

**CMO Opening statement**  
**Oireachtas Joint Committee on Transport and Communications**  
**Network Committee, 3<sup>rd</sup> November 2020**

I would like to thank the Committee for this opportunity to discuss the public health implications of international travel in the context of COVID-19.

The NPHEAT met on Thursday last October 29 and reviewed the latest epidemiological data and the following key points were noted:

- A total of 6,058 cases have been notified in the seven days to the 28th October, compared with 8,231 in the previous seven days, representing a 26% decrease.
- The 7- and 14-day incidence rates are 127 and 299 per 100,000 population respectively; these compare with last week's 7- and 14- day incidence rates of 173 and 303 per 100,000 population respectively.
- Nationally, the 7-day incidence as a proportion of 14-day incidence is at 42%, demonstrating that there has been less cases in last 7 days compared to preceding 7 days.
- The 5-day average of reported cases is 843 cases per day; this compares with a 5-day average of 1,205 cases per day on the 22nd October.

- 67% of cases notified in the past 14 days have occurred in people under 45 years of age; the median age for cases notified in the past 14 days is 32 years.
- The 14-day incidence in those aged 65 years and older has increased from 190 per 100,000 population on the 22<sup>nd</sup> October to 204 per 100,000 population on the 29th October.
- The estimate of current growth rate for the country is 4.9% (compared with 6.9% on the 20<sup>th</sup> October), with a doubling time of 14 days. The growth rate is lower in Dublin at approximately 3.5% and higher in the rest of the country at 5.9%.
- Over the past week, the trajectory of the disease in Dublin has differed from the national picture. Daily case counts and 14-day incidence rates in Dublin have remained stable in recent days.
- Based on data to the 29th October, the best estimate of reproduction number (R) for the country is approximately 1.0. R is likely to be at, or slightly greater than, 1.0 in Dublin.
- There are currently 332 confirmed COVID-19 cases in hospital, compared with 310 on 22nd October.
- There are currently 44 confirmed cases in critical care, compared with 35 on 22nd October.
- To date, there have been 103 deaths notified with a date of death in October. This compares with 5 and 36 deaths notified (to date) with a date of death in August and September, respectively.

- Turning to the situation internationally. Our national epidemiological profile is occurring in a context of widespread resurgence of disease across Europe,
- We have all seen reports and have shared concerns at the rapidly deteriorating situation globally. This is particularly the case in Europe and North America where governments are facing common challenges which have required many countries to reintroduce restrictions. Some of the worst affected places at present are capitals and major cities and there is pressure on ICU capacity in several places.
- The average 7-day incidence across EU/EEA and UK countries is 241 per 100,000 population, this compares with 169 per 100,000 in the previous 7-day period.
- Data reported by ECDC on 28th October 2020, Ireland ranks 17th out of 31 EU/EEA and UK countries in relation to 14-day incidence rates/100,000 population. In terms of the 7-day incidence rate, the epidemiological situation in Ireland compares favourably to EU/EEA counterparts - there has been a 20% decline in the 7-day incidence rate in Ireland in the last week compared to the previous week, while the majority of countries in the EU/EEA/UK are experiencing an upward trend.
- The most recent ECDC Rapid Risk Assessment, dated 23rd October, highlights that *‘all EU/EEA countries and the UK have implemented various non-pharmaceutical interventions, but*

*these have not been fully successful in controlling transmission, and the epidemiological situation is now rapidly deteriorating. Implementing stricter non-pharmaceutical interventions, which proved to be effective in controlling the epidemic in all EU/EEA countries and the UK during spring 2020, appears to be the only available strategy that may have a moderate (as opposed to high) impact on the disease for individuals and healthcare provision. This results in an overall assessment of the general population being at high risk.'*

- The rapidly evolving landscape in relation to restrictive measures, where significantly more restrictive measures have been introduced or proposed in a number of European countries over the last week. This includes stay-at-home recommendations and/or overnight curfews, limits on numbers of individuals that may gather in indoor and outdoor settings as well as mixing of households, and restrictions or closure of the hospitality sector and other non-essential services.

The WHO in its weekly epidemiological update from 27 October, has stated that the number of new cases in Europe is increasing exponentially, with over 1.3 million new cases recorded during the most recent 7-day reporting period. Against this backdrop there is a substantial risk associated with international travel at the current time.

The focus of our efforts as a country are now very much on suppressing the spread of the disease domestically. In Ireland, we have moved early

in our efforts to break the transmission cycle. Our European counterparts are following a similar path and we see daily reports on the introduction of restrictions by European governments, in some cases quite stringent measures such as curfews.

Once we bring the disease back under control in Ireland, it will be necessary to manage very carefully the risks of importation. In circumstances of sustained low levels of domestic transmission, the relative impact of imported cases is all the greater, as was seen in Ireland at times during the Summer when travel related cases at times accounted for approximately a quarter of cases.

The area of international travel, which will represent a prominent area of risk as the disease comes under control nationally and we subsequently aim to maintain suppressed disease activity and low incidence rates.

I am aware that agreement has been reached at EU level on a common approach to intra-EU travel and that the Government has decided on how these recommendations are to be implemented in Ireland. Senior Officials from across Government, including from the Department of Health, are engaged in discussions on implementation.

Acknowledging the likely duration of the pandemic, countries are transitioning from emergency management of COVID-19 to more

sustainable strategies like the EU agreement, and it represents an important step for that reason.

It is important that countries adopt approaches that facilitate travel, especially essential travel, while ensuring that those who need to travel are not posing an additional risk to the wider populace. I would stress that countries that have adopted PCR testing as part of their travel policy have tended to do so as part of a suite of measures applying to international travel, often including even more restrictive measures than apply here such as travel bans, mandatory quarantines and border closures.

Our own experts and many of their counterparts internationally consider that, should testing of asymptomatic passengers be introduced, a 5-7-day period of restricted movement, with a symptom check and test on day 5, is the most efficient method to contain importation of the virus. This approach can still miss up to 15% of the imported cases I understand that Finland and Germany are among the countries that have signalled intentions to adopt this measure as part of their travel policies.

### **HIQA review on Rapid Antigen Testing**

At the request of NPHE, HIQA recently undertook a rapid Health Technology Assessment on the use of alternatives to laboratory-based PCR tests. HIQA found that Rapid Antigen Detection Tests offer possibilities to enhance COVID-19 prevention and control including

expanding testing capacity, reduced test turnaround times and improved access. These Tests work best where there is high prevalence of the disease, for example symptomatic cases.

HIQA's findings confirm the WHO advice which shows that the currently available Rapid Antigen Detection Tests are not suitable for use in screening asymptomatic people with an unknown levels of disease, such as arriving passengers.

The HSE has recently established an expert group to review the Antigen tests currently available and how they might be deployed in clinical and non-clinical settings. Validation studies with two rapid antigen tests are already underway in Ireland, in connection with potential for use in detecting COVID-19 in certain vulnerable populations.

I would emphasise that, over the course of the pandemic, NPHEA advice to Government has been informed by the latest scientific evidence. As evidence accrues and our understanding of the disease develops, our advice to Government develops alongside the evidence base.

It is essential that people who arrive in Ireland or who have returned from travel pay close attention to maintaining two metre distance, hand hygiene, wearing face covering and avoiding crowded situations for a

full 14 days, even if they are not asked to restrict movement for that period.

I wish to conclude by returning to the risks associated with international travel. While long-term travel restrictions are of course difficult, we need only to look to the travel policies of countries that have achieved sustained low rates of transmission, particularly countries in Asia, to see the importance of controlling importations.

Our core national objectives are to maintain the safe reopening our education and health sectors, and to protect our vulnerable populations. Achieving these goals is predicated on maintaining low rates of transmission and avoiding an ongoing reseeding of cases for example through travel.