An Roinn Sláinte
Department of Health

National Public Health Emergency Team – COVID-19

Meeting Note – Standing meeting

Date and Time	Thursday 27th August 2020, (Meeting 50) at 10:00am
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Ronan Glynn, Acting Chief Medical Officer, DOH
Members via videoconference	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 Cillian de Gascun, Laboratory Director, NVRL and Expert Advisory Group (EAG) Chair Dr Lorraine Doherty, National Clinical Director Health Protection, HSE Dr John Cuddihy, Interim Director, HSE HPSC Dr Michael Power, Consultant in Anaesthetics / Intensive Care Medicine, Beaumont Hospital Dr Siobhán Ní Bhriain, Lead for Integrated Care, HSE Dr Mary Favier, President, Irish College of General Practitioners (ICGP) Mr David Leach, Communications, HSE Dr Siobhán O'Sullivan, Chief Bioethics Officer, DOH Dr Colette Bonner, Deputy Chief Medical Officer, DOH Mr Colm Desmond, Assistant Secretary, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division, DOH Ms Yvonne O'Neill, National Director, Community Operations, HSE Dr Catherine Fleming, ID Physician UCHG (Alternative for Colm Bergin) Mr Fergal Goodman, Assistant Secretary, Primary Care Division, DOH Mr Liam Woods, National Director, Acute Operations, HSE Dr Kathleen MacLellan, Assistant Secretary, Social Care Division, DOH Ms Kate O'Flaherty, Head of Health and Wellbeing, DOH Ms Deirdre Watters, Communications Unit, DOH Mr Phelim Quinn, Chief Executive, HIQA Mr Tom McGuinness, Assistant National Director for Emergency Management, HSE
'In Attendance'	Ms Marita Kinsella, Director, NPSO, DOH Ms Sarah Treleaven, CMO Division, DOH Dr Matthew Robinson, Specialist Registrar in Public Health, DOH Ms Lyndsey Drea, Communications Unit, DOH Mr Gerry O' Brien, Acting Director, Health Protection Division Dr Elaine Breslin, Clinical Assessment Manager, HPRA (alternate for Jeanette McCallion) Dr Trish Markham, HSE Ms Deirdre McNamara, HSE (alternate for Dr Colm Henry) Ms Aoife Gillivan, Communications Unit, DOH Dr Heather Burns, Deputy Chief Medical Officer, DOH Dr Desmond Hickey, Deputy Chief Medical Officer, DOH Ms Fidelma Browne, Communications Division, HSE (alternate for Mr David Leach) Mr Ronan O'Kelly, R&D and Health Analytics Division, DOH Ms Sheona Gilsenan, R&D and Health Analytics Division, DOH Ms Justyna Szewczyk, Policy and Strategy Division, DOH
Secretariat	Dr Keith Lyons, Mr Liam Robinson, Ms Ruth Brandon, Mr Ivan Murphy
Apologies	Ms Tracey Conroy, Assistant Secretary, Acute Hospitals Policy Division, DOH Mr David Keating, Communicable Diseases Policy Unit, DOH; Dr Colm Henry, Chief Clinical Officer (CCO), HSE; Prof Colm Bergin, Consultant in Infectious Diseases, St James's Hospital; Dr Eibhlín Connolly, Deputy Chief Medical Officer, DOH; Mr David Leach, Communications, HSE; Dr Máirín Ryan, Deputy Chief Executive and Director of HTA, HIQA; Dr Darina O'Flanagan, Special Advisor to the NPHET.

1. Welcome and Introductions

a) Conflict of Interest

Verbal pause and none declared.

b) Minutes of previous meetings

The minutes of 7th and 12th August had been circulated to the NPHET in advance of the meeting. These were agreed subject to minor amendments and formally adopted by the NPHET.

c) Matters Arising

There were no matters arising at the meeting.

2. Epidemiological Assessment

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

The DOH, the HPSC, and the IEMAG provided an overview of the latest epidemiological data regarding confirmed cases, including the current information on hospitalisation, critical care, mortality, sampling, testing, and contact tracing. Ireland's current epidemiological situation at the time of consideration by the NPHET was as follows:

<u>In particular the NPHET noted:</u>

- relatively high absolute numbers of new cases continue to be notified daily;
- an increasing national 14-day incidence rate and 5-day rolling average number of cases;
- as of 25th August 2020, the R number is estimated at 1.0 (this number is updated weekly).

<u>Cases and Deaths</u>

- Number of confirmed cases: 28,363;
- 5-day rolling average: 123 cases;
- 14-day incidence: 32.2 per 100,000 population;
- Number of cases in healthcare workers: 8,567 (30% of all cases);
- Number of deaths due to COVID-19: 1,777;
- Positivity rate for all tests processed nationally in the past week: 1.5%.

<u>Demographic and Location Trends</u>

- 71% of cases notified in the past 14 days were in people aged under 45 years;
- The median age for cases notified in the past 14 days is 32 years;
- 14 counties have incidence rates higher than 15 cases per 100,000 population in the past 14 days;
- The 14-day incidence in community care areas in Dublin ranged from 20.6 to 60.8 cases per 100,000 population.

<u>Hospitalisations</u>

- As of 26th August 2020, there were 26 confirmed cases of COVID-19 in hospital, with 2 new admissions in the previous 24 hours;
- As of 26th August 2020, 4 confirmed cases of COVID-19 were in receipt of care in Intensive Care Units/ Critical Care Units. There were no new ICU admissions in the previous 24 hours.

<u>Modes of Transmission</u>

- Of the 1,533 cases notified in the previous 14 days (12th to 25th August 2020), 23% were confirmed to have been acquired through community transmission. A further 14% remain under investigation.

55% of these cases are reported to have arisen via close contact with a confirmed case, with the remainder having a transmission source as healthcare acquired or travel related.

Clusters

- 90 current outbreaks were notified in the week 15th-22nd August 2020. There are 391 open outbreaks nationally;
- There have been an increasing number of clusters identified around the country with smaller numbers of cases associated;
- With regards to clusters in vulnerable groups and settings, as of 22nd August 2020 at midnight there have been:
    - 24 outbreaks in Direct Provision Centres, involving 284 cases in total. 8 of these outbreaks remain open as of 27th August. **8 new cases and 2 new clusters were notified in the past week in direct provision centres**;
    - 11 COVID-19 outbreaks involving the Irish Traveller Community, involving 92 cases. 4 of these outbreaks remain open. **1 new case and no new clusters were notified in the past week in the Irish Traveller Community;**
    - 68 clusters in workplaces including 30 in meat processing plants. 25 of these outbreaks remain open, including 9 in meat processing plants. **7 new outbreaks were notified in the past week in workplaces, 2 of which were in meat processing plants. 124 new cases associated with workplace outbreaks were notified in the past week, 29 of which were in meat processing plants;**
    - 490 clusters in residential care facilities, of which 275 have been in nursing homes. The number of confirmed cases in residential care facilities stands at 7,624, of which 5,871 have been in nursing homes. 53 clusters in residential care facilities remain open, of which 37 are in nursing homes;
    - In the past week (15th-22nd August 2020), there have been 4 new outbreaks in residential care settings, of which 3 were in nursing homes. There have been 33 new cases in residential care facilities, of which 12 were in nursing homes;
    - No new outbreaks were notified in the week to 22nd August 2020 in the Roma community or in residential facilities for the homeless/those with addiction issues.

(i) Review of Epidemiological situation in Kildare

The NPHET reviewed the current epidemiological situation nationwide, and specifically in Kildare. With regard to the epidemiological situation in Kildare, the NPHET noted that while there are some signs of improvement, the epidemiological profile has not yet improved sufficiently to allow for an easing of restrictions. In this regard, the NPHET recommended that the enhanced public health measures put in place on 7th August in Kildare remain in place; this will be kept under close review. Kildare's current epidemiological situation at the time of consideration by the NPHET was as follows:

Case Numbers

- The rolling 5-day average in Kildare is 18.6 cases as of 25th August 2020. This is the 2nd highest rate observed in any county. This compares to a 5-day average of 22.2 cases in Kildare on 6th August;
- In Kildare, 343 cases (22% of all cases) were notified to HPSC during the 14-day period from 12th to 25th August 2020. 125 of these cases were notified in the first 7 days of this period.

Incidence Rates

- The 14-day incidence rates in Kildare remains high compared to other counties at 154.2 cases per 100,000 population. This is the highest rate of any county by some margin;
- Similarly, the 7-day incidence of 56.2 cases per 100,000 is the highest observed in any county.

Modes of Transmission

- The number of cases attributable to community transmission in Kildare over the past 14 days (12th-25th August) has been 22%;
- There are 8 outbreaks associated with nursing homes and the NPHET was advised that the majority of cases are in healthcare workers as opposed to residents.

(ii) Outbreaks in Direct Provision centres

The HPSC presented a paper providing an update on outbreaks in meat processing plants, food processing plants, construction sites, and large businesses. The key points were as follows:

- Previously there were 184 cases associated with 16 outbreaks in Direct Provision Centres during the period March to May, with no notifications in June;
- There has been an upsurge in new cases since the end of July with 100 cases associated with 7 outbreaks, of these 28 are children aged 0-14 years, while 51 are aged between 25-44 years;
- Mass screening of residents has commenced in identified centres

The HPSC identified a number of challenges to implementing effective infection prevention and control measures given the particular vulnerabilities of Direct Provision Centres. These include multiple occupants, including non-family members, living in the same room. The HPSC clarified that while there is guidance in place to prevent such arrangements, it has proven challenging to implement.

The HPSC advised the NPHET that broader concerns relating Direct Provision centres will be discussed at a meeting of the Outbreak Control Team (OTC) for Vulnerable Groups, which is due to take place in the next week.

(iii) ***Update on Outbreaks in meat processing plants, food processing plants, construction sites, and large businesses***

The HPSC presented a paper providing an update on outbreaks in meat processing plants, food processing plants, construction sites, and large businesses. Key points were as follows:

Food Processing Plants:

- As at 25th August 2020, there were 494 cases linked to 13 recent outbreaks in this sector, of which 43% were symptomatic. 14% had underlying clinical conditions. Of the total cases reported, 179 cases were associated with 1 outbreak;
- The HPSC advised that cases in some sites have been found to have links with other food processing plants that also have outbreaks, as well as with outbreaks in Direct Provision facilities.

Construction Sites:

- As at 25th August 2020, there were 48 cases linked to 5 recent outbreaks in this sector, of which 33% were symptomatic. Of the total cases reported, 54% were less than 45 years of age.

The HPSC advised that testing at affected sites is continuing, and that serial testing will be undertaken. It was agreed that the HPSC and HSE will engage bilaterally to determine the most appropriate risk-based approach for a serial testing programme for these sectors.

(iv) Monitoring of outbreaks in Nursing Homes and Long-Term Residential Facilities

It was agreed that "Monitoring of outbreaks in Nursing Homes and Long-Term Residential Facilities" would become a standing Agenda Item at future NPHET meetings.

3. Review of Existing Policy

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

The HSE presented its *"National Public Health Emergency Team (NPHET) Report 19th May – 23rd August"*, covering close contacts of cases of COVID-19 identified during the reporting period. Key data included:

- 9,519 Day 0 Tests were carried out in total, of which 809 (8%) returned a positive result;
- There were 2,271 close contacts where the initial Day 0 Test result was negative, and Day 7 Test results were available. Of these, 45 (2%) converted to positive between Day 0 and Day 7;
- Of the close contacts referred for testing between August 17th and 23rd August 2020, 69% attended their Day 0 Test and 42% attended their Day 7 Test;
- From 17th to 23rd August 2020, the median number of close contacts per person was 3.9, and the mean was 6;
- Between the 17th and 23rd of August, household contacts made up the largest group of close contacts (1,421), followed by Social contacts (1,114).

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

For the period from 18th – 24th August 2020:

- 49,437 swabs were taken for COVID-19 testing, in excess of 24,730 of these were taken in the community and over 15,710 swabs were taken in acute settings, 8,979 swabs were taken as part of the Serial Testing programme of healthcare workers in nursing homes and of employees in meat- and food processing plants;
- 52,720 lab tests were completed, 34,306 of these tests were processed in community laboratories and 17,531 were processed in acute laboratories and 883 in laboratories offshore;
- A total of 4,702 calls were made in the Contact Tracing Centre. A total of 757 of these were to communicate a COVID-19 detected result. A total of 3,945 calls were completed relating to contact tracing. The median time to complete all calls was 0.9 days;
- In the community, the median time for referral to appointment was 1 day. 79% of GP referrals resulted in an appointment the same day or next day;
- For swabs taken in the community, the median time for swab to lab result was 27 hours. For swabs taken in hospitals, the median time for swab to lab result was 16 hours. The combined median time from swab to lab result was 25 hours or 1.04 days;
- the median turnaround time from referral to communication of a result for "COVID-19 not detected" cases (negative result) in the community setting is 2.23 days;
- The median turnaround time from referral to communication of a result for "CCOVID-19 detected" cases (positive result) in the community is 3 days. All contact tracing is done within this same day.

b) Criteria for closing and reopening schools

The HPSC presented the paper *"Schools Pathway document for Covid-19, the Public Health approach"*, prepared in advance of the reopening of educational facilities outlining the Public Health approach for suspected/confirmed cases of COVID-19 in educational settings. The paper reiterated that decisions on the need to test pupils, close, or partially close any educational facility would continue to be undertaken by the Medical Officer of Health, informed by a robust Public Health Risk Assessment. The paper outlined advice on the following specifically:

- Steps to be taken regarding potential cases of COVID-19 in an education facility;
- The COVID-19 assessment and testing pathway for younger children (between 3 months and 13 years) and for older children (13 years and older);
- Actions to taken following COVID-19 test results;
- Public Health principles for the management of outbreaks, or potential outbreaks, and aligned testing strategy within the educational facility;
- The criteria to be applied for the closure of an educational facility (full/partial closure).

The NPHET noted the paper and confirmed that it would keep the guidance and advice provided in this area under review as international evidence further evolves. The NPHET also acknowledged the support provided by the DOH, HSE, HPSC, and the Department of Education to date to those working in the education sector and stressed the importance of the continuation of this important work.

c) Monitoring of COVID-19, Influenza, and RSV by the sentinel GP network

The HPSC presented its paper *"Proposal for the Monitoring of Covid-19, Influenza and RSV by the sentinel GP network in Ireland 2020/2021".* The HPSC noted that the use of the sentinel GP network, currently 59 practices, for this purpose is in line with recommendations from the WHO and the ECDC. This work is expected to commence in early October, with an update to be provided to the NPHET towards the end of September.

The NPHET thanked the HPSC and noted the paper.

4. Expert Advisory Group

a) EAG advice RE: Occupational guidance health care workers who have children who test positive for COVID-19 or are close contacts of a confirmed case

The EAG updated the NPHET on its review of occupational guidance for health care workers, who have children who test positive for COVID-19 or are close contacts of a confirmed case. The EAG confirmed that a more detailed update would be available for the NPHET meeting of the 3rd September 2020.

b) *EAG advice RE: WHO recommendations on masks/face coverings*

The EAG reviewed the WHO document *"Advice on the use of masks for children in the community in the context of COVID-19"*. The EAG felt that the document was consistent with current NPHET guidance. The EAG noted the challenges for children in wearing masks, leading to a risk of low compliance (as previously reported in primary school children). The EAG believes that updating the NPHET guidance at this time could cause unnecessary confusion in light of the timing (children currently returning to school). The EAG therefore proposed that it is not necessary to change guidelines based on the document at this time but recommends that this topic be kept under review as new evidence emerges. The NPHET accepted the EAG recommendation.

5. Future Policy

a) Review of remaining "Phase 4" Public health measures

The DOH presented *"NPHET paper on review of remaining Phase 4 public health measures: 27th August 2020"*, which reviewed the remaining Phase 4 measures, namely the reopening of: (1) pubs, bars, and hotel bars; and (2) nightclubs, discotheques, and casinos. The measures were considered in light of:

- The epidemiological situation nationally with regard to a number of the indicators that it monitors on a collective basis, including: (1) the existence of many clusters in a number of regions and setting types, with secondary spread particularly to household and social contacts, (2) the 14-day cumulative incidence and related indicators which are showing a significant and increasing level of disease, (3) the increase in admissions to hospital and critical care, and (4) the level of community transmission, which may be increasing. It should also be noted that indicators in relation to incidence of cases in

residential healthcare settings and number of deaths are not currently showing any worrying trends; however, due to the age profile of current cases, there may be a delay before changes to these indicators would become apparent;

- The experience internationally, countries have seen significant increases in cases of COVID-19 infection, including outbreaks in some settings and regions following the easing of public health measures, resulting in the requirement to reimpose public health restrictive measures in those countries and/or regions of those countries;
- Ongoing evidence and information regarding the experiences of members of the public, adherence to the public health personal behaviours and social distancing measures in place through regular quantitative and qualitative public opinion research and focus groups, analysis of non-health information sources such as transportation, mobility, and congregation data;
- That there are other important considerations for Government with regard to public health measures, such as social and economic considerations, while noting the potential effects of the current proposed measures on the wider health and wellbeing of the population;
- The precedence of reopening schools, the resumption of non-COVID health services and the protection of vulnerable individuals and groups in our communities.

In reviewing these measures, the NPHET also had regard to:

- Pubs/bars pose a particular risk to the spread of COVID-19 as alcohol can have a disinhibiting effect on people and impair judgement, and however well-intentioned people are, it can impair their awareness of and ability to comply with social distancing and hygiene/respiratory advice.
- Internationally, there have been a number of examples of outbreaks of COVID-19 in bars and there has also been a number of outbreaks associated with pubs/bars recently in Ireland (as of Wednesday 19th August, 26 cases linked to a pub in Co. Kildare);
- Where pubs/bars have re-opened in other countries, various conditions have been imposed including reduced opening hours, social distancing, mandatory seating, table service only, booking required, limited number per table, mandatory wearing of masks by staff, and capacity limits;
- There is heightened risk of infection associated with nightclub-type environments, which by their nature are not intended to be seated venues where patrons can maintain physical distancing.

Based on the above, the NPHET concluded that the current epidemiological position and the priority to reopen schools do not make it possible to reopen (1) pubs, bars, and hotel bars; and (2) nightclubs, discotheques, and casinos at this point but that the measures should be kept under review.

Action: The NPHET, having regard to the current epidemiological situation nationwide and its recommendations of 17th August 2020 to introduce public health measures nationally, proposed that pubs, bars, and hotel bars should remain closed at this time. This will be kept under close review by the NPHET. Similarly, the NPHET proposed nightclubs, discotheques, and casinos should also remain closed at this time.

b) Paper on sero-surveillance

The Health Protection Surveillance Centre (HPSC) presented its "*Proposal for establishment of the National Sero-epidemiology unit"*, requesting the NPHET's endorsement for its proposal on the establishment of a national sero-epidemiological surveillance system, including a sero-epidemiology unit (SEU) in Health Protection, based at the HPSC.

The aim of the national sero-epidemiology unit would be to measure community-based sero-prevalence of COVID-19 by age, sex, and geographic area over time. This unit would be in a position to measure prevalence of other emerging infectious diseases, including influenza and other vaccine-preventable diseases, in the population at regular intervals as required;

Action: The NPHET endorses the paper for the establishment of a National sero-epidemiology unit in Health Protection, to be based in the Health Protection Surveillance Centre (HPSC) and recommends the HSE develop a related business case for its establishment to be submitted to the Department of Health for consideration in the normal manner.

6. Communication update

The DOH presented an update on current communications and the latest public opinion data. The NPHET was advised that a new campaign, with an updated approach, focusing on personal protective actions was being launched and included new TV and radio advertisements. The new campaign was established to appeal to a younger age group and was informed by public feedback. A range of communications and materials have also been made available online to inform and support children and parents ahead of the expected reopening of schools.

The NPHET also acknowledged the importance of highlighting positive stories relating to COVID-19 to show that public health measures are effective at curbing the spread of the virus

7. Subgroups updates

a) Legislation Sub-group

The DOH presented an update on the work of the NPHET Legislation Sub-group to date, outlining the extensive work carried out to ensure the appropriate legislation is in place to support Government decisions and the implementation of public health measures.

The DOH advised the Legislation Sub-group had met its current terms of reference and that its work would be mainstreamed into the regular functioning of the Department and other relevant agencies.

The NPHET acknowledged the work carried out by the legislative team and thanked the DOH for the update.

b) *Vulnerable persons Sub-group*

The DOH gave an update on the NPHET Sub-group on Vulnerable People and presented *"Note for NPHET meeting 27th August 2020: Governance and oversight structures for supporting Vulnerable Groups during COVID-19",* setting out the work of the Sub-group to date and proposed next steps.

It was recalled that the NPHET Paper *'Report of NPHET Activity – 27 January to 30 July 2020'* identified that the NPHET Sub-group on Vulnerable People had met its terms of reference. The DOH proposed that the work of this Sub-group be realigned into the appropriate policy and operational functions of the relevant Departments, organisations, or bodies, with a cross-government mechanism in place through the Department of the Taoiseach. It was also noted that the NPHET may require the Sub-group to reconvene, as needed, in the future.

The NPHET thanked the DOH for its update and the work carried out to date and endorsed its proposed next steps for the NPHET Sub-group on Vulnerable People, noting that there is an Outbreak Control Team (OCT) in place for Vulnerable Groups.

8. Meeting Close

a) Agreed actions

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

b) AOB

The following points were considered under any other business:

- The NPHET requested that the HIQA provide an updated review on testing technologies, including point-of-care testing, in the coming weeks.

c) Date of next meeting

The next meeting of the NPHET will take place Monday 31st August 2020, at 09:00am via video conferencing.