

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

15th October 2020

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 and modelling data and assessed the impact that current Level 3 restrictions are having on the trajectory of the disease. The NPHE noted that there has been further sustained increases across all key indicators and that the growth rate of the epidemic has accelerated, since it last met on the 8th October.

The following key points were noted:

- A total of 6,382 cases have been notified in the past seven days up to the 15th October, compared with 3,514 in the previous seven days, a 82% increase.
- The 7- and 14-day incidences are 133 and 207 per 100,000 population, respectively; these compare with 7- and 14- day incidences of 72 and 124 per 100,000 last week, respectively.
- The 5-day average of reported cases is 946; this compares with a 5-day average of cases of 508 on 8th October.
- A total of 101,270 tests were undertaken in the last seven days. The 7-day average test positivity rate has increased from 4% to 6% over the last seven days. The positivity rate yesterday, 14th October, was 7.9%.
- The 14-day incidence in those aged 65 years and older has increased from 92.9 per 100,000 population on 7th October to 125.0 per 100,000 population on the 14th October.
- There are currently 234 confirmed cases in hospital, compared with 159 on 8th October.
- There are currently 30 confirmed cases in critical care, compared with 27 on 8th October.
- The estimate of current growth rate for the country is 5 - 6% (compared with 4 -5% on the 1st October), giving a doubling time of 12 – 14 days. The growth rate is lower in Dublin at around 1% and higher in the rest of the country at 6-7%.

Further relevant information includes:

- To date, there have been 30 deaths notified with a date of death in October. This compares with 5 and 33 deaths notified (to date) with a date of death in August and September, respectively.
- In the week to Saturday 10th October, there were 12 new clusters notified in nursing homes with 130 linked cases.
- There are currently 21 open clusters in acute hospitals. Of these, 8 clusters were notified in the week leading up to Saturday 10th October.
- In the past fortnight, to 13th October, 493 cases have been reported in healthcare workers.
- A range of mobility data demonstrates that the impact of current measures has been much less pronounced than in the earlier phases of the pandemic.
- The current profile of the disease in Northern Ireland, which has a 7-day incidence of 340 per 100,000 population.
- Further detail is included in Appendix 1.

Most recent data modelling shows that:

- Based on data to the 10th October, the best estimate of effective reproduction (Re) for the country is now 1.4. This is likely to be at, or slightly greater than, 1.0 in Dublin and between 1.6 and 1.8 in the rest of the country. Modelling shows that, were current trends to continue, between 1,800 (current $Re = 1.4$) and 2,500 (if Re increases to 1.6) cases will be notified per day by 31st October.
- Based on the current demographic profile of cases, for every 1,000 confirmed cases, there will be approximately 30 - 40 hospitalisations, with 4 - 5 people admitted to critical care and 3 - 4 deaths. However, were the age profile to change, such that the profile of cases reflects the demographic profile of the general population, modelling shows that, for every 1,000 confirmed cases, there will be approximately 40 - 50 hospitalisations, with 6 - 7 people admitted to critical care and 5-6 deaths.
- Based on the current trajectory and profile of cases (and not accounting for the potential impact of measures announced by Government on 14th October), modelling shows that there will be 450 - 600 people in hospital and 80 - 110 people in critical care by the 31st October.
- Were Re to be reduced to 0.5 for a period of three weeks, this would be expected to reduce daily case numbers to between 250 and 300 cases per day by the end of that period. However, modelling estimates that a release of measures at that point (with Re returning for example to 1.4), would very likely result in a rapid re-escalation in disease trajectory and impact, such that approximately one thousand cases per day would be expected by the middle of December 2020.
- Were Re to be reduced to 0.5 for a period of six weeks, this would be expected to reduce daily case numbers to between 50 and 100 cases per day by the end of that period, following which a release of measures (with Re returning to 1.4) would be expected to result in cases not going above 300 cases per day until early January 2021.

NPHET also noted the deteriorating epidemiological landscape across the EU, with many countries experiencing a resurgence of COVID-19 in recent weeks/months as restrictions that had initially been

imposed were lifted. Many countries are also now observing increasing hospitalisations, ICU admissions and deaths related to COVID-19. It was further noted that more comprehensive restrictions are increasingly being reintroduced in countries as earlier less-intensive measures have failed to control the disease sufficiently and community transmission continues to spread.

Assessment of Current Position

The NPHET continues to express deep and escalating concern in relation to the epidemiological situation across the entire country. In its letter of the 4th October, the NPHET advised that a proactive and robust approach through the application of Level 5 measures nationally should be taken immediately to arrest the trajectory of the disease and to enable a significant suppression of the virus to very low levels of transmission in advance of the winter months. NPHET emphasised that this approach was critical to protecting the three core priorities of:

- Preventing unnecessary disruption to non-COVID health and social care services particularly given the impact on those services in the first half of 2020
- Protecting medically and socially vulnerable people and
- Proactively protecting against and averting significant disruption to childcare and education.

Since that meeting, there has been a further significant deterioration in all key indicators of disease transmission and severity and there is widespread community transmission across the country. The growth rate of the epidemic has accelerated and data from recent days shows that the number of cases and the number of hospitalisations are increasing faster than the exponential growth predicted via modelling, indicating a rapidly deteriorating disease trajectory nationally and potentially compromising our ability to protect these core priorities. NPHET is particularly concerned that the burden of this latest wave of infection will fall disproportionately on the most vulnerable in our society. In that regard it noted the rise in the number of outbreaks in nursing homes and amongst the Irish Traveller community, and also the scale of these new outbreaks. It also noted the rise in the number of outbreaks in hospitals.

The NPHET also expressed its concern in relation to health system capacity, and noted the significant pressures across all areas of the health service as we enter the winter period which has traditionally been the most challenging for the system. Current levels of transmission are already challenging our testing and public health capacity. The NPHET noted that ongoing consideration is being given to how public health resources can be best prioritised to ensure that those most vulnerable to the disease are protected. It also noted the very real risk that hospitals in particular will have difficulties in meeting demand in the coming days and weeks, with occupancy rates now back at pre-COVID levels and inevitable consequent impacts on the provision of scheduled non-COVID care.

Level 3 measures have been in place in Dublin since 19th September, in Donegal since the 26th September and across the country since the 7th October. The NPHET's assessment is that these measures have not had sufficient impact to date. The NPHET notes the Government decision of 14th October in which enhanced Level 3 measures will be implemented nationally and Level 4 measures in Cavan, Donegal and Monaghan. The NPHET continues to believe that a more aggressive strategy is necessary to achieve the levels of suppression that are necessary to bring this disease back under control in a shorter time period, thus mitigating increases in hospitalisations and mortality and

allowing us to get to a point where restrictions can be lifted more quickly. This will require a reproduction number well below 1.0.

Given the current profile and trajectory of the disease and modelling projections, the level of demand pressures across the health system, the over-riding priorities of protecting the most vulnerable and continuing health and education services, the NPHET believes that the risk is too great to wait to take further action. As part of its discussions, the NPHET considered whether Level 4 measures would be sufficient to achieve the necessary levels of suppression. However, given the absolute imperative to protect the priorities as set out above and to do so rapidly, it was felt that a recommendation to implement Level 5 measures was warranted. In particular the potential impact of the stay-at-home measure of curtailing non-essential travel to within 5km of home, if appropriately adhered to, was emphasised.

Notwithstanding that the triggers set out in the 'Resilience and Recovery 2020-2021: Plan for Living with COVID-19' should be viewed as indicative only, NPHET believes that all such triggers for an escalation to Level 5 of the Plan continue to be met. Specifically, there is high and rapidly increasing disease incidence with all indicators of viral transmission escalating rapidly and associated with widespread community transmission, there are multiple clusters with secondary and tertiary spread and cases in residential care settings are increasing rapidly. Furthermore, there has been a significant and rapid increase in admissions to hospital and admissions to critical care are increasing, with very significant concern among the clinical community that hospital and critical care capacity will deteriorate significantly over the coming weeks with, at a minimum, consequent impact on the provision of scheduled non-COVID services. In addition, it is evident that capacity to undertake robust and timely contact tracing is now constrained. Finally, despite being an indicator which lags substantially behind disease incidence and caseload notification, mortality is now also increasing.

Recommendation

The NPHET therefore reiterated its recommendation that the Government apply Level 5 measures across the country for a period of 6 weeks, subject to periodic review. The details of these measures as provided for in the 'Resilience and Recovery 2020-2021: View the Plan for Living with COVID-19' are set out in the Appendix 2. The NPHET again advises that it believes schools should remain open during this period of restrictions. The NPHET also gave consideration to the impact of household restrictions on those that live alone, especially older people and undertook to give this further consideration. The NPHET recognises the importance of explaining and communicating the data, evidence and rationale underpinning its recommendation to enable appropriate consideration by Government.

Once again, the NPHET recognised the impact that these measures will have on individuals, families, communities, businesses and organisations. A core principle of public health is the obligation to protect the public from serious harm in its broadest sense, including physical, psychological, social and economic harm. In considering any public health measures, NPHET considers all of these factors and in line with the principle of proportionality seeks to recommend the least restrictive measures capable of achieving the stated public health goals. NPHET firmly believes that an escalation to Level 5 is inevitable and that the earlier this proactive action is taken, the greater chance there is of quickly reversing the current trajectory of the disease and thereby limiting the impact on public health, both

physical and mental, and protecting vulnerable groups, and non-Covid health services and education services.

The NPHE again recognised that the measures proposed will only be effective if there is broad societal buy-in and adherence to them. This will require a combination of clear communications, cross sectoral leadership and engagement, and robust inspection and enforcement arrangements and it reemphasised its recommendations from the 4th October in this regard.

The NPHE appreciates how difficult it will be for everyone to return to this level of restrictions, but it is confident that people across Ireland can once again meet this challenge with determination and unity of purpose. Solidarity must continue to be the bedrock of our approach, and the need for intergenerational solidarity has never been greater.

The NPHE also considered the areas that will require further consideration and development over the coming period to support the easing of restrictions. This includes further enhancement and investment in our public health response system to ensure sustainable capacity to quickly identify, respond to and manage cases and outbreaks when restrictions are lifted. The NPHE also noted that consideration of the future response strategy for the period following this wave of infection is needed and that it will consider this matter further in the coming weeks.

The NPHE considered a number of other issues today. It agreed guidance on visits to and from community housing units for people with disabilities and it also noted that HPSC was finalising guidance on the use of visors which will be brought back to the NPHE next week.

The NPHE 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.

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

Appendix 1: Epidemiological Data

Ireland's current epidemiological situation is as follows:

Cases and Deaths

- The number of confirmed cases stands at 45,243;
- The 5-day average of cases is currently 946 cases per day; the 5-day average was 508 per day on 8th of October and 411 per day on 1st of October.
- The current 14-day incidence per 100,000 population is 207. The 14-day incidence rate was 92 per 100,000 population on the 1st October and 108 per 100,000 population on 4th October.
- The current 7-day incidence is 133 cases per 100,000 population. The 7-day incidence rate was 67 per 100,000 population on 1st October and 72 per 100,000 population on 8th October.
- 9,756 cases (22% of all cases) were associated with healthcare workers; 493 cases were reported in healthcare workers in the fortnight to 13th October 2020.
- 1,838 deaths due to COVID-19 notified to date; 30 of these have occurred in the month of October; 33 deaths have occurred in the month of September;
- The 7-day average positivity rate has increased from 4% on 8th on the October to 6% as of 14th October.
- The current estimate of R is 1.4.

Demographic and Location Trends

- 66% of cases notified in the past 14 days have occurred in people under 45 years of age;
- The median age for all cases remains stable; the median age for cases notified in the past 14 days is 32 years;
- Incidence in older age groups is increasing with 9% of cases notified in the last 7 days in the over 65 age group.
- Many counties are seeing large increases in incidence – 25 out of 26 counties have seen more cases in last 7 day then in the previous 7 days.

Hospitalisations

- There were 238 confirmed cases in hospital today with 17 admissions in the previous 24 hours. This time last week, there were 159 COVID-19 patients in hospital with 17 new admissions in the preceding 24 hours. On the 1st of September there were 36 patients in hospital.
- Over the last week there have been an average of 19 new admissions per day. The number of confirmed COVID-19 patients requiring critical care yesterday was 30, with 1 new admission in the previous 24 hours. Last Wednesday, there were 27 COVID-19 patients in critical care.

Clusters and Modes of Transmission

- 522 additional new clusters were notified in the past week to 3rd October 2020. There are 2,475 open clusters nationally; The vast majority of open clusters continue to be associated with private households (1,906 of the 2,475 clusters); 99 open outbreaks are associated with workplaces. In the fortnight to 6th October, 50% of all cases in recent days have arisen as a result of close contact with a confirmed case. A further 46% of cases are linked with community or possible community transmission.

Appendix 2: Proposed Measures under Level 5 of the Framework

- No visitors to private homes/gardens
- No social/family gatherings to take place in other settings, either indoors or outdoors
- Up to 6 guests only are permitted at weddings
- No organised indoor gatherings should take place
- No organised outdoor gatherings should take place
- No matches or sports events are permitted – exemption for professional/elite/ senior inter-county/horse-racing behind closed doors
- Individual training only is permitted both indoors and outdoors. No exercise or dance classes are permitted.
- Gyms/leisure centres/swimming pools are closed
- Places of worship remain open for private prayer only, with religious services moving online. An exemption is provided for funerals, which can proceed with up to 10 mourners permitted
- The vast majority of public venues, shops, businesses and services to close, including:
 - museums, galleries, libraries and tourism and cultural attractions
 - Restaurants, bars and cafes (including hotel restaurants and bars and wet bars) are open for takeaway food or delivery only.
 - Nightclubs, discos and casinos remain closed.
 - Hotels, guesthouses and B&Bs are open only for those with essential non-social and non-tourist purposes.
 - Only essential retail is permitted to open. All other retail and personal services are closed.
- Work from home unless work is an essential health, social care, for education purposes, or other essential services and cannot be done from home.
- Public transport should be reserved for essential workers and essential purposes only, and should operate at 25% capacity only. (Current provisions will continue to apply to school transport).
- Everyone should stay at home in all circumstances, with the following exemptions:
 - Essential work, medical appointments, vital family reasons, farming
 - Exercise within 5km of home.
- LTRC Facilities visiting: suspended, aside from critical and compassionate circumstances
- Over 70s and medically vulnerable: specific guidance (no change from level 2,3,4)
 - Staying at home as much as possible is recommended.
 - While each person should exercise individual judgement regarding the extent to which they engage with others, it is strongly recommended to limit this to a very small network, for short periods of time, while remaining physically distanced.
 - When taking exercise outdoors, maintain 2 metre distance from others and wash hands on returning home.
 - Public transport should be avoided.
 - Shopping during designated hours only while wearing a face covering is recommended. Family, friends and neighbours may be able to provide assistance with shopping once they adhere to physical distancing guidelines, alternatively, online services may be considered.
 - Designated shopping hours and Community Call will need to be stood up

The following should remain open, with appropriate protective measures in place:

- Schools, early learning and childcare services
- Higher and adult education: the vast majority of programmes should be online, with exemptions only for essential on-site activities including practicals, laboratory and clinical placements.
- Outdoor playgrounds, play areas and parks remain open.