Rialtas na hÉireann
Government of Ireland

High Level Task Force on COVID-19 Vaccination

15 March 2021 Meeting

Updates, decisions and actions from meeting

High Level Task Force on COVID-19 Vaccination

Monday 15 March 2021 14:00

Updates, decisions and actions arising from meeting

1. Attendees

A. Members in attendance	B. Additional attendees in support
Prof Brian MacCraith, Task Force Chair	Kate Waterhouse, Task Force Secretariat
Prof Karina Butler, Chair, NIAC	Sean Bresnan, National Director of Procurement, HSE
Liz Canavan, Chair, SOG on COVID-19	Dr Lorraine Doherty, Clinical Director Health Protection, HSE
Fergal Goodman, Assistant Secretary, Health Protection Division, DOH	Dr Ronan Glynn, Deputy CMO, DOH
Dr Colm Henry, Chief Clinical Officer, HSE	Elizabeth Headon, Programme Communications
Rachel Kenna, Chief Nursing Officer, DOH	Gerry O'Brien, Director, Health Protection, DOH
Barry Lowry, Chief Information Officer, OGCIO	Deirdre Watters, Head of Communications, DOH
Derek McCormack, Expert on Cold Chain Logistics	Paul Flanagan, SRO WS3
Dermot Mulligan, Assistant Secretary, Innovation and Investment Division, DETE	David Walsh, SRO WS4
Dr Nuala O'Connor, ICGP	Fran Thompson, SRO WS6
Dalton Philips, Chief Executive Officer, DAA	Andrew Byrne, Immunisation and Infectious Diseases Policy Unit, DOH
Paul Quinn, Government CPO and CEO, OGP	Mark Brennock, National Director of Communications, HSE
Paul Reid, Chief Executive Officer, HSE	Damien McCallion, National Director, HSE
Derek Tierney, Programme Director	Deirdre McNamara, General Manager, Quality & Patient Safety, Acute Hospitals Division, HSE
Sinead Curran, HPRA (for Lorraine Nolan)	Keiran Barbalich (PWC), Programme Office
Michael Lohan, IDA (for Martin Shanahan)	Michael McDaid (PWC), Programme Office
	Yvonne Mowlds (PWC), Programme Office

Apologies: Lorraine Nolan, Chief Executive, HPRA; Martin Shanahan, Chief Executive Officer, IDA; Dr Lucy Jessop, SRO WS2, Director, NIO, HSE; David Leach, SRO WS7

2. Updates, decisions and approvals by Task Force

At the meeting, the Task Force:

- Noted that this week's context included additional vaccine dose commitments by Pfizer before the end of March and authorisation of the Janssen vaccine; ongoing AZ supply issues; revised NIAC guidance on use of AZ in over-70s; and NIAC guidance on temporary suspension of AZ vaccine and the challenges arising as a steep rise in vaccinations is planned.

- Reviewed an update on open actions and near-term issues: report on waste minimisation at point of use being finalised - metric will be included in Operational Scorecard next week; workforce dashboard being finalised with preliminary findings today and more details next week; final steps underway on an operational model for pharmacists that will be completed shortly; approach to vaccinating minority communities and vulnerable groups under ongoing discussion; confirmation of work cohort population sizes in progress, as is work on policy and operational considerations, composition assessment of future cohorts and administering to cohorts in parallel. It was agreed that all near-term issues impact roll-out of the programme, and that finalising details of future cohorts is vital for planning.

- Heard a communications update from a very busy week: Public Information Campaign covered temporary suspension of the AZ vaccine with significant stakeholder outreach; TV and press ads ongoing; high traffic to website and increasing call volumes to the HSE; local and radio 'On the Way' campaign paused for a few days; DOH research continuing to show huge demand for vaccines, confirmed by recent Edelman research, which found that speed of the programme is a priority and that 70% of respondents consider the roll-out not fast enough. News coverage focussed on vaccination targets, forecasts and supply; and covered authorisation of Janssen vaccine, roll-out to cohort 4; reports on AZ and blood-clotting; NIAC advice on AZ for the over-70s and on pausing AZ; NPHET announcement on nursing home visits; and a new weekly delivery update from DOH. Political communications included Minister for Health before the Oireachtas Committee (Tue) and making Dail statements (Thurs); ongoing daily updates; and new HSE phone lines. Upcoming plans include communications on outcome of AZ review and monitoring attitudes; ads for over-75s; and St. Patrick's Day vaccinations.

- Heard an update for w/e 14 Mar, including administration of 606,904 doses across four cohorts to 12 Mar; engagement with NIAC/DCMO on use of AZ; 13 of 38 vaccination centres now operational; recruitment of vaccinators extended with 2,600 applicants to date; and improvements to GP model implemented.

- Reviewed NIAC revised guidance on vaccine use for over 70s; as well as NIAC guidance arising from a DoH request to consider whether those with a recent positive test could have vaccination deferred. Previously, NIAC advice was that all authorised vaccines can be used in adults of all ages, but where practicable and timely, those ≥70 years should be given an mRNA vaccine. New guidance is that:
    - Aged 70+: any currently authorised vaccine can be given;

  - Aged 16+ with conditions that may limit the vaccine immune response should be given mRNA vaccine where practicable and timely;
  - Aged 16 & 17 for whom vaccination is recommended: Pfizer BioNTech is the only vaccine authorised for this age-group;
  - Aged 65 years and younger following lab-confirmed infection; may be deferred for up to six months, except those who are immunocompromised.

  NIAC issued this advice to the DCMO, who provided recommendations to the HSE. The HSE is to provide its revised vaccine use policy in writing, including the decision to continue using mRNA vaccines for those over 70.

- Discussed NIAC guidance on the temporary deferral of AZ administration (14 Mar) on a precautionary basis; 12 other EU Member States have also paused its use; the EMA review is due to complete this Thursday, with a statement on the review expected today. It was noted that the HPRA will keep NIAC/DOH fully informed of guidance, and agreed that the HLTF will keep members informed. It was also agreed that the information flow for scenario-planning and for operationalisation and communications will be mapped for integrated change control purposes.

- Discussed upcoming planned activity for w/c 15 March; the pause in AZ administration means vaccinations planned will be reduced by 20-30,000, mainly affecting fHCWs and cohort 4; vaccination of over-70s will be unaffected. Other implications include the need to factor in vaccination of remaining cohort 2 to the revised plan; identifying and locating cohort 4; remobilisation of cohorts; assessment of opportunities for acceleration; communication and engagement with cohorts; and assessment of any suspension greater than one week. Other planned activity includes commencement of homebound patients via NAS; finalisation of pharmacy model; and ongoing planning on integrated delivery model.

- Reviewed a programme status report, noting that key risks remain the same, notably supply certainty, and heard an update on the workstreams, including an ongoing impact analysis of supply forecast changes (WS1); ongoing engagement with manufacturers, ongoing engagement with UD on logistics to ensure capacity for ramp-up, and logistics operations unit progressing well (WS2); ongoing work on signals and alerts (WS5); critical work underway on the public portal, pharmacies and the recent data incident, and work on data quality being finalised (WS6).

- Heard an update on integrated operational planning, which is due to be completed shortly and will feed into planning around mobilising vaccination centres, workforce and IT requirements. The update set out key challenges (incl. lead-in time for implementation/operationalisation of NIAC guidance; identifying individuals in certain cohorts based on diagnosis without disease registry; increasing complexity of communications as programme ramps up; uncertainty of supply) and design principles. Considerations and challenges focussed on planning for remaining cohorts up to cohort 8; the need for consistency, equality, simplicity and transparency was highlighted; and a process to finalise dates was set out. It was noted that the vaccination centres not yet operational will come on stream on a rolling basis from April, and that next steps include defining target capacity for May and June.

On workforce, there was an update and discussion on vaccinator applications (first contracts to be signed today; full-time/part-time and geographical split; communications), vaccination training (10,454 healthcare professionals completed), current staffing levels in vaccination centres; and a new agreed framework for Local Authorities to assist the HSE in accessing local support.

- Discussed vaccine supply and forecast, including EMA approval of the Janssen vaccine and rolling review of Novavax, CureVac and Sputnik V; Irish contracts for 18.5m vaccine doses; expected deliveries for the remainder of March (additional Pfizer vaccines) and overall forecast to end-June: 3.88m doses / average of 1m per month in Q2, though there are no supply figures yet available for Janssen.

- Agreed that medium-term issues would not be discussed this week as there were no substantive changes since last week, other than NIAC considerations (AZ pause).

- Heard an update on the indicative operational scorecard, which shows Cumulative Administration Efficiency of 96.5%, which was acknowledged as a strong indicator of programme performance. It was noted that measurement will become more complex as supplies increase and vary, and it was agreed that future updates will be provided on an ad hoc basis.

- Noted, in summary, NIAC guidance on deferral of AZ administration; supply challenges and significant deliveries due at end Q2; continued workforce planning and requirements; need to conclude near-term issues (including future cohorts and sequencing); and need to start considering vaccine strategy in the long term.

- Agreed the next meeting of the HLTF will take place on Monday, 22 March at 2pm.

New actions agreed by Task Force – 15 March

#	Action	Owner
1	DOH to confirm whether APAs with drug companies will include virus variants.	Paul Flanagan, Gerry O'Brien