



North/South Health Protection Committee

MEETING 001

MINUTES:			
Name of organisation(s): HSE, HPSC and HSCNI PHA. Purpose of meeting: <i>to collaborate on surveillance of key infections relevant to members of population on the whole island, identifying specific areas of mutual co-operation in response to incidence, outbreaks and clusters of infection, formalise working relations for contact tracing in relation to specific infections including COVID-19, consider specific health protection issue affecting population in counties either side of the border and take actions here, to act as an advisory support to the Department's of Health on emerging health protection issues.</i> Date and time: 20 th October @ 15:00, Zoom. Chair(s): L Doherty, <input type="text" value="NR"/>			
Attendees	<input type="text" value="NR"/> , Peter Sheridan, <input type="text" value="NR"/> <input type="text" value="NR"/> , <input type="text" value="NR"/> , <input type="text" value="NR"/> , <input type="text" value="NR"/>		
Apologies	<input type="text" value="NR"/>		
TOPIC	DISCUSSION	ACTION	RESPONSIBLE
1. INTRODUCTIONS	Round of introductions of members of the committee and those present at the meeting. Discussed meeting rationale:		LD/ <input type="text" value="NR"/>
2. DRAFT TERMS OF REFERENCE	Group examined terms of reference. LD drafted TOR: collaborating in relation to strategic health protection approach to COVID-19 and an opportunity to share information between jurisdictions. Not just a collaboration on COVID-19 but on health protection overall going forward.		LD/ <input type="text" value="NR"/>



	<p>GW noted there is a group meeting tomorrow to specifically address contact tracing and working relationship here (for COVID-19).</p> <p>GW noted there is a group with AB and AP that meets to discuss specific health protection issue affecting population in counties either side of the border.</p> <p>GW also noted this committee will not just address health protection issues pertaining to COVID-19, but wider issues too in both jurisdictions.</p> <p>AP proposed additional point to be added to TOR re data sharing. LD notes that this will be covered under Brexit agreements, WIP.</p> <p>LD suggested inclusion of point re joint-studies into TOR.</p> <p>MF notes need for inclusion of points re vulnerable populations in TOR – LD comments this is included with whole population approach, but this may be specifically included on the agenda for future meetings.</p> <p>AB requested incident management be included in TOR. GW agreed: to be placed on the agenda for future meetings. Discussed frequency of meetings: initially to be once a fortnight.</p> <p>MB notes need for travel/movement between jurisdictions to be added to TOR. LD queries whether this is discussed in other forums, may not be necessary.</p>	<p>Update on vulnerable populations cross-border to be implemented as a standing agenda item and into TOR.</p> <p>Incident management to be implemented as a standing agenda item.</p>	
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3. EPI UPDATE	<p>LP provided epi update for NI:</p> <ul style="list-style-type: none"> • Increase in number of cases, widespread but highest in Derry-Strabane local government area. • Incidence highest in 20-49-year olds, moving into increase in older age groups correlated with increase in hospital and ICU admissions. • Deaths reported also increasing. • Schools surveillance being developed. • New restrictions introduced last Friday. • LD query: outbreaks in elderly/NHs? LP notes screening RCFs in NI since August, detecting many asymptomatic cases. <p>JC provided epi update for ROI:</p> <ul style="list-style-type: none"> • Trends in last fortnight showing increases in incidence, cases and hospital admissions. • Median and mean ages have come down, peak incidence in 19-25-year olds. • Discussed outbreaks in specific populations. <p>MF commented on Traveller outbreaks and the burden in the North-East. Notes communications ongoing with churches re ceremonies occurring and celebrations/mixing afterwards. GW notes this has been discussed on daily N/S teleconferences and links with construction site outbreaks. GW emphasises need to destigmatise specific populations.</p>		
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4. TESTING STRATEGY	<p>LD provided update re new testing strategy going to NPHET for approval. To be shared once approved following capacity analysis. Discussed work ongoing re introduction/validation of rapid antigen diagnostic tests.</p> <p>GW highlighted differences in testing strategies – NI do not test contacts if they're not symptomatic, RCF staff and residents tested on a regular basis, no testing in food processing plants unless there is an outbreak in a specific plant. Two methods of testing: Pillar One comprising of normal health service labs, Pillar Two comprising of the UK national initiative (symptomatic individuals book test and receive home kit or book into fixed centres/mobile unit). Breda to join next meeting to share further testing strategy updates.</p>	<p>Breda to join next meeting to share further testing strategy updates.</p>	
5. CONTACT TRACING	<p>SD provided overview and update on contact tracing for South:</p> <ul style="list-style-type: none"> • Contact tracing takes place over: CMP, Departments of Public Health, Occupational Health, Infection Prevention Control, and Social Inclusion. • Done on a caller basis – call 1-3, with 1 advising of case status by a clinician, call 2 identifying close contacts/settings (with possible referral to specific department) and call 3 to close contacts, by a clinician again. Close contacts tested on day 0 and day 7, regardless of symptom status. • App used for notification and identification of close contacts. • Approach for CT developed for incoming flights and co-ordinated approach for schools. <p>PV provided overview and update on contact tracing in the North:</p>		

	<ul style="list-style-type: none"> • Similar model to manual tracing in South. NI only offer testing to symptomatic contacts. • Moving to digital model – app in place and additional step re text notifications for close contacts. • More recently – digital self-trace model (with information on PHA website). Has decreased call load. <p>Discussion re digital self-trace engagement.</p> <p>JJ provided update on contact tracing in schools – notes work has been intensive. Schools cell in place since August to take calls from school principals for public health risk assessments.</p> <p>MK discussed case management in higher education (i.e. universities). Links in with Abigail Collins and MB. School cell runs through weekend.</p>		
6. RESTRICTIONS	<p>Level 5 restrictions in the South with few exceptions. Advice in South provided through NPHET to DOH.</p> <p>GW notes reporting to CMO to Department of Health, no direct input into government restrictions.</p>		
7. AOB	<p>Immunisations to be implemented as standing agenda item.</p> <p>Cross-border contact tracing to be added to agenda for next meeting.</p>	Immunisations to be implemented as agenda item.	

	SR to share contact details of members for regular liaison on issues arising between meetings.	Cross-border contact tracing to be added to agenda for next meeting. SR to share contact details of members for regular liaison on issues arising between meetings.	
8. Date of next meeting:	10th November @ 10:30		
9. AGREED ACTIONS:	<ul style="list-style-type: none"> i. Update on vulnerable populations cross-border to be implemented as a standing agenda item and into TOR. ii. Incident management to be implemented as a standing agenda item. iii. Breda to join next meeting to share further testing strategy updates. iv. Immunisations to be implemented as agenda item. v. Cross-border contact tracing to be added to agenda for next meeting. vi. SR to share contact details of members for regular liaison on issues arising between meetings. 		