across the cumulative totality of tests conducted. The positivity rate is currently 0.8% and has remained stable over the past number of weeks notwithstanding the easing of public health restriction measures.
- The HSE reported that the average number of close contacts per case for the last 7 days is 3.9 and the median number of close contacts per case is currently running at 3.

- The data show that there is a delay from symptom onset to specimen collection, which may indicate late presentations, with 40-50% of swabs (i.e. testing conducted) within 3 days of onset of symptoms.
- The effective Reproduction number (R number) is estimated to be between 0.7 and 0.8 for the period 4th June to 11th June 2020, noting that the numbers of cases is lower than before which can affect the estimate.
- The influenza-like illness (ILI) rate has continued to decrease and remains within the acceptable threshold for the time of year.

Overall, all the key disease parameters continue to be stable or are improving. In light of the continued easing of the public health restrictions and the need to detect changes rapidly, the NPHET reiterated the importance of patients presenting for testing at the earliest opportunity to allow for the timely and effective identification and management of cases of COVID-19 to prevent onward transmission. The need for clear and consistent public messaging was discussed as a means of addressing the delay in time from symptom onset to presentation.

The criticality of surveillance information, specifically in relation to the completeness of data collection and analysis across all fields, including symptom-onset date, mode of transmission, underlying conditions, occupation, ethnicity etc. was underlined.

To increase understanding of the importance of early presentation to healthcare services so that cases can be quickly identified, the NPHET agreed that a communications campaign with the relevant stakeholders should be progressed.

b) International Update

The DOH updated that the "*Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – tenth update*" was published by the European Centre for Disease Prevention and Control (ECDC) on the 11th June 2020. In summary, key points included:

- the risk in the general population is considered to be **low** where an extensive testing programme is in place showing very low detection rates.
- the risk for those with defined risk factors associated with severe outcome is **moderate** in areas where community transmission has been reduced and/or maintained at low levels and where there is extensive testing showing very low detection rates.
- the risk of a reintroduction of control measures is moderate if:
    - measures are phased out gradually,
    - there is only sporadic, or cluster transmission is reported, and
    - countries have appropriate monitoring systems and capacities for extensive testing and contact tracing in place.

The Risk Assessment also indicated that even though no major increases in incidence of the virus had been seen in other European countries (at the time of publication of the Risk Assessment) that have commenced their phase-outs of interventions, an associated upsurge should still be anticipated over the coming weeks and months. Therefore, continuous efforts are needed to ensure that the remaining physical distancing and infection prevention control measures continue be observed to limit the spread of the disease.

The risk assessment proposed a surveillance system underpinned by multiple complementary testing methods. The NPHET noted Ireland's strategy in this regard.

The DOH advised that the ECDC published a separate report entitled a "*Monitoring and evaluation framework for COVID-19 response activities in the EU/EEA and the UK*" (Interim Guidance) to monitor responses to the COVID-19 pandemic on Tuesday 16th June. This framework provides a set of suggested indicators for COVID-19 preparedness, prevention and control activities under eight key pillars to guide decision makers and support preparedness and response planning for COVID-19.

The matter of appropriate parameters for the reintroduction of measures should this prove necessary as Ireland moves through the public health measure phases was noted and it was considered that this was an important component that would require specific planning.

The NPHET noted and welcomed the 10th ECDC Risk Assessment as a useful resource.

c) Ad hoc

There were no matters raised under this Agenda Item at the meeting.

3. Expert Advisory Group (EAG)

a) Update from EAG Chair

The Chair of the Expert Advisory Group (EAG) advised that there were no written advices or recommendations from the EAG meetings of 12th and 17th June 2020 for NPHET's consideration.

A verbal update on the matters discussed at the EAG meetings was provided which included the following:

- An EAG meeting was convened on 12th June 2020 to provide feedback to the HPSC on the guidance on the application of the existing social distancing requirements in specific, defined and controlled environments in the hospitality industry during periods of low incidence of the virus;
- The EAG has agreed to request that HIQA conduct an evidence synthesis on temperature screening;
- The EAG has agreed to request that HIQA update its evidence synthesis on face coverings;
- The EAG reviewed a paper on biobanking from the EAG Research Subgroup.

b) Research Response to COVID-19

The Chair of the EAG Research Subgroup presented the paper "*National Public Health Emergency Team Future Considerations for the National Research Response to COVID-19".* The previous work already undertaken to support research in Ireland, including the call for research grants for COVID-19 and the subsequent awarding of funds by the Health Research Board and Science Foundation Ireland was acknowledged.

The DOH advised that the Department of the Taoiseach has established a cross Governmental forum to allow for the perspectives of a wide variety of sectors to be represented in the overall future research agenda. The purpose of this paper is to contribute to that cross Government consideration of how Ireland can, through its present infrastructural support systems and funding partners, build on initial work to deliver a nationally coordinated research effort, drawing from all sections of the research landscape to take us through the next stages of the pandemic, support rapid social and economic recovery, respond to the social consequences of the pandemic and enhance our preparedness for future emergencies.

This paper will form a valuable contribution to the forum.

The paper incorporated feedback from the Chairs of the NPHET Subgroups and from other Government Departments. The NPHET discussed the paper and noted that the existing infrastructure for the delivery of a national coordinated research response can be developed and built on.

The NPHET welcomed and agreed to support the submission of the paper for consideration as part of the whole of Government research response.

Action: The NPHET notes and supports the submission of a paper prepared by the Research Subgroup of the Expert Advisory Group to the Senior Official Group, as a contribution to considerations of a national coordinated research response to COVID-19.

4. Review of Existing Policy

a) Personal Behaviours & Social Distancing

The DOH presented a brief update on the quantitative and qualitative data in relation to personal behaviours and social distancing. The data show that there is an increase in the proportion of people who self-report to wearing face coverings, up from 28% last week to 34% on 18th June. Following the launch of a communication campaign on Monday 15th June on the wearing of face coverings, this is expected to increase further.

The qualitative data from the latest focus group feedback, dated 12th June, were reported. While many people report feeling positive and optimistic, there is an underlying fear that engaging economically and socially too quickly, coupled with complacency on the progress made, will lead to spread of the virus and a second wave.

The DOH advised that the Behavioural Change Subgroup has engaged with the ESRI regarding (a) exploring the perception of individual risk and judgments of risk and (b) exploring the potential bias in the self -reporting of risk behaviours. It is expected that the results should be available next week and will inform future communications.

DOH advised that the next planned behavioural study would focus on understanding symptom recognition, what to do (self-isolation, attending for testing, etc.) and the barriers to these. The NPHET welcomed this behavioural research in light of the issue of delay in presentations between the onset of symptoms and specimen collection referred to under agenda item 2.

The important role of GPs in communicating the need for close contacts to also present for testing was acknowledged and their ongoing support and commitment was welcomed.

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

The HSE provided an update in relation to the end-to-end timeframe of referral, swabbing, laboratory testing and contact tracing. The data and considerations noted included the following:

- Testing of close contacts of cases of COVID- 19 for the period from the 19th May to 14th June 2020 showed that, of the 420 close contacts tested, 2% had a negative result at Day 0 and positive result on Day 7. However, the provisional data from the time period reported showed that a large number of identified close contacts did not attend for testing This was noted by NPHET as a concern and would be kept under review.
- The median end-to-end turnaround time for community and hospital tests combined from referral to the completion of contact tracing is approximately 1.85 days.

The NPHET noted that, in line with discussions under agenda item 2(a), there was a continuing need for the information systems to capture and link data on close contacts with confirmed cases to ensure

the completeness of the reported aggregated data. This would facilitate a more contextualised understanding of how the virus is progressing in the community, and to enable more effective responses.

5. Future Policy

a) Review of Public Health Measures

(i) Review of Public Health Measures – Alignment of Phases 3, 4 and 5 into two phases

Following on the NPHET meeting on 11th June 2020, DOH undertook further work on the deliberative draft paper on alignment of Phases 3,4 & 5 into two phases to incorporate the input of NPHET members.

The DOH, presented an updated paper, for further consideration and approval by the NPHET. The paper emphasised that the move from Phase 2 to the NEW Phase 3 will be an important turning point, in that, as the public health restrictions are lifted there will be a move away from a rules-based system to a more risk-based approach for individuals and broader society to operate within, albeit with continued commitment from all arms of the State, organisations, employers, businesses and individuals to work together to collectively promote, support and encourage everyone in society to adhere to the core public health principles for the benefit of all.

It was noted, in particular that proposed "Public Health Checklists" were now included within the paper. These checklists were designed to aid both individuals / families and organisations in how to make decisions and assess the risk in different situations so as to continue to help limit the transmission of COVID-19 in the context of easing of restrictions. The central message outlined was that everyone is susceptible to COVID-19, even though some people are more at risk than others of severe infection. The checklists include a list of factors to consider when assessing risk, i.e. distance, activity, time, and environment, and emphasise the need to stay informed.

With regard to public data on COVID-19, the DOH advised that the new format COVID-19 dashboard was due to go live. This will give the public access to more detailed information on their local area.

The uncertainty in the future trajectory of COVID-19 was also highlighted as per WHO and ECDC. The possibility remains, even if restrictions are eased in Ireland, that they may have to be reintroduced if there is a strong upsurge of infection.

Recommendations regarding mass gatherings were outlined in the document. It was noted that ECDC as per the 10th Rapid Risk Assessment (see agenda item 2b above) advised Member States regarding "avoiding small, medium-sized and mass gatherings" as a non-pharmaceutical intervention in the coming months. The paper proposed that mass gatherings should be kept under review in line with the trajectory of the disease and evolving international experience and evidence.

The NPHET discussion included the following points:

- The importance of everyone in society maintaining personal behaviours of hand hygiene, respiratory etiquette and physical distancing to protect against COVID-19 as well as other respiratory infections, such as influenza, as we move into the winter months;
- The potential for behavioural and message fatigue among the population was acknowledged, this risk increases when asking people to sustain protective measures for what may be a considerable period of time. It is important that a balance is found between empowering

people to safely resume various activities while still conveying that COVID-19 continues to present a public health risk;

- The importance of people understanding the need to stay at home as soon as they start displaying symptoms and contact their GP;
- In terms of community activities, the particular risks associated with choirs and the playing of certain brass and woodwind musical instruments in groups was highlighted as such activities may be associated with a higher risk of infection. Additional protective measures have been recommended if people are engaging in such activities;
- The need for advice presented in the document to align with guidance prepared by the HPSC was noted.

The NPHET agreed with the realignment of the phases (3, 4 & 5) into two phases, in light of the current status of the disease and the overall public health risk.

Action: Having reviewed phases 3 to 5 contained in the NPHET's "*Public Health Framework Approach in providing advice to Government in relation to reducing social distancing measures introduced in response to COVID-19*", the NPHET recommends advising Government to align these into two phases, in light of the current status of the disease and the overall public health risk.

b) Travel Considerations

The DOH gave an update on travel. As per previous NPHET meetings, the passenger locator form has been in place since 28th May 2020, and the Regulations for mandatory use of same were initially put in place until 17th June but have now been extended until 9th July 2020 when they will be subject to review.

The recommendation regarding a period of 14 days self-isolation remains in place.

The NPHET noted that the ECDC Report *Considerations for travel-related measures to reduce spread of COVID-19 in the EU/EEA* was published on 26th May 2020. NPHET was advised that overall there has been no consensus on travel between EU countries. It was noted that some other EU countries are putting reciprocal arrangements in place.

The NPHET agreed that the current public health advice on travel remains (as per 12th May and restated at its meeting of 11th June).

c) Ad Hoc

(i) Vaccine Taskforce

Following on from initial DOH presentation at the last meeting (11th June 2020) the paper entitled "*Establishment of a COVID-19 Immunisation Strategy Group*" was discussed.

The paper noted that the WHO has stated that the availability of a safe and effective vaccine for COVID-19 is well-recognised as an additional tool to contribute to the control of the pandemic, while simultaneously recognising that the challenges and efforts needed to rapidly develop, evaluate and produce this at scale are significant.

According to the WHO despite a number of candidate vaccines in development, it is likely that only a small number may ultimately be progressed to large scale production.

Noting the developments at EU level outlined in the paper, the NPHET agreed there is a need to work towards ensuring equitable, affordable and timely access to vaccination (should vaccines be development) through effective deployment of regulatory, financial, advisory and other tools.

Development of a national plan for securing access to COVID-19 vaccine(s), should such become available, and for the strategic development, resourcing, implementation and monitoring of a COVID-19 immunisation programme was recognised, to provide a coherent, national approach in this regard. The NPHET recommended that a COVID-19 Immunisation Strategy Group, chaired by the Department of Health and informed by the National Immunisation Advisory Committee (NIAC), be convened, *inter alia* to:

- Monitor scientific data regarding the development of a vaccine(s) against COVID-19;
- Liaise with the ECDC, EU Member States and the European Commission to ensure equitable and appropriate access to any vaccine that is developed, including through participation in the advance purchase agreement (APA) process outlined above;
- Explore other avenues both nationally and internationally to ensure Ireland is strategically best placed to acquire vaccine(s) at the appropriate times;
- Identify, through the National Immunisation Advisory Committee (NIAC), the priority groups for vaccination, according to the current and evolving understanding of the clinical, microbiological and epidemiological profile of COVID-19, both internationally and in Ireland to date, with a focus on those at greatest risk from COVID-19;
- Develop a national plan for securing access to COVID-19 vaccine(s) and for the strategic development, resourcing, implementation and monitoring of a COVID-19 immunisation programme.

Action: The NPHET recommends the establishment of a COVID-19 Immunisation Strategy Group, chaired by the Department of Health.

6. National Action Plan/Updates

a) Hospital Preparedness

(i) Overview of the Work of the Acute Hospital Preparedness Subgroup since March 2020

The DOH presented the paper “*National Public Health Emergency Team Acute Hospital Preparedness Subgroup Overview of the Work of the Subgroup and Next Steps”.*

The paper provided an overview of the work of the Subgroup and outlined next steps. The paper set out the key milestones achieved by the Subgroup since its first meeting on 4th March 2020.

It was noted that the work of the Subgroup commenced against a backdrop of an emerging pandemic where the scale and impact on the healthcare system was unknown.

The paper set out a range of priority areas which will require ongoing focus as part of day to day engagement and oversight on policy and operations in the ‘new normal’. In that context, some particular area of further focus and some specific next steps have emerged from the work of the Subgroup and these were also set out. The DOH noted that the finalisation of a submission on permanent strategic critical care capacity requirements is an urgent priority and the DOH will bring a paper to the NPHET at its next meeting in this regard.

The NPHET noted that, the situation in the acute hospitals system is one of relative stability at present and number of COVID-19 related admissions is at a low level and decreasing. On that basis the paper

recommended that the Subgroup had completed its work and should now be stood down, with the proviso that it may be reconvened should the need arise.

The NPHET noted and welcomed the paper.

(ii) Measures for Disease Management in Acute Hospitals

The DOH presented the paper "*NPHET Discussion Paper Measures for Disease Management in Acute Hospitals*".

At its meeting on 31 March, NPHET had mandated the implementation of a suite of 29 measures to prevent transmission of COVID-19 in acute hospitals, to slow down the demand for specialised healthcare, safeguard risk groups, protect healthcare workers and minimise the export of cases to other healthcare facilities and the wider community. The paper provided an update on progress on implementation in this regard. The paper also outlined the immediate IPC (infection prevention and control) and Occupational Health resourcing and improvement requirements identified across the acute hospital sector, both in terms of staffing and funding supports. These requirements are intended to address some of the identified deficits in the immediate/short term to facilitate the full resumption of healthcare services and ensure the delivery of safe COVID-19 and non- COVID-19 healthcare services. The DOH will seek the necessary approval to secure the funding required to address the immediate needs for IPC/Occupational Health, through the normal channels.

Action: The NPHET notes and supports the progress and proposals on disease management in acute hospitals set out in the document entitled "Measures for Disease Management in Acute Hospitals" and notes the intention to secure the funding required to address the immediate needs for infection prevention and control and occupational health, through the normal channels.

b) Vulnerable People and Community Capacity

(i) Update to NPHET on outbreak control under Mental Health Services

DOH presented the paper "*Mental Health Services Covid-19 Response to Outbreak Control."* The paper provided a comprehensive update on COVID-19 cases in residential mental health facilities, preparedness measures, the Mental Health Commission risk assessment process, the HSE Mental Health Operations responses, and work, ongoing at present, in relation to the resumption of normal mental health services.

NPHET noted the work of the Mental Health Commission in engaging with the HSE and acknowledged the work done by the HSE in the sector.

(ii) Public Health Response to Socially Excluded Groups in Congregated Settings

DOH presented the paper "*Response to the Covid-19 epidemic for socially excluded groups in the community and in congregated settings.*

The paper outlined a thematic approach to the different issues affecting smaller socially excluded groups, particularly in the context of COVID-19 e.g. members of the Roma community, members of the Travelling community, and those experiencing homelessness. The paper outlined the experience in terms of cases and outbreaks in these groups.

The DOH noted the rapid and positive cooperative work that has been led by the DOH Social Inclusion Unit and colleagues across Government Departments and the HSE in supporting COVID-19 responses to meet the particular needs of these Communities and groups.

NPHET noted the paper and the significant work that contributed to it.

Action: The NPHET notes the each of the Papers submitted by each of its subgroups:

a) "*Acute Hospitals Preparedness Subgroup Overview of the Work of the Subgroup and Next Steps*". - **Hospital Preparedness Subgroup**
b) *"Update to the NPHET on outbreak control under Mental Health Services"* - **Vulnerable People and Community Capacity**
c) *"Public Health Response to Socially Excluded Groups in Congregated Settings"* - **Vulnerable People and Community Capacity**

c) Medicines and Medical Devices Criticality
There was no update under this item at the meeting.

d) Health Sector Workforce
A written update under this item was noted at the meeting.

e) Guidance and Evidence Synthesis
There was no update under this item at the meeting.

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

g) Research and Ethical Considerations
A written update under this item was noted at the meeting.

h) Behavioural Change
A written update under this item was noted at the meeting. Update relating to this subgroup was provided under item 4a above.

7. Communications Planning
DOH noted that the immediate priority for communications related to face coverings. The emphasis for communications will then move to uptake of the COVID-19 Tracker App.

8. COVID-19 Tracker App
The DOH presented a paper to the NPHET entitled "*COVID Tracker – Introducing Ireland's Pandemic Response App*". It was explained that the primary purpose of the mobile phone app (App) would be to augment (but not replace) the traditional contact tracing services that are currently in place.

The NPHET was informed that the contact will only receive a notification if they have been within two metres of the positive person for more than fifteen minutes. Notification will happen within three hours and if the contact has provided a phone number, they will get a follow up call from the HSE.

The NPHET discussion included the following points:

- In the context of easing restrictive measures, the app could be particularly helpful as people will likely find themselves more often in relatively close proximity of others who they would not be able to identify as a close contact if they later test positive for COVID-19;
- Privacy concerns are central to the development and take-up of the app, and trust and transparency are paramount, noting that in Ireland, there will be a de-centralised approach and Bluetooth technology will be used;
- Work has been carried out on making the app as accessible as possible, including an Irish language version;

- The app will be kept under review to determine if it is proving useful and informative. If successful, it will run for as long as COVID-19 is designated as a pandemic and will then be dismantled, and all data deleted within a designated number of days;
- There is a governance structure to oversee the app which is kept under review;
- Key to the success of the app will be take-up among the population, as the more people that use the app the more effective it will be.

The NPHET thanked the DOH for the update and noted a summary report on testing and research underpinning the development of the app would be provided in due course.

9. Meeting Close

a) Agreed actions

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

b) AOB

- The HPSC noted that the EAG has proposed a change to the HPSC *National Interim Guidelines for Public Health management of contacts of cases of COVID-19*, based on the current turnaround times for sampling, testing and contact tracing. The change proposed is to remove the recommendation that where a test is taken on a suspect case, the tester should request that the suspect case inform their household contacts and any other close contacts without delay and ask them to restrict their movements (i.e. stay at home) until the outcome of the test is known.
- The NPHET noted the proposed amendment and that the recommendation to contact trace suspected cases is not required where there is sufficient capacity to provide a short turnaround time for sampling, testing and contact tracing, as is currently in place.

c) Date of next meeting

The next meeting will take place on Thursday 25th June 2020 at 9:00am via video conferencing.