

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

Meeting no. 5: Wednesday 25th November 2020 at 08:00

(Zoom/video conference)

(DRAFT) 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
	Ms Sinead Creagh	Laboratory Manager at Cork University Hospital & Academy of Clinical Science and Laboratory Medicine
	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
	Mr Andrew Lynch	Business Manager, Office of the National Clinical Advisor and Group Lead - Mental Health, HSE
	Prof Paddy Mallon	Consultant in Infectious Diseases, St Vincent's University Hospital & HSE Clinical Programme for Infectious Diseases
Dr John Murphy	Consultant Paediatrician & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme	
Dr Sarah M. O'Brien	Specialist in Public Health Medicine, Office of National Clinical Advisor & Group Lead (NCAGL) for Chronic Disease	

	Dr Gerard O'Connor	Consultant in Emergency Medicine, Mater Misericordiae University Hospital HSE Clinical Programme for Emergency Medicine
	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
	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 Paula Byrne	Health Services Researcher, Health Technology Assessment, HIQA
	Dr Karen Cardwell	Postdoctoral Researcher HRB-CICER, Health Technology Assessment, HIQA
	Dr Laura Comber	HTA Research Analyst, Health Technology Assessment, HIQA
	Dr Christopher Fawsitt	Senior Health Economist, HIQA
	Dr Susan Spillane	Senior HTA Analyst, Health Technology Assessment, HIQA
	Mr Barrie Tyner	Information Scientist, Health Technology Assessment, HIQA
	Dr Kieran Walsh	HTA research analyst, Health Technology Assessment, HIQA
	Ms Natasha Broderick	HTA analyst, Health Technology Assessment, HIQA
Secretariat	Ms Debra Spillane	PA to Dr Máirín Ryan, HIQA
Apologies	Prof Martin Cormican	Consultant Microbiologist & National Clinical Lead, HSE Antimicrobial Resistance and Infection Control Team
	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 Lorraine Doherty	National Clinical Director Health Protection, HSE- Health Protection Surveillance Centre (HPSC)
	Dr Cillian de Gascun	Consultant Virologist & Director of the National Virus Reference Laboratory, University College Dublin
	Dr Gerry McCarthy	Consultant in Emergency Medicine, Cork University Hospital & National Clinical Lead, HSE Clinical Programme for Emergency Medicine
	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
	Ms Michelle O'Neill	HRB-CICER Programme Manager, HTA Directorate, HIQA

	Dr Lynda Sisson	Consultant in Occupational Medicine, Dean of Faculty of Occupational Medicine, RCPI & HSE National Clinical Lead for Workplace Health and Well Being
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Proposed Matters for Discussion:

1. Welcome

The Chair welcomed all members.

2. Apologies

Apologies as noted above.

3. Conflicts of Interest

No new conflicts raised in advance of this meeting.

4. Minutes

The minutes of 20th October 2020 and 3rd November 2020 were approved as an accurate reflection of the discussions involved.

5. Work Programme (*for information*)

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

No.	Review Questions	Status of work	NPHE date
1.	Addendum RQ 7 – Face mask use by people in the community	Drafted	26/11/2020
2.	Review of international public policy response for weekly update	Drafted	26/11/2020
3.	Analysis of factors associated with outbreaks of SARS-CoV-2 in nursing homes in Ireland	Ongoing	EAG- 8/12/2020
4.	Database of public health guidance reviewing international public health guidance	Ongoing	
5.	Public health guidance: - Vulnerable groups - Long Term Care Facilities	Ongoing	

6. Presentation of face mask use by people in the community

The EAG were informed that NPHE had requested the HIQA evaluation team to undertake a review to address the most recent evidence on the following policy topic:

What evidence is available to indicate that routine wearing of face masks in the community reduces the transmission of SARS-CoV-2?

The group were given a presentation of the work completed, which was structured as a rapid evidence update. This update followed a previous review on this topic, performed by HIQA, which was originally conducted in April 2020 and was subsequently updated to include evidence published as of 24 June ahead of final publication in August 2020. A further update, including evidence published as of 27 August 2020, had been presented at a previous NPHE meeting. The present update includes a range of additional evidence. Given the extremely tight timelines for delivering this update, it was noted that the report will require further editing and finalisation following the present meeting and ahead of publication.

The following points were raised as matters for clarification or discussion by the EAG:

Concerns were raised by members of the EAG regarding how the results of the DANMASK-19 randomised controlled trial (RCT) have been communicated in the general and scientific media to date. It was acknowledged that the trial results contribute to the overall evidence base surrounding face mask usage. However, communication of the specific outcome assessed within the trial is key (that being, infection of the wearer, under circumstances of low usage of face masks in the community), in order to highlight that the trial results do not address the question of whether face mask recommendations reduce community transmission overall. There were further concerns that if the caveats of this trial are not adequately communicated it may be detrimental to public understanding of the evidence base underpinning face mask usage recommendations.

A discussion ensued in relation to the implications of adherence to mask use. It was noted that DANMASK-19 provides RCT evidence of levels of non-adherence and partial adherence. It was also noted that data from a number of social observational studies are also emerging, including recent survey data from France published by the CEBM in relation to mask adherence and appropriate mask use. The implications of group dynamics and other factors that may influence adherence to mask recommendations were also discussed.

It was noted the HPSC has published guidance on different types of masks and guidance with respect to the use of cloth masks versus visor usage. We now also have the NSAI standards on types of masks that are recommended.

Some clarifications will be made to the draft rapid evidence update based on the above points. The draft was otherwise accepted by the EAG as a fair reflection of the rapid evidence synthesis that was undertaken.

7. Advice: Face mask use by healthy people in the community (*for discussion*)

In the context of this evidence, the EAG was asked for their input in order to formulate the advice.

Feedback from EAG:

- The potential for face masks to cause undesirable effects was discussed (for example, psychological effects and difficulties for communication in educational settings). Though very limited evidence of harm was identified in the present review, it was highlighted that more research is required in this area so as to understand and address these concerns.

- Clarification was sought as to evidence retrieved with respect to the use of Perspex shields in the hospitality sector as a divider between patrons or the use of visors / shields in lieu of face masks. The use of shields was noted to be outside the remit of the review. It was noted that the HPSC had recently published an evidence summary and guidance specifically in relation to the use of visors / face shields.
- It was noted that comprehensive product safety guidance for COVID-19 consumer face masks has been published by the Competition and Consumer Protection Commission (www.ccpc.ie)
- It was noted that the WHO recommend the use of medical masks for those who are over 60 years of age and for those who are medically vulnerable. It was noted that the adoption of such a recommendation locally would require consideration of the availability of medical masks for healthcare workers and the potential environmental impact of widespread use of disposable face masks.
- The group discussed the effects of mask mandates with respect to behavioural, psychological, and social factors at play, including adherence at a population level.
- It was noted that both intermittent use, and incorrect wearing of face masks by the general public, appear to be prevalent. A communication campaign, encouraging the consistent and appropriate use of face masks, was recommended. The high level of buy-in from citizens with respect to public health recommendations was acknowledged. However, anxiety and resistance to particular measures were also noted.
- The age of recommended mask wearing in children was highlighted as needing clear and consistent messaging, alongside the rationale for the age bands used. It was acknowledged that age cut-offs differ across countries, and that this may give rise to confusion.
- The group noted that respiratory droplets are considered to be the primary mode of transmission of SARS-CoV-2 within the COVID-19 pandemic. However, there is a growing level of agreement among international bodies that aerosol transmission can occur in certain scenarios (such as in high occupancy, poorly ventilated environments). This aspect should be communicated to the public and the scenarios in which such transmission is at greater risk of occurring should be clearly outlined.
- It was noted that evidence from laboratory based studies, which considered the effectiveness of face masks for source control intervention under ideal conditions, demonstrated the importance of appropriate usage. Good practice guidelines may be beneficial in indicating appropriate levels of face coverage, mask selection, hygiene practices, and disposal.
- Following the international review and evidence for recommendations on outdoor mask use, the group agreed that consideration should be given to extending recommendations for face mask use to all scenarios in which physical distancing cannot be maintained; this may include both indoor and outdoor settings (particularly crowded outdoor areas). However, it was noted that any recommendation should probably be advisory rather than mandated, and be accompanied by clear communication. It was recommended that information should

be provided to the public on the effectiveness of mask wearing to reduce transmission, both in terms of source control and to protect the individual wearing the mask.

- It was agreed that clear messaging is required to accompany recommendations regarding mask use to the public. This messaging should aim to empower people, and emphasise control and personal contribution to the overall pandemic. It was acknowledged that the Irish public have shown high acceptance of recommendations to date, and the collective efforts of the public to control the pandemic should be greatly commended. It is crucial to maintain the ongoing support of the general public.

8. Review of international public policy response (*for information*)

A brief overview was given noting NPHE had requested an update on the previous review of restrictive measures which looked at a range of different public health measures that were being adopted internationally to limit the spread of COVID-19. This review, which was conducted between March and June of 2020, looked at the range of restrictive measures that are being applied internationally and any changes to their application in response to a reduction in incidence. Key points in relation to the update included that it:

- catalogues the public health measures and strategies that are currently in place to limit the spread of COVID-19, in countries identified as being in a similar phase of pandemic response as Ireland (n=17).
- includes any public health measures related to the movement of people, social gatherings and education business activities, sporting activities, religious activities, travel, face coverings and any special arrangements that were being made for the Christmas or end of the year break.
- identifies countries that have developed, and are using, frameworks to assess the current level of risk associated with COVID-19, and the type of restrictive measures that should accompany different levels of community transmission.
- includes evidence as to how different countries were using testing and contact tracing to interrupt chains of transmission.

9. Update on planned report on analysis of outbreaks of COVID-19 in long-term residential care facilities in Ireland (*for information*).

In May 2020, NPHE recommended the establishment of an expert panel on nursing homes to look at the complex issues surrounding the management of COVID-19 in nursing homes. The Minister appointed an expert panel in May. This expert panel produced their report in June, which included a recommendation that the HPSC, HSE and HIQA should produce a detailed epidemiological analysis comparing both risk factors and protective factors associated with having an outbreak, or not at all, in HIQA-regulated facilities.

In accordance with this recommendation it was agreed that HIQA and the HPSC will undertake a retrospective analysis based on data collected by the HPSC with respect to outbreaks in nursing homes. It will investigate available risk factors and other confounders that might explain

outbreaks in nursing homes. In the absence of national-level within-home data (e.g. resident – level characteristics), it is likely that the project will be restricted to a high-level analysis that considers community and facility level variables.

It was noted that a protocol for the study will be circulated for review by the EAG. The timeline for completion of the report will depend on availability of the data to support the analysis.

10.Meeting Close

a) AOB

The EAG were asked to submit any outstanding evaluation forms, which had previously been circulated. The outputs from these would be communicated to the EAG at the next meeting.

An in-house evaluation would also be completed looking at processes and what can be done with regard to timelines, workload and availability of staff.

b) Date of next meeting:

The meeting of 8th December will be deferred until further notice due to delays to the nursing home analysis; a new date will be circulated.

The Chair thanked the EAG for making themselves available and reviewing the documentation at such short notice.

Meeting closed at 9.53am.