Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Health Technology Assessment (HTA) Expert Advisory Group Meeting (NPHET COVID-19 Support)		
Meeting no. 17 : Wednesday 19th May 2021 at 14:00		
(Zoom/video conference)		
(DRAFT) MINUTES		
Attendance:		
Chair	Dr Máirín Ryan	Director of Health Technology Assessment (HTA) & Deputy Chief Executive Officer, HIQA
Members via video conference	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 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
	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 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 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 Patricia Harrington	Deputy Director, HTA Directorate, 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
	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 Deirdre Mulholland	Consultant in Public Health, National Clinical Lead for Knowledge, Evidence and Quality Improvement, Office of the National Clinical Director of Health Protection
	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
	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, HTA Directorate, HIQA

In attendance	Dr Paula Byrne	Health Services Researcher, HTA Directorate, HIQA
	Dr Christopher Fawsitt	Senior Health Economist, HTA Directorate, HIQA
	Dr Eamon O'Murchu	Senior HTA Analyst, HTA Directorate, HIQA
	Dr Kieran Walsh	Senior HTA Analyst, HTA Directorate, HIQA
Secretariat	Ms Debra Spillane	PA to Dr Máirín Ryan, HIQA
Apologies	Prof Karina Butler	Consultant Paediatrician and Infectious Diseases Specialist, Children's Health Ireland & Chair of the National Immunisation Advisory Committee
	Ms Sinead Creagh	Laboratory Manager at Cork University Hospital & Academy of Clinical Science and Laboratory Medicine
	Dr John Cuddihy	Specialist in Public Health Medicine & Interim Director, HSE- Health Protection Surveillance Centre (HPSC)
	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 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
	Dr Des Murphy	Consultant Respiratory Physician & Clinical Lead, National Clinical Programme for Respiratory Medicine, HSE
	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 Michael Power	Consultant Intensivist, Beaumont Hospital & Clinical Lead, National Clinical Programme for Critical Care, HSE

Proposed Matters for Discussion:

1. **Welcome**

   The Chair welcomed all members for joining and apologised the issues around delivery of documents to members due to the recent ransomware attack on a limited number of group email addresses. As such additional detail was given throughout presentations to assist with commentary.

   Apologies recorded as per above.

2. **Conflicts of Interest**

   No new conflicts raised in advance of this meeting.

3. **Minutes**

   The minutes of 4th May 2021 were approved as an accurate reflection of the discussions involved.

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	NPHET date
1	Home quarantine duration for people travelling to Ireland from overseas	Drafted	27 May 2021*
2	Update – Duration of protective immunity (protection from reinfection) following SARS-CoV-2 infection	Ongoing	27 May 2021
3	Guidance on mass gatherings	Ongoing	27 May 2021
4	Review of international public policy response for update	To start 8 June 2021 - TBC	17 June 2021 - TBC
	Database	Ongoing - weekly	
	Public health guidance: - vulnerable groups - LTCFs	Ongoing	

*Report to be provided to National Clinical Director of Health Protection

5. **Presentation on Home quarantine duration for people travelling to Ireland from overseas (CF, CT) (*for discussion*)**

   The EAG were reminded that the HSE had requested that the HIQA conduct an evidence summary and formulate advice with input from the EAG to address the following policy question:

"To examine whether a single test at Day 5 post arrival in Ireland remains the most appropriate approach to testing for those travelling from non-designated states, who are subject to home quarantine."

This policy question is informed by a modelling exercise to estimate the impact on transmission risk and resource requirements of different testing scenarios and durations of quarantine for people travelling to Ireland (by sea and air) from non-designated states, who are subject to home quarantine. The considered scenarios were expressed in terms of the following key outcomes, the estimated:

a. expected number of cases detected by scheduled test

b. total number of infectious person-days in the community

c. total number of person-days in quarantine or self-isolation

d. number of false positives generated

e. cost of testing.

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

No points were raised for clarification following this presentation.

Clarity was sought on where responsibility lies in term of development of the Passenger Locator Form (PLF) and the policy in relation to mandatory hotel quarantine. It was noted that the responsibility for development of these policies lie with the Department of Health and the Department of Foreign Affairs. However, it was thought that responsibility for enforcement of the PLFs and border control lies with the Department of Justice. The majority of responsibilities are determined through public health leglislation.

Clarification was sought as to whether the 35% uptake of day 5 testing implied a maximum of 35% compliance. It was noted that the 35% includes only those availing of a day 5 test appointment, but would not capture those who present, for example, to walk-in test centres. Nor does it capture those who chose not to avail of testing, but rather adhere to a 14-day quarantine. Issues with data accuracy and coverage of PLFs were also acknowledged. It was noted that the Gardaí cannot enter a house to monitor compliance with testing. While it is strongly suspected that there is non-compliance with quarantine requirements, there is no evidence to say either way.

6. Advice: Home quarantine duration for people travelling to Ireland from overseas (PH) (*for discussion*)

The following points were raised for discussion following this presentation:

- The findings from the analysis suggest there is limited benefit to changing the current single-test approach. This approach allows passengers to test-out of mandatory home

quarantine on receipt of a 'not detected' RT-PCR test result five days after arriving in Ireland from non-designated states.

- An important aspect of mandatory home quarantine is reducing the risk of introducing SARS-CoV-2 into Ireland and, in particular, variants of concern (VOCs). The current classification of designated states is influenced by VOCs, and, for countries outside Europe, the incidence of COVID-19. Due to the high volume of travel between Ireland and the UK (which is currently non-designated), the current system may be ineffective given the increasing prevalence of the Delta (B.1.617.2, 'Indian') variant in the UK.

- Given the recent trend of the increasing risk of infection in people travelling to Ireland, coupled with the potential risk of importing VOCs from non-designated states, there is a need to better understand where passengers are coming from. Currently, there are a number of issues associated with Passenger Locator Forms due to data accuracy, coverage and usability. Better coordination across government departments and agencies would facilitate the gathering and sharing of information to enable appropriate management and monitoring of mandatory home quarantine. This could be enabled by greater clarity on where responsibility lies for the range of border control measures.

- The apparent low rate of uptake of free post-arrival testing in Ireland is concerning. It is unclear what proportion of passengers are exempt from home quarantine and therefore not eligible for testing (for example, those legally exempted, passengers exiting the State within five days of arrival). It may be a reflection of certain barriers to uptake, such as not living close to a test centre. Although post-arrival testing is provided free-of-charge, passengers arriving in Ireland from non-designated states may not be aware of that fact and so they may not avail of it. The low rate of uptake might also suggest that some passengers may choose not to reduce the length of their quarantine from 14 days. The rate of uptake may also be an under-estimate as some passengers may be getting tested but not recording the purpose of their test as travel-related. There is an urgent need to improve our understanding of the uptake rate and how to measure it accurately. To improve uptake, testing could be scheduled at the point of arrival in Ireland for five days later for passengers interested in potentially reducing the length of their quarantine from 14 days.

- It is unclear whether passengers are adhering to quarantine requirements and the low uptake of testing may be an indication of low adherence. However, the absence of evidence cannot be assumed to mean a lack of adherence. It is important that adherence to quarantine is monitored to determine if passengers are adhering to their legal duty to quarantine on arrival in Ireland. Alternative approaches to encouraging adherence should be explored.

- A coordinated and concerted effort is needed at ports and airports and across relevant government departments and agencies to ensure passengers are informed of their

legal duty to quarantine and the potential consequences associated with breaching mandatory quarantine requirements.

7. Presentation on protocol Public health measures to limit the transmission of SARS-CoV-2 at mass gatherings (KW) (*for discussion*)

The EAG were informed that NPHET had requested that HIQA conduct an evidence summary and international review on the following policy question:

"What public health measures are necessary to enable mass gatherings to occur safely in both indoor and outdoor settings?"

The following two research questions (RQs) were designed to inform the policy question:
RQ1: What public health measures are advised internationally to limit the transmission of SARS-CoV-2 at mass gatherings (including both indoor and outdoor settings)?

RQ2: What is the evidence that public health measures aimed at limiting the transmission of SARS-CoV-2 at mass gatherings (including both indoor and outdoor settings) are effective?

The following point was raised as matters for clarification or discussion by the EAG:

- The definition of a 'mass gathering' was queried. Given that 'mass gatherings' could encompass a wide variety of different activities and settings, it was suggested that providing a minimum number might be more appropriate. It was clarified that the definition used was consistent with that used by NPHET, which was adapted from the WHO definition. Using a minimum number was felt to be potentially problematic as there may be an event that would otherwise constitute a mass gathering, and would be associated with a high risk of transmission, but may not meet the pre-defined arbitrary cut-off number. In order to be as inclusive as possible to any emerging evidence, the COVID-19 evidence synthesis team felt that this broad definition was appropriate. However, it was agreed that since the transmission risk is likely to vary substantially depending of the type of event and other factors, that all contextual information relating to the event will be provided in the report.

8. Presentation on protocol – Duration of protective immunity following SARS-CoV-2 infection (EO'M) (*for discussion*)

The EAG were informed that NPHET had requested that HIQA conduct an evidence summary and international review on the following policy question:

"How long does protective immunity (that is, prevention of antigen or RT-PCR confirmed reinfection) last in individuals who were previously infected with SARS-CoV-2 and subsequently recovered?"

and

"What is the duration of immune memory responses (T-cell and B-cell memory and or their components' responses) following SARS-CoV-2 infection?"

This evidence summary is expected to inform a range of policy questions relating to the duration of protective immunity following infection with SARS-CoV-2.

No points were raised for clarification following this presentation.

9. Meeting Close

The Chair thanked the EAG members for their contributions and highlighted the next meeting will take place on Monday 24th May at 11:00.

a) AOB – none.
b) Date of next meeting: Monday 24th May 2021.

Meeting closed at 15:32