

**Health Technology Assessment (HTA) Expert Advisory Group Meeting
(NPHE COVID-19 Support)**

Meeting no.1: Tuesday 29th September 2020 at 12:00

(Zoom/video conference)

MINUTES

Attendance:

Chair	Dr Máirín Ryan	Director of Health Technology Assessment & Deputy Chief Executive Officer, HIQA
Members via video conference	Dr Niamh Bambury	Specialist Registrar in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
	Prof Karina Butler	Consultant Paediatrician and Infectious Diseases Specialist, Children's Health Ireland & Chair of the National Immunisation Advisory Committee
	Dr Jeff Connell	Assistant Director, UCD National Virus Reference Laboratory, University College Dublin
	Dr Eibhlín Connolly	Deputy Chief Medical Officer, Department of Health
	Prof Máire Connolly	Specialist Public Health Adviser, Department of Health and Adjunct Professor of Global Health and Development, National University of Ireland, Galway
	Prof Martin Cormican	Consultant Microbiologist & National Clinical Lead, HSE Antimicrobial Resistance and Infection Control Team
	Ms Sinead Creagh	Laboratory Manager at Cork University Hospital & Academy of Clinical Science and Laboratory Medicine
	Dr Ellen Crushell	Consultant Paediatrician, Dean, Faculty of Paediatrics, Royal College of Physicians of Ireland & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme
	Dr John Cuddihy	Specialist in Public Health Medicine & Interim Director, HSE- Health Protection Surveillance Centre (HPSC)
	Dr Cillian de Gascun	Consultant Virologist & Director of the National Virus Reference Laboratory, University College Dublin
	Dr Lorraine Doherty	National Clinical Director Health Protection, HSE- Health Protection Surveillance Centre (HPSC)
	Ms Josephine Galway	National Director of Nursing Infection Prevention Control and Antimicrobial Resistance AMRIC Division of Health Protection and Surveillance Centre
	Dr Vida Hamilton	Consultant Anaesthetist & National Clinical Advisor and Group Lead, Acute Hospital Operations Division, HSE
	Dr David Hanlon	General Practitioner & National Clinical Advisor and Group Lead, Primary Care/Clinical Strategy and Programmes, HSE
	Dr Patricia Harrington	Head of Assessment, Health Technology Assessment, HIQA
	Dr Derval Igoe	Specialist in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
	Prof Mary Keogan	Consultant Immunologist, Beaumont Hospital & Clinical Lead, National Clinical Programme for Pathology, HSE
	Dr Siobhán Kennelly	Consultant Geriatrician & National Clinical & Advisory Group Lead, Older Persons, HSE
Ms Sarah Lennon	Executive Director, SAGE Advocacy	
Dr Gerry McCarthy	Consultant in Emergency Medicine, Cork University Hospital & National Clinical Lead, HSE Clinical Programme for Emergency Medicine	
Prof Paddy Mallon	Consultant in Infectious Diseases, St Vincent's University Hospital & HSE Clinical Programme for Infectious Diseases	
Dr Eavan Muldoon	Consultant in Infectious Diseases, Mater Misericordiae University Hospital, National Clinical Lead for CIT and OPAT programmes & HSE Clinical Programme for Infectious Diseases	
Dr Desmond Murphy	Consultant Respiratory Physician & National Clinical Lead, HSE Clinical Programme for Respiratory Medicine	

	Dr John Murphy	Consultant Paediatrician & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme
	Ms Michelle O'Neill	HRB-CICER Programme Manager, HTA Directorate, HIQA
	Dr Mary O'Riordan	Specialist in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
	Dr Margaret B. O'Sullivan	Specialist in Public Health Medicine, Department of Public Health, HSE South & Chair, National Zoonoses Committee
	Dr Michael Power	Consultant Intensivist, Beaumont Hospital & National Clinical Lead, HSE Clinical Programme for Critical Care
	Dr Lynda Sisson	Consultant in Occupational Medicine, Dean of Faculty of Occupational Medicine, RCPI & HSE National Clinical Lead for Workplace Health and Well Being
	Prof Susan Smith	Professor of Primary Care Medicine, Royal College of Surgeons in Ireland
	Dr Patrick Stapleton	Consultant Microbiologist, UL Hospitals Group, Limerick & Irish Society of Clinical Microbiologists
	Dr Conor Teljeur	Chief Scientist, Health Technology Assessment, HIQA
	Ms Anne Tobin	Assessment and Surveillance Manager, Medical Devices, Health Products Regulatory Authority
In attendance	Dr Christopher Fawsitt	Senior Health Economist, HIQA
	Dr Karen Cardwell	Postdoctoral Researcher HRB-CICER, Health Technology Assessment, HIQA
	Ms Karen Jordan	HTA Analyst, Health Technology Assessment, HIQA
	Dr Kirsty O'Brien	Health Services Researcher, Health Technology Assessment, HIQA
	Dr Laura Comber	HTA research analyst, Health Technology Assessment, HIQA
	Ms Susan Ahern	Health Services Researcher, Health Technology Assessment, HIQA
	Dr Susan Spillane	Senior HTA Analyst, Health Technology Assessment, HIQA
Secretariat	Ms Debra Spillane	PA to Dr Máirín Ryan, HIQA
Apologies	Dr Orlaith O'Reilly	Joint Clinical Lead, HSE Integrated Programme for Prevention and Management of Chronic Disease
	Dr Mary O'Riordan	Specialist in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
	Mr Andrew Lynch	Business Manager, Office of the National Clinical Advisor and Group Lead - Mental Health, HSE
	Dr Gerard O'Connor	Consultant in Emergency Medicine, Mater Misericordiae University Hospital HSE Clinical Programme for Emergency Medicine

Proposed Matters for Discussion:

1. Welcome

The Chair welcomed all members to the group and provided a brief background to the establishment of this Expert Advisory Group (EAG). The Government is moving towards a sustainable response to the public health emergency. HIQA has been requested to take the lead on developing evidence-based advice to NPHET on behalf of the Minister for Health to inform public health policy, advice and practice in the context of COVID-19. This follows from the work to date by HIQA's Health Technology Assessment Directorate in providing research synthesis to support the work of NPHET, NPHET groups and the development of public health guidance by HPSC.

2. Apologies & Introductions

Apologies as noted above. Members were requested to ensure their full names were correctly shown on the Zoom screens.

3. Terms of Reference

The Chair provided an overview presentation of the process for the group including:

- The processes for the COVID-19 Expert Advisory Group
- The terms of reference for the COVID-19 Expert Advisory Group

The Health Protection Surveillance Centre (HPSC) outlined the process agreed with the Department of Health (DOH) for HIQA's assistance with the development of guidance with requests coming through the Office of the Chief Clinical Officer, HSE. HIQA's work programme in responding to requests for advice from NPHET and HSE will be prioritised through the Office of the Chief Medical Officer.

4. Conflicts of Interest

All members had completed a conflict of interest (COI) and confidentiality statement. Going forward any member with a COI relating to a specific topic was requested to inform the Chair in advance of the meeting. The draft documents shared and the discussions of the group form part of a deliberative process and remain confidential until the resultant advice is published by HIQA on its website.

5. Work Programme

The group was provided with an overview of the current status of the work programme including:

No.	Review Questions	Status of work
1.	RQ 19: What is the incubation period of COVID-19, or time to first positive test, in individuals exposed to SARS-CoV-2?	drafted
2.	Rapid HTA of diagnostic tests for SARS-CoV-2	Ongoing
3.	RQ 9: Long term immune response and reinfection post SARS-CoV-2 infection	Ongoing
4.	RQ 20: Based on the available international evidence, is the current definition of what constitutes "medically vulnerable" in relation to COVID-19 appropriate?	Scoping ongoing
5.	RQ 21: High risk settings for transmission of SARS-CoV-2	Scoping – due to start 1/10/2020
6.	Database of public health guidance reviewing international public health guidance	Ongoing – published 3 times weekly
7.	Public health guidance: - vulnerable groups - LTCFs	Ongoing
8.	Convalescent plasma for the treatment of COVID-19	Awaiting publication

6. Presentation of Evidence summary on the incubation period of COVID-19

The HIQA evaluation team provided a presentation outlining the policy question and the associated research questions that were formulated to inform the policy question: "Does the evidence support the current 14 day period of restriction of movement for those exposed or potentially exposed to SARS-COV-2?"

- Research question:
 - a) *What is the incubation period of COVID-19, or time to a first positive test, in individuals exposed to SARS-CoV-2?*

Key points discussed were as follows:

- Findings of the evidence summary included 98 studies, 96 relevant to incubation period, 88 with sufficient data to allow pooled analysis, and three studies contained data relevant to serial testing of asymptomatic populations. Generally low quality studies.
- Median incubation was estimated at 5-6 days
- At 14-days post exposure it was estimated that approximately 95% will have become symptomatic, with 1 in 20 doing so after this time.
- At 10-days post exposure it was estimated approximately 82 to 87% will have become symptomatic, with 1 in 6 doing so after this time.
- At 7-days post exposure it was estimated approximately 61% to 71% will have become symptomatic, with 1 in 3 doing so after this time.
- It was noted that insufficient data was available for the subgroups of children or older adults, although these showed potentially longer incubation periods.
- Three small sample size studies (range 2 to 26) of low quality and considerable limitations for those who are asymptomatic, suggested that for many the time from exposure to first positive test will be by day 10.
- It was noted that evidence was unavailable to separate out the travel contacts versus close household contacts or others.
- An illustrative example, based on a number of hypothetical assumptions was presented, showing the potential additional infections on reduction of restriction of movements to 10 days.

b) *What is the international public health guidance for restriction of movements?*

Key points discussed were as follows:

- Close-contacts of confirmed, or clinically suspected, cases in Ireland are recommended to restrict their movements for 14 days, with testing on day 0 and day 7 (unless within 24 hours). Regardless of a result of 'not detected' movements should still be restricted for 14 days.
- Fourteen days of restriction of movements were widely recommended (WHO, CDC, ECDC, multiple countries), 10 days restriction of movements introduced by four countries (Austria, Norway, Netherlands, Switzerland) and ECDC recommendation of 14 days reduced to 10 days after exposure if PCR test at day 10 negative (not detected).

- Ireland recommends no restriction of movements for “green list” travel however countries not on the list require restriction for 14 days.
- Other recommendations show most countries include “green lists” and 10 or 14 days’ restriction; some include testing pre-departure and or on arrival. The European Commission Common travel approach which has been proposed includes a colour coded system and 14 days quarantine OR testing, with testing being preferred option.

7. Advice on the period of restricted movements for individuals potentially exposed to SARS-CoV-2

Conclusions on policy question based on evidence presented:

- Based on the research evidence presented, there was a broad consensus from COVID-19 Expert Advisory Group that the current evidence supports the ongoing use of the 14-day duration of restriction of movements.
- The COVID-19 Expert Advisory Group identified additional factors for consideration to inform both this policy question and potential further research and policy questions. These included:
 - differences in the risk of infection by exposure setting (close contact: household versus non-household) and type (for example, close contact versus potential travel-related exposure) that could allow for potentially different recommended periods of restricted movements.
 - analysis of any existing contact tracing data in Ireland regarding test positivity on day 0 and day 7, segregated by symptomatic and asymptomatic populations, and the likelihood of pre-symptomatic detection.
 - any sources of evidence on the proportion of cases with a negative test (virus not detected) result at day 10 since exposure who subsequently become symptomatic.
 - the infectivity and transmission capability of asymptomatic populations.
 - mechanisms to address perceived barriers arising from socioeconomic disparities that are impacting timely access to testing and ability to restrict movements.
 - adherence to restriction of movements and how this may vary according to differences in the specified duration of restricted movements, including any behavioural factors influencing this adherence. Consideration should be given to the analysis of the existing Irish data regarding adherence to the current testing strategy.
 - the implications of any reduction in the duration of restriction of movements for contacts working with vulnerable populations or contacts in high-risk settings.

- The COVID-19 Expert Advisory Group highlighted that further consideration should be given to the ECDC recommendation (published 15 September 2020) allowing the period of restriction of movements to be reduced from the recommended 14 days if a PCR test taken on or after day 10 following last exposure to the case is negative (virus not detected). It was highlighted that it would be important to explore the evidence underpinning the ECDC recommendation. It was also noted that the organisational implications of including a day-10 test on current testing policy should be considered.

8. Rapid HTA of alternatives to laboratory-based real time RT-PCR for diagnosis of SARS-CoV-2 (for information)

The group were informed that the above rapid HTA will be discussed at the meeting next week. The outline of the methods for the four research questions and a review of recommendations and practice internationally were circulated to the group. The final report, including the technical description, a scoping review of the diagnostic test accuracy of the available alternative technologies and a description of any organization implications will be circulated on Friday.

9. Meeting Close

a) AOB

Members were asked to review and agree to publication of the membership list and revert before publication later that day.

b) Date of next meeting:

Tuesday 6th Oct 12pm by video conference.