An Roinn Sláinte
Department of Health
Office of the Chief Medical Officer

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

25th February 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 (NPHET). The NPHET reviewed the latest epidemiological data and the following key points were noted:

- A total of 5,116 cases have been notified in the 7 days to 24th February, which is a 13% decrease on the previous 7 days in which there were 5,868 cases.
- As of 24th February, the 7- and 14-day incidence rates per 100,000 population have decreased to 108 and 231, respectively; these compare with rates of 123 and 262 on 17th February.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is 47%, demonstrating that there have been fewer cases in the last 7 days compared with the preceding 7 days.
- The 5-day rolling average of daily cases has decreased from a peak of 6,831 on 10th January to 700 on the 23rd February. The 5-day average has decreased by 14% since the last NPHET meeting (816).
- Incidence, although still high, is decreasing across most adult age groups. Incidence in those aged 85 and older remains elevated. In the last 14 days, 11% of cases notified were aged over 65.
- Of cases notified in the past 14 days, 68% have occurred in people under 45 years of age; the median age for cases notified in the same period is 33 years. The incidence in those aged 18 and under is stable or decreasing as the effect of resumed testing of asymptomatic close contacts wanes. While incidence in those aged 19-24 has increased, this is not yet an established trend.
- While 14-day incidence rates remain high across the country, 15 counties have a 7-day incidence as a percentage of the 14-day rate less than 50%, indicating fewer cases notified in the last 7 days compared with the previous 7 days.
- Of the 11,017 cases reported in the last 14 days, 5.3% (578) were healthcare workers.
- The best estimate of the reproduction number (R) is 0.6 – 0.9. The rate of decline of the disease is continuing at -0% to -4%.
- There were 105,561 tests undertaken in the last week. The 7-day average test positivity rate has decreased to 5.0% on 24th February from 5.5% on 17th February.
- Excluding acute, serial and mass testing in response to outbreaks, the community test positivity rate has decreased over the last week; the rate remains high at 15% over the 7 days to 24th February, which compares to 17.1% on the 17th February.
- According to contact management programme data, 20 counties have community positivity rates (excluding acute, serial and mass testing in response to outbreaks) greater than 10%.
- There were 593 confirmed COVID-19 cases in hospital this morning, compared with 771 on 18th February; this is a 23% decrease since the last NPHET meeting. There have been 20 newly confirmed cases in hospital in the 24 hours preceding this morning.
- There are currently 136 confirmed cases in critical care, compared with 154 on 17th February. There have been 8 admissions in the previous 24 hours.

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- To date, there have been 637 deaths notified with a date of death in February. This compares with 1,284 and 194 deaths notified (to date) with a date of death in January and December, respectively. Of the 637 deaths in February, 77 have thus far been associated with hospital outbreaks and 250 have been associated with nursing home outbreaks.
- To date, the prevalence of S-Gene Target Failure (SGTF) is 89% (762/860 samples) for week 6 2021 and 91% (911/1003 samples) for week 7. SGTF is a marker for the B.1.1.7 variant of concern first identified in England in December 2020.
- In total, 12 cases of B.1.351 (variant first reported in South Africa) have been confirmed by whole genome sequencing.
- 3 confirmed cases of P.1 (variant first reported from Brazil) have been identified in Ireland to date.

Healthcare setting outbreaks:

- There were 4 new clusters notified in hospitals in week 7 of 2021 (14th to 20th February 2021).
- As of today, there are 133 open clusters associated with 44 hospitals; there have been 265 deaths and 2,048 confirmed cases linked to these outbreaks. Of these confirmed cases, 38% are related to healthcare workers.
- There were 12 new clusters notified in nursing homes/community hospitals in week 7, this compares with 6 new outbreaks in these settings in week 6.
- There are currently 172 open clusters associated with nursing homes; there have been 711 deaths and 6,039 confirmed cases linked to these outbreaks. Of these cases, 39% of confirmed cases are related to healthcare workers.
- There are 22 open outbreaks in community hospitals and long stay units; there have been 43 deaths and 640 confirmed cases linked to these outbreaks with 52% of these cases recorded as healthcare workers.
- There are currently 195 open clusters associated with residential institutions; there have been 23 linked deaths and 1,605 linked confirmed cases to these outbreaks. Within these residential institutions, there were 3 new outbreaks in centres for disabilities in week 7; there were 104 open outbreaks in centres for disabilities at the end of week 7.

Outbreaks associated with educational settings and childcare facilities:

- There were 9 outbreaks newly notified in childcare facilities in week 7 with 26 new linked cases. There were 66 open outbreaks in these settings at the end of week 7.
- There were 3 outbreaks newly notified outbreaks associated with third level institutions/students in week 7 with 13 open outbreaks associated with these settings. A number of significant clusters in the community associated with students who attend third level educational settings in the West and Mid-West are currently under investigation with outbreak control measures being implemented as appropriate (including targeted testing).

Vulnerable groups, Travelling Community, Direct Provision & Prison Outbreaks:

- There were 28 new outbreaks reported in vulnerable populations in week 7.
- There remains a high number of Irish Traveller outbreaks with 22 new outbreaks and 59 linked cases in week 7 compared with 22 new outbreaks in week 6; there were 120 open outbreaks in the Irish Traveller community at the end of week 7. This represents a 17% increase on the number of open outbreaks on the previous week.
- There have been 2 new outbreaks in direct provision centres in week 7. Currently, there are 23 open outbreaks in direct provision centres.
- There have been 3 outbreaks in homeless facilities in week 7. Currently, there are 12 open outbreaks in these settings.

Workplace outbreaks:

- There were 33 workplace outbreaks reported in week 7 across a variety of settings, which is 33% higher than the number of outbreaks identified in week 6 (22). There were 10 in commercial settings, 9 related to food production settings, 6 in manufacturing settings, and 5 related to the construction industry. There were 210 open outbreaks in workplaces up to the end of week 7.

Further relevant information includes:

- The sentinel GP influenza-like illness (ILI) consultation rate has decreased to 6.9/100,000 population in week 7 of 2021 (below baseline), compared to an updated rate of 18.0/100,000 population in week 6 of 2021.
- A range of mobility and compliance data suggest that mobility is increasing, although levels remain low overall.
- The number of close contacts captured during the week ending 21st February was 10,969, a 3% increase from the previous week (10,616).
- The average number of close contacts per adult confirmed case remained below 3.3 until early December 2020, rose to almost 5 on average by 28th December 2020, and then decreased rapidly; while it remains very low, it is increasing (from 2.1 to 2.6 per case over recent weeks).
- Of the 6,141 close contacts created between 8th to 14th February where test results were available, 1,783 (27.1%) were positive. A high positivity rate of 35.4% was seen in household contacts.
- As of 24th February, the 14-day incidence per 100,000 population in Northern Ireland was 213; this is 8% less than the 14-day rate in the Republic of Ireland (231 per 100,000 population). The latest 7-day incidence per 100,000 population in Northern Ireland is 101, which is 6% less than the 7-day incidence rate in the Republic of Ireland (108 per 100,000 population).

In summary, Ireland continues to experience a very concerning and fragile epidemiological situation. We are seeing continued, albeit slower, progress against all disease indicators. Incidence remains high but is decreasing across most age groups. There has been a recent increase in incidence amongst young adults aged 19-24 years old, although this has not yet been established as a broad and sustained trend across this age group. Community test positivity remains high but may be starting to decrease.

Health and social care services continue to experience significant pressure from the current wave of infection and demand from the resultant disease burden. The numbers of confirmed cases in hospital and ICU remain high but are decreasing. Mortality is still very high but may be starting to reduce.

Indicators of mobility and contact across the population are low but continue to drift upwards, with the average number of close contacts per adult confirmed case now at 2.6. To note, this indicator is currently over-dispersed, meaning that a small number of cases with large numbers of contacts are inflating the mean.

The latest estimate of prevalence of the B.1.1.7 variant of concern (first identified in England) indicates that this lineage now accounts for approximately 91% of cases in Ireland, with its increased transmissibility continuing to be evident from the high attack rates observed in the most recent Test 1 close contact positivity data. Of particular concern, these data indicate that 35% of household close contacts of confirmed cases are testing positive.

We are maintaining suppression of transmission, but this progress is still fragile. Rate of decline in case counts has slowed, with daily growth at zero to -4%, and halving time at 18 days or longer (central estimate 35 days). In addition, the latest estimates indicate that R is at 0.6-0.9. To note, the estimates of growth rate and R have not necessarily worsened, but the associated uncertainty around them has increased.

The NPHET endorsed recommendations on the use of face masks in the community, recommending that medical grade face masks be worn by vulnerable, high-risk and very high-risk cohorts, and older age groups when in crowded outdoor spaces or confined indoor community spaces. The NPHET also endorsed the recommendation that medical grade face masks be worn by those with a confirmed COVID-19 diagnosis, symptoms suggestive of COVID-19, and the household contacts of confirmed cases. This recommendation does not apply to residential care facilities, which are people's homes.

With respect to overseas travel and the testing of arrivals to Ireland, the NPHET reviewed available global epidemiological data relating to variants of concern and noted that a number of additional South American countries are to be classified as 'Category 2' countries. Furthermore, the NPHET recommends that:

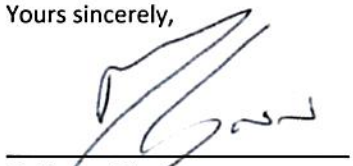
- Arrivals from 'Category 1' countries be offered a 'Day 5' test through the public system, subject to operational capacity and feasibility, and the development of an appropriate referral pathway;
- Arrivals from 'Category 2' countries be offered a test as soon as possible following arrival (i.e. Day 0/1) and again at 'Day 10', subject to operational capacity.

Following a review of the available evidence and advice provided by the HIQA, the NPHET endorsed recommendations to extend the period of presumptive immunity (the period of lower risk of reinfection) from three to six months post natural infection, subject to ongoing review, and further recommends that the HSE review relevant policy and guidance in light of this recommendation.

The NPHET also discussed a paper presented by the AMRIC which highlighted progress made to date to expand Infection Protection and Control (IPC) capacity and capability across the healthcare system, as well as key areas that require continued focus. The NPHET noted the importance of the IPC learnings identified in the paper and endorsed ongoing work between the Department and the HSE to ensure the adoption of a strategic approach to IPC across community and acute settings.

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,



Dr Ronan Glynn
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Acting 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