

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

**Meeting no. 14 : Tuesday 6<sup>th</sup> April 2021 at 10.00am**

**(Zoom/video conference)**

**(DRAFT) MINUTES**

**Attendance:**

<b>Chair</b>	Dr Máirín Ryan	Director of Health Technology Assessment (HTA) & Deputy Chief Executive Officer, HIQA
<b>Members via video conference</b>	Prof Karina Butler	Consultant Paediatrician and Infectious Diseases Specialist, Children's Health Ireland & Chair of the National Immunisation Advisory Committee
	Dr Abigail Collins*	Consultant in Public Health Medicine, Acting Clinical Lead for Acute Response, Office of the Clinical Director for Health Protection
	Dr Eibhlín Connolly	Deputy Chief Medical Officer, Department of Health
	Prof Máire Connolly	Specialist Public Health Adviser, Department of Health and 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 James Gilroy	Medical Officer, Health Products Regulatory Authority
	Dr Vida Hamilton	Consultant Anaesthetist & National Clinical Advisor and Group Lead, Acute Hospital Operations Division, HSE
	Dr Patricia Harrington	Deputy Director, HTA Directorate, HIQA
	Dr Louise Hendrick*	Specialist Registrar in Public Health Medicine, Office of the Chief Medical Officer, Department of Health
	Dr Muiris Houston	Specialist in Occupational Medicine, Clinical Strategist – Pandemic, Workplace Health & Wellbeing, HSE
	Dr Derval Igoe	Specialist in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
	Ms Sarah Lennon	Executive Director, SAGE Advocacy
Ms Áine Lynch*	Chief Executive Officer, National Parents Council Primary	
Prof Paddy Mallon	Consultant in Infectious Diseases, St Vincent's University Hospital & HSE Clinical Programme for Infectious Diseases	

	Dr Gerry McCarthy	Consultant in Emergency Medicine, Cork University Hospital & National Clinical Lead, HSE Clinical Programme for Emergency Medicine
	Dr John Murphy	Consultant Paediatrician & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme
	Prof Philip Nolan*	President, Maynooth University & Chair of Irish Epidemiological Modelling Advisory Group (IEMAG)
	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
	Ms Michelle O'Neill	Deputy Director, HTA Directorate, HIQA
	Dr Margaret B. O'Sullivan	Specialist in Public Health Medicine, Department of Public Health, HSE South & Chair, National Zoonoses Committee
	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
<b>In attendance</b>	Natasha Broderick	HTA analyst, Health Technology Assessment, HIQA
	Dr Susan Spillane	Senior HTA Analyst, HTA Directorate, HIQA
	Dr Kieran Walsh	Senior HTA analyst, Health Technology Assessment, HIQA
<b>Apologies</b>	Dr Jeff Connell	Assistant Director, UCD 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 David Hanlon	General Practitioner & National Clinical Advisor and Group Lead, Primary Care/Clinical Strategy and Programmes, HSE
	Dr Siobhán Kennelly	Consultant Geriatrician & National Clinical & Advisory Group Lead, Older Persons, HSE
	Prof Mary Keogan	Consultant Immunologist, Beaumont Hospital & Clinical Lead, National Clinical Programme for Pathology, HSE
	Mr Andrew Lynch	Business Manager, Office of the National Clinical Advisor and Group Lead - Mental Health, HSE
	Dr Des Murphy	Consultant Respiratory Physician & Clinical Lead, National Clinical Programme for Respiratory Medicine, HSE
	Dr Michael Power	Consultant Intensivist, Beaumont Hospital & Clinical Lead, National Clinical Programme for Critical Care, HSE
	Dr Lelia Thornton	Specialist in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)

\* Ad hoc member for this meeting only.

### **Proposed Matters for Discussion:**

## 1. Welcome

The Chair welcomed all members. Apologies recorded as per above. Noted that four additional individuals joined the EAG meeting for this topic, Áine Lynch, the CEO of the National Parents Council, Dr Louise Hendrick, Specialist Registrar in Public Health in the Department of Health, Dr Abigail Collins the clinical lead for acute response in the HPSC Prof Philip Nolan, President of Maynooth University & Chair of Irish Epidemiological Modelling Advisory Group (IEMAG).

## 2. Conflicts of Interest

No new conflicts raised in advance of or during this meeting.

## 3. Minutes

Approval of the minutes was deferred until the next meeting.

## 4. Work Programme

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	Review of international public policy response for weekly update	Ongoing	22 April 2021
2	Vaccination of HCWs - consideration in the event of HCW not taking vaccination	Drafted	8 April 2021
3	Update – Duration of protective immunity (protection from reinfection) following SARS-CoV-2 infection	Drafted	8 April 2021
4	Serial RADT testing - meat processing plants	Drafted	8 April 2021
5	Facemask use by children - update	For discussion	8 April 2021
6	Preventive interventions pre infection with SARS-CoV-2	Ongoing	6 May 2021
	Database	Ongoing - weekly	
	Public health guidance: - vulnerable groups	Ongoing	

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**5. Presentations on key issues to consider for 'Lowering the minimum age for the application of mask wearing requirements - Update' (Dr Abbey Collins, Dr Cillian De Gascun, Dr Louise Hendrick, Ms Áine Lynch, Prof Philip Nolan and Dr Susan Spillane) (for discussion)**

The EAG were reminded that NPHET had previously requested on 25 February 2021 that the HIQA host a facilitated discussion by EAG to address the following policy topic:

*"Reducing the minimum age for the application of mask wearing requirements and recommendations"*

This discussion was held on 2 March 2021 and advice was subsequently issued to NPHET on 3 March 2021.

It had been concluded that this advice should be kept under review and should be informed by national and international surveillance data and relevant evidence from the literature. As such, a decision was made by NPHET to revisit this policy question when more epidemiological data in relation to schools became available, in light of the new variants of concern.

A number of presentations were delivered by members of EAG and the Evaluation Team on key issues related to this policy question.

**The following points were raised as matters for clarification by the EAG following the presentations:**

- It was commented that the number of close contacts among children may vary according to setting. It was acknowledged that this may be the case, but given the restrictions that are currently in place it is difficult to make comparisons across settings.
- The positivity rate among children tested for SARS-CoV-2 and the definition of close contacts in schools were discussed. It was clarified that close contacts are designated on the basis of a structured public health risk assessment, which balances the risk of transmission against the risk of unnecessarily depriving increased numbers of children of their ability to participate in in-person education.
- A member of the EAG mentioned that it would be important to consider studies documenting the experience of school reopening in Asian countries in relation to this topic, and to consider what measures have been adapted in those countries. It was confirmed that such studies would have been eligible for inclusion in this particular update, but no such recent studies had been identified. Among the most recently published studies which considered the school reopening experience, the settings included North America and Spain. It was clarified that earlier studies set in Asian countries, which considered the effectiveness of face masks among children, had been referenced in previous evidence reviews on this topic (for example, within the HIQA

November 2020 evidence summary on face mask use in the community and within the 2 March 2021 facilitated discussion). It was also clarified that a lot of these studies were set in the context of prevention of influenza and influenza-like illnesses rather than SARS-CoV-2.

- One study, conducted by Lessler et al., looked at the number of public health measures implemented in a school setting and the association with SARS-CoV-2-related outcomes in the household. It was queried, amongst those public health measures mentioned in the Lessler et al. study, how many were currently being implemented in schools in Ireland. It was acknowledged that the majority of the measures noted in the Lessler et al. study are currently in use in Ireland's school settings.
- It was suggested that there are high levels of controls in place in schools and that there is a high likelihood that cases of COVID-19 among children are associated with social mixing outside of the classroom and outside of the school generally. It was acknowledged that there has been increased social mixing among all age groups, and that increases in cases among children may be increasingly identified as a result of targeted testing of children following school reopening; this is likely to identify more cases than previously. For example, there had been a high level of referral of children for testing prior to the return to school in March. Since the reopening of schools, there has been an increase in referrals for testing in children. However, there has also been a decreased positivity rate following increased referrals.
- It was queried whether, in instances where parents have been informed that their child was a close contact of a confirmed case, parents had been advocating the use of facemasks among children or expressing concern regarding their potential use. It was noted that the issue of facemasks had not notably come up in these instances.
- It was queried if the National Parent's Council had been in touch with parent representatives from the UK or other countries with respect to opinions on the use of face masks in children. It was noted that at this time, they had not been in touch with representatives in other countries. However, an EU meeting is due to take place in the upcoming weeks and this matter will be discussed at that time.

## **6. Advice: Lowering the age for the application of mask wearing requirements (SO'N)** *(for discussion)*

In the context of the evidence presented and discussed, the EAG was asked for their input in order to formulate the advice on the following policy question:

*"Should the minimum age for the application of mask wearing requirements and recommendations be reduced?"*

### **The following feedback and input were provided by the EAG:**

- There was a distinction drawn between the early childhood setting and primary schools, with differences in the pattern of the outbreaks noted. However, it was

identified that primary school children may attend childcare facilities for pre and after school care with the potential for cross transmission.

- The risks of children acquiring infection will likely continue to be higher in households than in schools.
- There was consensus among EAG members that the epidemiological data were relatively reassuring in that case numbers among children had stabilised in the past two weeks, despite schools reopening and an initial uptick in cases in March 2021. These data were considered to support the effectiveness of the measures that are currently in place in schools.
- The critical importance of maintaining in-person schooling was acknowledged. Some concerns were raised that the current layers of mitigation in schools may not be sufficient when current level five restrictions are eased, should community transmission increase.
- It was suggested that the experience of countries which have been successful in mitigating COVID-19 and ensuring schools remain open is important to consider, and that this may particularly include the experience within Asian countries.
- The number and range of mitigation measures in place in Irish schools was considered to be important. It was noted that the Lessler et al. study identified an association between the number of mitigating measures and the risk of household SARS-CoV-2 transmission. Public health expertise within the EAG noted that the majority of these mitigation measures are in place in primary schools currently, as outlined in the HPSC guidance for educational settings.
- It was recognised that there is a lack of national data on parents' and children's attitudes and concerns regarding school mitigation measures. It was agreed that such data should be collected and considered when developing policy.
- There are ethical issues associated with requiring mask use in primary school children, given the relatively low transmission rates within schools, from school to households, and the low burden of disease in children.
- There is ongoing concern to protect medically vulnerable people who live with children attending school. It was accepted, however, that vaccination of this population is underway, and once they are fully vaccinated they will no longer be required to adhere to any additional measures (for example cocooning).
- Some members considered that face mask usage could potentially be recommended for senior classes in primary school (for example, fifth and sixth class, similar to recommendations in Belgium) should the epidemiological situation rapidly deteriorate. However, it was accepted that any decision to change policy on the use of face masks should be based on the latest national epidemiological data. It was recommended that the situation be kept under regular review, noting that it will take one to two weeks for the impact of changes in transmission to be seen.
- Based on the currently available evidence, the benefit of adding face masks to existing IPC measures for primary school children was considered to be small. There was a general consensus that the evidence was not sufficient to warrant any significant policy changes. However, it was agreed that the evidence needs to be kept under review.

- There was consensus on the lack of evidence for significant physical harms associated with face masks, although skin irritation, including skin hypersensitivity, was noted as an uncommon but sometimes troublesome side effect.
- With regard to public understanding of the potential benefits and harms of face masks, there is a need for reassurance on the lack of evidence of any significant physical harms associated with face mask use.
- Public health doctors perceive social mixing and other activities outside of school settings as important contributors to cases among children. There was agreement that guidance on playdates and other social events needs to be emphasised and that a concerted effort was required to reduce the risk of transmission across all settings.
- As per previous advice, communication with parents needs to reinforce the need to adhere to current public health advice, including the need to avoid wider school or after-school interactions (for example, after school playdates).

## **7. Meeting Close**

The Chair thanked the EAG members and individuals for their presentations and for their contributions.

*Date of next meeting: 19 April 2021*

Meeting closed at 01:08pm