An Roinn Sláinte
Department of Health

National Public Health Emergency Team – COVID-19

Meeting Note – Standing meeting

Date and Time	Thursday 23rd July 2020, (Meeting 42) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Ronan Glynn, Acting Chief Medical Officer, DOH
Members via videoconference	Dr Darina O'Flanagan, Special Advisor to the NPHET Dr Kevin Kelleher, Assistant National Director, Public Health, HSE 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 Dr Colm Henry, Chief Clinical Officer (CCO), HSE Mr Liam Woods, National Director, Acute Operations, HSE 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) Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Dr Kathleen MacLellan, Assistant Secretary, Social Care 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 Dr Colette Bonner, Deputy Chief Medical Officer, DOH Dr Siobhán O'Sullivan, Chief Bioethics Officer, DOH Ms Deirdre Watters, Communications Unit, DOH Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Dr John Cuddihy, Interim Director, HSE HPSC Dr Breda Smyth, Public Health Specialist, HSE Prof Colm Bergin, Consultant in Infectious Diseases, St James's Hospital Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE Ms Yvonne O'Neill, National Director, Community Operations, HSE (for part of the meeting)
'In Attendance'	Mr David Keating, Communicable Diseases Policy Unit, DOH Mr Colm Ó Conaill, Policy and Strategy Division, DOH Ms Laura Casey, Policy and Strategy Division, DOH Ms Marita Kinsella, Director, NPSO, DOH Mr Ronan O'Kelly, R&D and Health Analytics Division, DOH Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion)
Secretariat	Dr Keith Lyons, Ms Sarah Murphy, Ms Sorcha Ní Dhúill, Ms Joanne Byrne, Ms Linda O'Rourke, Ms Ruth Brandon DOH
Apologies	Mr Phelim Quinn, Chief Executive Officer, HIQA Dr Alan Smith, Deputy Chief Medical Officer, DOH Dr Jeanette McCallion, Medical Assessor, HPRA Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH

1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Minutes of previous meetings

The minutes for the 14th and 16th July 2020 had been circulated to the NPHET for review and feedback. These minutes were agreed with minor textual adjustments and formally adopted by the NPHET.

c) Matters Arising

No matters arising were raised at the meeting.

2. Epidemiological Assessment

a) Evaluation of Epidemiological data: (incorporating National Data Update, Modelling Report and International Update)

The DOH, HPSC and IEMAG provided an overview of the latest epidemiological data regarding confirmed cases, including the current information on hospitalisation, critical care, mortality, as well as sampling, testing and contact tracing. The data presented were as follows:

- 17 cases and 1 death on the 22nd July 2020;
- There were 6 confirmed cases of COVID-19 in ICU, 4 of which were being ventilated. There were 8 suspected cases in ICU;
- There were 3 new admissions of COVID-19 cases to hospitals on the 22nd July;
- During the previous 14 days, based on the epidemiological date, there were 209 new cases for the same period, equating to 4.39 per 100,000;
- There were 177 cases notified in people between 25-64 years of age;
- The confirmed cases are spread across 21 counties, with the majority in Dublin (166) and Kildare (27), 11 counties have fewer than 5 cases;
- 23% of confirmed cases are healthcare workers and 9% are construction workers. Occupation was not specified in 47% of cases. This was highlighted as an area where further work is required to minimise data gaps;
- There were 17 new outbreaks notified in the past week, while 216 outbreaks were notified, approximately 199 of these occurred prior to July and 201 were associated with private households;
- There was 1 additional outbreak in a vulnerable group; however, this dated back to April;
- 20% (56) of confirmed cases in the past week were travel-related;
- Over 51,000 tests have been completed in the past 7 days, with a 0.3% positivity rate;
- The median time for referral to appointment is 0.9 days and the median time for swab to lab result overall is 1.2 days;
- The Influenza-Like-Illness (ILI) rate has increased slightly to 6.8 per 100,000 population in the past week and continues to be kept under review;
- Given the small number of cases, the best estimate of the effective reproduction (R) number is that it is variable, above or close to 1, and has reduced slightly over the past week.

The NPHET discussed the geographic distribution of cases and noted the relatively higher incidence rates in the Dublin, Kildare and Wicklow region. NPHET noted that discussions have been ongoing with regard to strengthening the Department of Public Health in the East to ensure robust local response continues, including the ongoing ability to provide targeted and robust interventions.

The NPHET was also advised of an outbreak at a construction site in Dublin, which, at that time, had resulted in 27 confirmed cases. Several construction workers were identified as having worked on a second site. To date, 220 tests have been carried out, with 190 results returned so far. A further confirmed case has been associated with a third construction site, which has voluntarily closed. Testing and contact tracing were ongoing.

The DOH provided a summary of the global situation as follows:

- There were 14.8 million cases of COVID-19 in total with an increase of over 1.6 million (11%) in the past week;
- The Americas continue to have the highest incidence of all continents (7,630 cases per 1 million population as compared with 3,345 cases per 1 million population in Europe);
- The epidemiological profile of the disease remains uncertain in many countries due to limited testing and/or reporting.

b) Ad hoc

There were no items tabled for discussion.

3. Expert Advisory Group

a) Guidance for Children Returning to School

The Chair of the EAG indicated that the EAG had been considering possible amendments to the HPSC guidance relating to the interim recommendations for the reopening of schools and educational facilities. The proposed edits would not constitute significant amendments to the current interim guidance.

The NPHET noted the EAG's proposed amendments but noted that any updates to the guidance should be informed by a forthcoming update to a HIQA evidence review in the area and related ECDC guidance due to be published in the coming weeks.

4. Review of Existing Policy

a) Personal Behaviours and Social Distancing

The DOH provided an update on the ongoing public opinion research. The following points of note were raised:

- The number of people self-reporting that they are wearing face coverings has increased, with 37% of people reporting they wear face coverings every time they are in a shop. Face coverings are seen by people as important, not only for hygiene reasons but also as a sign of solidarity with other people;
- There is increased worry in the population, on average people rate their level of worry at 6.3 on a 10-point scale, this is similar to levels of worry reported in April 2020;
- People would value more information on the plans for managing COVID-19 into the future, this would help to alleviate stress and worry for many;
- Many parents are concerned about their children being able to return to school in September.

The key messages from a communications perspective are that:

1. The virus needs to be kept suppressed so that: schools can reopen; non-COVID-19 healthcare can resume; and the vulnerable in society can be protected; and
2. There is an all-of-Government plan that is being rolled out.

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 for the seven days 14th to 20th July 2020. The data and considerations noted included the following:

- Approximately 53,400 swabs taken for COVID-19 testing. 12,458 of these were taken in the community, in excess of 14,500 swabs were taken in acute settings;
- Over 51,000 lab tests completed. Approximately 35,850 of these tests were processed in community laboratories and c.15,150 processed in acute laboratories;
- 836 calls were made in the Contact Tracing Centre (CTC). A total of 149 of these were Call 1s, which involves the communication of a detected result. A total of 687 calls were completed relating to contact tracing. Since July 14th, the National CTC is operating on an 8am – 8pm basis, 7-days a week;
- The average number of close contacts per case is 5.4 and the median number of close contacts per case is 4.5;
- 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;
- Median end-to-end turnaround time for tests with a "COVID-19 detected result" in community settings for symptomatic individuals has been 3 days;
- The percentage of tests completed within the target turnaround time of less than or equal to 3 days, for individuals presenting with symptoms, is approximately 90%;
- With regard to the testing of close contacts of cases of COVID-19 from 19th of May 2020 to 19th of July 2020; there were 1002 close contacts with an initial negative test result at day 0, and day 7 test results were available. Of these, 20 (2%) converted to positive at day 7;
- An analysis of those identified as close contacts but who do not engage in the testing process is being undertaken.

5. Future Policy

a) Discussion paper on potential future response to the pandemic

Following presentations at the NPHET meetings on 2nd, 9th and 16th July, the DOH presented a further iteration of the draft deliberative paper on a "*Framework for Future COVID-19 Pandemic Response*". The purpose of the Framework is to set a direction for responses during different future phases of the pandemic. Critical to the Framework, and to continuing to successfully manage the COVID-19 disease, is that key stakeholders now prepare their own national, regional or local level plans for response, which will be aligned with the priorities identified in the Framework and informed by their own requirements and expertise. Each stakeholder will be responsible for the development of those plans and for their delivery when required. The DOH thanked the NPHET members for their input into the draft paper.

The draft Framework categorises future responses to the COVID-19 disease according to four Phases:

- In the Blue Phase, the disease has effectively been eliminated and the pandemic is declared over;
- The Yellow Phase reflects the current status of the disease in Ireland. In this Phase, there is low incidence of disease with isolated clusters and low community transmission. The key response during this phase is to plan and prepare for Phases with higher levels of disease and to maintain preventative actions so as to continue to suppress transmission of the virus;
- The Orange Phase represents a time of increasing incidence of disease with multiple clusters and increased community transmission. During this phase, robust responses may be required to contain clusters of the disease and public health measures may be necessary at a local, regional, national and/or sectoral level;

- The Red Phase represents the time when the risk is greatest as there is high or rapidly increasing incidence, widespread community transmission and the pandemic is ongoing and escalating rapidly. During this Phase, the introduction of public health measures at a national level will be required in order to minimise the number of cases, morbidity and mortality that COVID-19 is capable of causing and to protect the capacity within the hospital system.

In addition to outlining each of the four Phases above, the Framework also–

- provides details on key considerations and guiding ethical principles that underpinned its development;
- proposes that the future response to COVID-19 will be public health-led, risk-based, incremental and will be introduced in a phased and stepwise manner;
- outlines lessons learnt from the experience of the pandemic to date, which will inform future responses, including that a combination of public health measures is more effective than any single measure and that each individual has a part to play in the suppression of the disease;
- considers areas that will continue to require focus, including the optimisation of the care of residents in long-term residential facilities, the continuing risks of imported cases from overseas travel, and the co-circulation of influenza and COVID-19 this winter, among other areas of priority focus; and
- gives consideration to the communication and engagement strategy required into the future.

Action: The NPHET approved a *"Framework for Future COVID-19 Pandemic Response"* in providing advice to the Minister for Health and Government regarding the future public health response to COVID-19.

(i) Monitoring Framework

The DOH presented a draft monitoring framework to the NPHET at its meeting on 16th July 2020. A revised version was circulated to the NPHET in advance of this meeting and further feedback from the NPHET members will be incorporated into the document before a final version is agreed.

b) Travel Considerations

The NPHET noted that Government agreed on 21st July 2020 that non-essential travel would continue to be discouraged. Passengers coming to Ireland would continue to be asked to restrict their movements for 14 days after their arrival, unless they are travelling from one of the 15 countries designated on the Government's "green list", where the epidemiological situation is comparable to, or better than, Ireland's.

The NPHET reiterated its previous recommendations on travel, including that all non-essential travel overseas should be avoided.

c) Use of Medical Grade Face Masks

The NPHET recalled the WHO interim guidance on the use of masks in the context of COVID-19, which advises that in the context of known or suspected community transmission, those 60 years of age and over, or who have underlying conditions, which increase their risk from COVID-19, should wear medical grade face masks for their own protection, where close contact cannot be avoided. In Ireland, while the advice on the use of face coverings has been closely aligned with that of the WHO, the above advice has not been adopted in full to date.

The NPHET agreed that consideration should be given to this issue and a paper detailing the available evidence will be presented at the NPHET meeting on 30th July 2020.

d) SARS-CoV-2 Wastewater Surveillance in Ireland

The NPHET noted a paper on wastewater surveillance, which concluded that wastewater surveillance of SARS-CoV-2 may be a useful tool to assess the rate of infection in the population and could form part of Ireland's SARS-CoV-2 surveillance programme. The NPHET members were invited to provide input and agreed that further work would be carried out to develop a proposal for the effective use of such a surveillance tool.

6. National Action Plan/Updates

a) Irish Epidemiological Modelling Advisory subgroup

There was no update under this item at the meeting.

b) Vulnerable People and Community Capacity

There was no update under this item at the meeting.

c) Guidance and Evidence Synthesis

There was no update under this item at the meeting.

d) Legislation

There was no update under this item at the meeting.

e) Behavioural Change

(i) Overview Paper

The Chair of the Behavioural Change subgroup presented an overview paper on the work of the subgroup. The paper outlines the context for the work of the subgroup and details the process, areas of work, outputs, and studies progressed by the subgroup.

The Chair thanked the members of the subgroup for their work and highlighted the valuable international and interdepartmental collaborations that have been enabled by the subgroup, as well as the contribution made by subgroup members to the national discourse on Covid-19, through their engagement with the media. The work of the subgroup has been in line with its terms of reference and the paper includes a proposal regarding a process for work in the future. The subgroup will now be stood down in its current configuration.

It was noted that the subgroup has built up a significant body of knowledge and new evidence, which will contribute to the ongoing work of NPHET and be of value to colleagues internationally. The subgroup will be reconstituted on an advisory basis, when required, to provide expert insight to the NPHET. It was noted that the DOH has a research arrangement with the ESRI and that this existing mechanism can be looked at as a way to carry out any further behavioural studies for the NPHET. The NPHET thanked the members of the subgroup for their contribution.

7. Communications Planning

DOH gave an overview of the Communications Strategy planned by the Department and the HSE over the coming months, which will focus on:

- Refreshing the communications messaging to reflect the status of COVID-19 and to maintain a sense of collective action and resilience;
- Planning for winter and flu vaccination.

8. Meeting Close

a) Agreed actions

The key action arising from the meeting was examined by the NPHET, clarified, and agreed.

b) AOB

There was no other business raised at the meeting.

c) Date of next meeting

The next meeting of the NPHET will take place on Thursday 30th July 2020 at 10:00am via video conferencing.