



Mr. Stephen Donnelly TD,
Minister for Health,
Department of Health,
Miesian Plaza,
50-58 Lower Baggot Street,
Dublin 2.

14th January 2021

Via email to Private Secretary to the Minister for Health

Dear Minister,

I write further to today's meeting of the COVID-19 National Public Health Emergency Team (NPHE).

The NPHE reviewed the latest epidemiological data and the following key points were noted:

- A total of 39,083 cases have been notified in the 7 days to 13th January, which is a 26% increase on the previous 7 days in which there were 31,001 cases;
- As of 13th January, the 7- and 14-day incidence rates per 100,000 population have significantly increased to 799 and 1,448, respectively; these compare with rates of 651 and 819 on 6th January, and with rates of 168 and 273 on 30th December;
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 55%, demonstrating that there have been more cases in the last 7 days compared with the preceding 7 days;
- Incidence remains very high across all age groups, especially younger adults. Disease incidence in those aged 65 and older continues to increase and represents a significant cause for concern. Incidence in those aged 18 and younger remains at or below population average
- In the last 14 days, 11% of cases notified were aged over 65. Of concern, incidence in those aged 85 and over is above the population average and rising.
- The 5-day rolling average has decreased from a peak of 6,831 on 10th January to 4,659 on the 13th January and remains almost 4 times greater than the figure for 30th December (1,213 cases);
- Of cases notified in the past 14 days, 64% have occurred in people under 45 years of age; the median age for cases notified in the same period is 37 years;
- There remains very high 14-day incidence rates across all counties, 19 counties have a 7-day incidence as a percentage of 14-day incidence greater than 50%, indicating an even greater number of cases notified in the last 7 days compared with the previous 7 days;
- By focusing the estimation methods on the most recent 7-10 days, the best estimate of the reproduction number (R) that has led to the cases being reported this week is in the region of 1.0-1.3. Growth rate peaked at almost 18% per day over the 14-day period up to 10th January 2021. This compares with an estimated daily growth rate of 14% at the last NPHE meeting on 7th January.
- A very high volume of tests (167,004) was undertaken in the last week. The 7-day average test positivity rate remains very high; the positivity rate has decreased to 17.5% on 13th January from 21.9% last week on 6th January;

- Excluding serial testing, the test positivity rate has also decreased over recent days although the rate remains very high. It was 23.6% over the 7 days to 13th January and down from a high of 28.1% in the 7 days to 7th January.
- According to contact management programme data, 25 counties have test positivity rates greater than 10% and 8 counties have positivity rates greater than 25%.
- There are currently 1,791 confirmed COVID-19 cases in hospital this morning, compared with 1,022 on 7th January; this is a 75% increase since the last NPHET meeting. There have been 188 newly confirmed cases in hospital in the 24 hours preceding this morning;
- Of great concern, the number of patients receiving critical care has almost doubled since last week. There are currently 176 confirmed cases in critical care, compared with 89 on 6th January. There have been 25 admissions in the last 24 hours.
- To date, sadly, there have been 182 deaths notified with a date of death in January. This compares with 163 and 170 deaths notified (to date) with a date of death in November and December, respectively. Of the 182 deaths in January to date, 23 have thus far been associated with hospital outbreaks and 38 have been associated with nursing home outbreaks.

Further relevant information includes:

Due to the substantial case numbers in week 1 of 2021, there was delay in the reporting of outbreaks to the national surveillance system (Computerised Infectious Disease Reporting system) and the linking of cases to outbreaks. Therefore, the number of outbreaks and linked cases are likely to be underestimates. The number of outbreaks represents the most reliable indicator.

- There were 17 new clusters notified in acute hospitals in week 1 of 2021.
- There are currently 101 open clusters associated with 42 acute hospitals; there have been 91 linked deaths and 1,153 linked cases to these outbreaks.
- There were 58 new clusters notified in nursing homes/community hospitals in week 1; there are 13 new outbreaks in nursing homes in the current week.
- There are currently 132 open clusters associated with nursing homes; there have been 91 linked deaths and 1,690 linked cases to these outbreaks.
- There have been 3 outbreaks associated with schools in week 1 with 10 linked cases (although transmission in the school setting has not necessarily been established in these outbreaks).
- There were 7 outbreaks newly notified in childcare facilities in week 1.
- There were 3 outbreaks in the Irish Traveller community in week 1; there are currently 47 open outbreaks in the Irish Traveller community.
- There were 21 outbreaks in centres for disabilities in week 1; there are currently 33 open outbreaks in the centres for disabilities.
- There have been 26 newly notified workplace outbreaks in week 1; there are 86 open outbreaks in workplaces.
- The sentinel GP influenza-like illness (ILI) consultation rate increased to 120.4/100,000 population in week 1 of 2021, compared to 63.0/100,000 population in week 53 of 2020 and 42.7/100,000 during week 52 of 2020.
- A range of mobility and compliance data suggests that movement and social contact in the population had significantly increased in the lead up to Christmas. There has been a decrease in mobility since Christmas and in recent days following the introduction of Level 5 measures.
- The number of close contacts during the week ending 10th January was 83,514, a 2% increase compared to the previous week (81,523).
- The average number of adult close contacts per case remained below 3.3 until early December, rose to almost 5 on average by 28th December, and is now decreasing rapidly; it is currently 2.3 per case.

- As of 13th January, the 14-day incidence per 100,000 population in Northern Ireland was 1,121; this is 23% less than the 14-day rate incidence in the Republic of Ireland (1,449 per 100,000 population). The latest 7-day incidence per 100,000 population in Northern Ireland is 447, which is 46% less than the 7-day incidence rate in the Republic of Ireland (799 per 100,000 population).

In summary, Ireland continues to experience an epidemiological situation of profound concern. Disease incidence remains exceptionally high but has begun to fall, with the 5-day case average per day at 4,956 and 14-day incidence at 1,449 per 100,000. The numbers of individuals with COVID-19 in hospital and intensive care units remain at very high levels and continue to increase, impacting very substantially on the delivery of non-COVID health and social care. Incidence remains very high across all age groups, especially in young adults. Incidence in those aged 65 years and older continues to increase and represents a particular cause for concern given the severe effects of the disease in these age groups. Incidence in those aged 18 and younger remains at, or below, the population average.

We are seeing rapidly increasing incidence in long-term care settings and vulnerable groups. The marked impact of widespread transmission is being observed in both the number and scale of new outbreaks occurring in health and social care settings, including in acute hospitals and long-term residential care facilities. Given the high attack rates in congregated settings once infection enters, it is likely that a number of these settings will now experience a high number of deaths. In addition to deaths associated with nursing homes and hospital outbreaks, mortality in the community is also increasing, and, it can be anticipated that there will be a large number of deaths in the coming weeks.

Growth rate, having peaked at almost 18% per day over the 14-day period up to 10th January 2021, is now starting to decrease. The average number of adult close contacts of confirmed cases peaked at 4.7 on 28th December and is now falling rapidly (2.3 on 12th January). The test positivity rate and the number of positive tests per day is decreasing. Average daily case counts have peaked at 6,500 per day and it is hoped that this number will continue to fall.

Given that the level of infection has stopped increasing and now appears to be declining, it is difficult to estimate reproduction number, which is itself changing, with accuracy. However, by focusing the estimation methods on the most recent 7-10 days, we estimate the reproduction number that has led to the cases being reported this week is in the region of 1.0-1.3. The dynamic situation also makes it difficult to model scenarios for the coming weeks with confidence. However, optimistic projections, which assume we are past the peak of the third wave, show between 800 and 1,600 cases per day at the end of January 2021.

These scenario models also suggest that peak demand for hospital care will occur in the coming days with 2,000-2,400 people in hospital, including 250-300 people in ICU. Furthermore, an optimistic scenario suggests that there may be as few as 650-800 people in hospital including as few as 110-120 people in ICU at the end of January 2021. However, these projections will continue to be reviewed over the coming days. **These models cannot forecast additional COVID-19 cases due to outbreaks in acute hospitals which are a feature during, and in the aftermath of, a major wave of disease. As such, the number of people in hospital with COVID-19 is likely to exceed these projections.**

Models also suggest that deaths in the community (i.e. not including deaths linked to outbreaks in nursing homes and hospitals) will reach a peak of at least 25-30 deaths per day and that these levels will persist at least for the rest of January. Given the large number of recently notified outbreaks in long term residential care facilities and hospitals, we can, unfortunately, expect to see, in addition, a large scale of mortality in these settings. It is therefore anticipated that a total of at least 500-1,000 deaths may occur in the month of January.

A concerning new trend being observed is an increase in COVID-19 outbreaks in homecare services reflecting the level of ongoing disease in the community. These outbreaks not only impact on the ability to ensure service continuity to support people to continue to live in their own homes but also directly increases pressure across all health services including hospital admissions and discharges, and delivery of GP and public health nursing services. The HSE noted that currently there are approximately 500 homecare workers on COVID-19 related leave.

Over the past several weeks the substantial increase in positive cases and their associated contacts put significant strain on the testing and tracing system and the relative value of contact testing was much less at a time of such high levels of transmission, to the extent that the routine testing of close contacts was paused and replaced with guidance to self-isolate and only seek a test if symptomatic. Separately, widespread community transmission, and high incidence in health care settings, has led to large volumes of healthcare workers being absent on COVID-19 related leave. In this regard, and having reviewed the latest evidence, the NPHET gave further consideration to the recommended duration of restriction of movements for individuals exposed, or potentially exposed, to COVID-19 (via close contact with a confirmed case only) and recommended:

- The recommencement of testing of close contacts amongst the general public at day 5, as soon as swabbing, testing and contact tracing capacity can facilitate this development;
- Close contacts of any positive case who has travelled from Great Britain, South Africa or Brazil should continue to be requested to self-isolate and get a test at day 5;
- The urgent implementation of day 5 and day 10 testing for HCWs designated as close contacts, with exit from restricted movements if the Day 10 test is reported as 'not detected';

The NPHET underscored the importance of adhering to the vaccine allocation strategy and vaccinating groups in order of priority, targeting those at greatest risk of severe illness and death in the first instance. The NPHET considered that equity is a critical consideration in the context of the distribution and administration of the vaccine. Vaccinating groups in order of priority will strengthen the legitimacy of, and public trust in, the vaccination rollout. Vaccinating groups out of sequence could have the unfortunate consequence of undermining trust in the fairness of the process. There was a recognition that the framework needs to be adaptable to the particular set of circumstances that pertain at the time of vaccine distribution and that there should be ongoing assessment of allocation priorities as new data becomes available.

The NPHET considered the issue of international travel, having regard to the epidemiological situation in Ireland, the emergence in recent week of variants of concern originating in the UK, South Africa and Brazil, and the measures by the Irish Government and by other states in recent weeks to mitigate the risk of importation of these or other variants which may emerge. Data on traveller numbers indicates that between 1 December 2020 and 11 January 2021 over 190,000 people arrived into Ireland by air, with 37,000 of these coming from the UK and almost 70% of the latter number flying from airports in south-east England. Some 12,000 people travelled from the USA and data from the Passenger Locator Form system shows that in the last four to five weeks some 1,400 people came from South Africa and over 1,600 from Brazil to Ireland.

In this context, the NPHET expressed its continuing concern about the risks associated with international travel, whether by Irish residents or by travellers from other countries to Ireland. It continues to advise against all non-essential international travel. While noting and welcoming the requirement now being provided for in law whereby arriving passengers from all countries will be required to present evidence of a negative/not-detected RT-PCR test result, taken 72 hours prior to

arrival to Ireland, the NPHET considered that further measures should be adopted. A pre-travel test alone is not a sufficiently robust system for the prevention of disease importation and modelling shows that even the best-performing tests will miss up to 40% of cases. The NPHET noted that in response to the emergence of variant strains, many EU countries have adopted more stringent travel policies to meet these new risks. These include combinations of pre-departure testing, quarantine requirements on arrival and post-arrival testing rules.

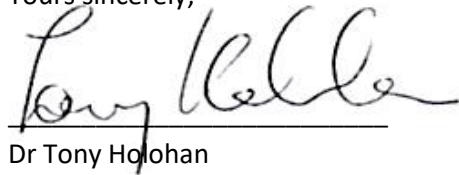
Given the changing epidemiology of the disease and the emergence of new variants internationally, the NPHET reiterated its ongoing concern and prior recommendations with regard to overseas travel. It continues to advise against all non-essential travel and recommends that every effort be made to ensure that discretion as it currently applies to the need for restriction of movements and PCR-testing post-arrival in Ireland is removed.

Having regard to the variants of concern originating from the UK and South Africa, travellers from these countries should continue to complete a full 14 days' self-isolation in conjunction with a "Day 5" test which is available from the HSE.

The NPHET, of course, remains available to provide any further advice and recommendations that may be of assistance to you and Government in relation to ongoing decision-making processes in respect of the COVID-19 pandemic.

As always, I would be happy to discuss further, should you wish.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Holohan', written over a horizontal line.

Dr Tony Holohan

Chief Medical Officer

Chair of the COVID-19 National Public Health Emergency Team

cc. Ms Elizabeth Canavan, Department of the Taoiseach and Chair of the Senior Officials Group for COVID-19