

## COVID-19 Expert Advisory Group Meeting

Title of Meeting:	COVID-19 Expert Advisory Group Meeting		
Location of Meeting:	DOH, Videoconference		
Members/In attendance:	Dr Cillian de Gascun (CdG)	Director NVRL, Consultant Virologist (Chair)	
Videoconference:	Prof Karina Butler (KB) Dr John Cuddihy (JCy) Prof Aurelie Fabre (AF) Prof Sean Gaine (SG) Dr Vida Hamilton (VH) Dr Gerard O'Connor (GOC) Dr Joanne O'Gorman (JOG) Dr Colman O'Loughlin (COL) Dr Margaret O'Sullivan (MOS)  Dr Lynda Sisson (LS)	Chair, National Immunisation Advisory Committee, Consultant Paediatric ID Director, Health Protection Surveillance Centre Consultant Pathologist Consultant Respiratory Physician National Clinical Advisor and Group Lead, Acute Hospitals Consultant Emergency Medicine Mater Hospital Consultant Microbiologist HPSC/Rotunda Hospital Consultant in Intensive Care Medicine RCPI Chair, National Zoonoses Committee & Consultant Public Health Medicine Consultant in Occupational Medicine, Dean of Faculty of Occupational Medicine, RCPI	
Apologies:	Dr Jeff Connell (JCo) Ms Helen Murphy (HM)  Prof Colm Bergin (CB) Dr David Hanlon (DH)  Dr Derval Igoe (DI) Dr Ciara Martin (CM) Prof Martin Cormican (MC) Dr Eibhlin Connolly (EC)  Dr Lelia Thornton (LT)	NVRL Infection Prevention and Control Nurse Manager, Lead Nurse AMR HCAI Response Team Consultant Infectious Diseases, St James's Hospital HSE National Clinical Advisor and Group Lead for Primary Care Consultant Public Health Medicine, HPSC Consultant in Paediatric Emergency Medicine Consultant Microbiologist, National Clinical Lead HCAI/AMR Deputy Chief Medical Officer, DOH (on behalf of Dr Alan Smith) Consultant in Public Health Medicine, HPSC	
Secretariat:	Mr Robert Glennon Dr Laura Heavey	Department of Health Specialist Registrar in Public Health Medicine	
Observer:	Ms Maeve Kennedy, NVRL, UCD		
Date/Time of Meeting:	Wednesday 26/08/2020	Time: 2pm to 4pm	
Prepared by:	Dr Laura Heavey, Specialist Registrar in Public Health Medicine, HPSC	Date Circulated:	

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1	<p><b>Apologies</b></p> <p>The Chair noted that apologies had been received from a number of members.</p>	
2	<p><b>Conflicts of Interest</b></p> <p>No conflicts of interest were declared by members.</p>	
3	<p><b>Minutes and matters arising</b></p> <p>The minutes of the meeting of 19 August 2020 were approved by the members present.</p>	
4	<p><b>Epi Update</b></p> <p>An update on the epidemiological situation was provided by HPSC. The trends observed in recent weeks have continued with increasing incidence, increases in young persons, and outbreaks in multiple settings. However, hospitalisation rates and deaths have remained low. A number of reasons for this was noted. The median age of cases now is 32. The median age was much higher during the peak of pandemic. Due to changes in the testing strategy, many more asymptomatic cases are being identified. It is also likely that many older people are taking extra precautions and restricting their movements to reduce their chances of being exposed. Concern was raised that if the incidence of COVID-19 remains in high in younger age groups, there will eventually be transmission to vulnerable older groups.</p> <p>Several members raised the issue of the use of visors in preference to face masks in barbers and restaurants. Some noted that they are also being recommended in communications from some schools to their students. There was particular concern regarding barber shops as the visor will direct the air flow down towards the person whose hair they are cutting. It was noted that while visors are not suitable on their own in a healthcare setting, there are some situations where they might be acceptable in the community. An ill-fitted face covering worn alone may even be less effective than a visor alone, if the wearer is continuously touching their face to readjust their face covering and their mouth and nose are not covered. Several members noted that there is more work to be done on public education regards the use of face coverings and visors. Some felt that face coverings were providing a false sense of security and some people were less compliant with other measures such as physical distancing and hand hygiene while wearing them.</p>	
5	<p><b>Occupational Medicine: management of HCW household contacts of children excluded from school with COVID-19 or due to exposure to COVID-19</b></p> <p>This item was postponed until next week's meeting when additional information will be available.</p>	
6	<p><b>Guidance for pre-assessment of patients being admitted to acute hospitals</b></p> <p>An update was provided by members who were involved in the development of this guidance. Screening of patients being admitted for elective medical care is recommended when local incidence is greater than 20 cases per 100,000. Emergency admissions have an individual risk assessment in the ED and a decision is made in the ED regards whether they enter the COVID or non-COVID pathways. It was noted that the guidance has been extremely effective in getting elective medical care re-started. Activity is close to 90% of what it was this time last year in some hospitals.</p>	

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7	<p><b>Nasal swabs for COVID-19 testing</b></p> <p>Additional information will be distributed in advance of next week's meeting and this item will be discussed then.</p>	
8	<p><b>CAG Agenda</b></p> <p>There was no meeting scheduled for this week.</p>	
	<p><b>Referrals from NPHET - updated WHO position on masks</b></p> <p>The latest WHO position statement was discussed and it was noted that the Irish guidance is similar to many of their recommendations. There was an emphasis on child wellbeing and the importance of education throughout the document. The group discussed the rise in cases aged under 15 in Ireland. One member suggested that it could be optional for children under 13 to wear a face mask, if they and their parents were more comfortable with this. It was concluded that there was no urgency right now to change the current Irish recommendations. Concern was expressed that changing the guidance now may cause confusion at a time when the schools are only just starting to reopen and there is already considerable public anxiety. It was noted that the position statement suggests that consideration could be given to local epidemiology when recommending mask wearing for children under 12.</p> <p>Other members not in attendance today will be also be given an opportunity to comment on the position statement before the discussion is closed.</p>	
9	<p><b>Any other business</b></p> <p>One member asked about the timing of publication of the guidance on managing school outbreaks. It will be reviewed by NPHET tomorrow. The Gov.ie website already has a section on returning to school with lots of resources for parents and teachers. It was also noted that discussions are ongoing about how and where the flu vaccination will be administered to children this winter.</p> <p>One member raised a concern that there are so many sources of information online now on various sites including the HSE, HPSC and Gov.ie sites that there is confusion amongst the general public on certain issues. They felt that clarity was needed on the size of social gatherings.</p> <p>The duration of isolation for someone diagnosed with COVID-19 was queried. It was noted that WHO have reduced the duration of isolation to 10 days. HIQA are reviewing the evidence on the duration of infectiousness and this will be discussed next Wednesday.</p> <p>Concern was raised regards demands on the testing and tracing system related to the screening of workers in certain environments, like nursing homes and meat processing plants. It was emphasised that those who are symptomatic or who are close contacts of a confirmed case should be prioritised. The HSE is working on a prioritisation pathway to ensure this is occurs.</p> <p>The Chair provided an update on the new governance structures for decision-making in the pandemic and outlined how the EAG will function going forward. More information will be provided at next week's meeting.</p>	

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	<p>One member brought forward a query from the coroner's group regards testing deceased persons with a known history of COVID-19, if they had recovered before their death. It was clarified that testing of the deceased for COVID-19 would not be required if the deceased did not show any COVID-19 related symptoms prior to death. It is known that PCR positivity can persist after recovery and a positive swab might not correspond to potential infectivity of the virus.</p> <p>It was also noted that it is recommended that once someone living has tested positive for COVID-19, they should not be re-tested as part of workplace testing, due to the persistence of PCR positivity after recovery.</p>	
10	<b>Date of Next Scheduled Meeting:</b> 02/09/20	

Abbreviations:

AMR	Anti-Microbial Resistance
AMRIC	Antimicrobial Resistance and Infection Control
CDC	Centers for Disease Control and Prevention
CMO	Chief Medical Officer
CCO	Chief Clinical Officer
COVID-19	Coronavirus Disease 2019
Ct	Cycle threshold
CTPA	Computed Tomography Pulmonary Angiography
DOH	Department of Health
EAG	Expert Advisory Group
ECDC	European Centre for Disease Prevention and Control
ED	Emergency Department
FAQ	Frequently Asked Questions
HCAI	Healthcare-Associated Infection
HIQA	Health Information and Quality Authority
HCW	Health Care Worker
HPSC	Health Protection Surveillance Centre
HSE	Health Service Executive
ICU	Intensive Care Unit
ID	Infectious Disease
ILI	Influenza-Like Illness
IPC	Infection Prevention and Control
MDT	Multi-disciplinary team
MOU	Memorandum of Understanding
NAS	National Ambulance Service
NCHD	Non-Consultant Hospital Doctor
NI	Northern Ireland
NPHE	National Public Health Emergency Team
NVRL	National Virus Reference Laboratory
PCR	Polymerase Chain Reaction
PE	Pulmonary Embolism
PH	Public Health
PHE	Public Health England
PPE	Personal Protective Equipment
RCPI	Royal College of Physicians of Ireland
UCC	University College Cork
WHO	World Health Organisation