DÁIL ÉIREANN

AN COMHCHOISTE UM SHLÁINTE

JOINT COMMITTEE ON HEALTH

Dé Máirt, 13 Aibreán 2021

Tuesday, 13 April 2021

Tháinig an Comhchoiste le chéile ag 12.30 p.m.

The Joint Committee met at 12.30 p.m.

Comhaltaí a bhí i láthair/Members present:

Teachtaí Dála/Deputies	Seanadóirí/Senators
Colm Burke,	Frances Black,
Cathal Crowe,	Lorraine Clifford-Lee,
David Cullinane,	Martin Conway,
Bernard J. Durkan,	Annie Hoey,
Neasa Hourigan,	Seán Kyne.
Gino Kenny,	
John Lahart,	
Róisín Shortall.	

I láthair/In attendance: Deputy Peadar Tóibín.

Teachta/Deputy Seán Crowe sa Chathaoir/in the Chair.

Business of Joint Committee

Chairman: There are no apologies. We have our full membership present. We have one item of committee business to be addressed before I call our witness, Dr. Ronan Glynn, to present to us. I take it that the draft minutes of our private and public meetings of last Thursday, 8 April, are agreed and that there are no matters arising. Is that agreed? Agreed.

Deputy David Cullinane: May I raise an issue, please?

Chairman: Please, go ahead.

Deputy David Cullinane: I wish to raise the issue of the decision of the national immunisation advisory committee, NIAC, yesterday regarding the AstraZeneca vaccine. Obviously, this is a matter for NIAC in terms of the public health measure and putting safety first. I have no problem with that. It is more the implications of the decision. We need to hear from the HSE and NIAC next week that they have a plan to mitigate this decision because we do not want this to interrupt in any way the roll-out. We know how important the vaccine roll-out will be. We will deal with this issue in this session with the National Public Health Emergency Team, NPHET, in the context of the impact the roll-out will have on allowing us to make decisions on reopening, outdoor dining and other outdoor activities, so this is very important. I am not satisfied at all with the responses we have got from the Minister for Health in the Dáil in recent weeks. He is not presenting a plan. He is not presenting timeframes or targets. We have the HSE in next week and we have NIAC, and they need to come in with a plan. I am asking in advance of this hearing next week that we write to them and ask them for a very detailed note and a plan that assures us that we can mitigate this because it is obviously a serious development. When we have them in next week, they need to come in with a plan and give it to us in advance of the hearing.

Chairman: Sound. I do not want to open a debate on this. I see Senator Conway has his hand up but I ask him-----

Senator Martin Conway: I endorse Deputy Cullinane's proposal in the first instance. Also, since NIAC and, in particular, the HSE are coming in, I am very concerned about the roll-out of the HPV vaccine. We need to get an update on that as well and on whether there is any proposal to have a catch-up programme, given the fact that schools have been closed now for a significant period of the past 12 months. I have dealt with a couple of parents who are trying to get their children the HPV vaccine and they are being told it will cost them something in the region of €500. This catch-up programme was run successfully in 2018 and we need another one, so perhaps the HSE and NIAC could be alerted to the need to come in and to give us an update on that as well. I would appreciate that.

Chairman: I think there is general agreement on that. I know Deputy Shortall has her hand up and-----

Deputy Bernard J. Durkan: Chairman-----

Deputy Róisín Shortall: Chairman-----

Chairman: I call Deputy Shortall.

Deputy Róisín Shortall: Is it not the purpose of the private meeting this afternoon to discuss all these other issues?

Chairman: Yes, but I-----

Deputy Róisín Shortall: The NPHET representatives are waiting. May we start the meeting?

Senator Martin Conway: Hang on a second. The matter was raised and I was quite entitled to come in as well, so I resent that comment.

Chairman: Deputy Durkan, is this on the same issue?

Deputy Bernard J. Durkan: A word of caution: I am worried we will run down a road of chasing the virus. The latter is something over which neither we nor the HSE have any control. It is all down to one thing: supply. If the companies do not supply or are not capable of supplying enough vaccines or if there is a safety issue involved, what will we do? Will we superimpose ourselves between the HSE and the general public and set ourselves up as the people to go to in the case of healthcare? If something goes wrong and there is a health issue and an inquiry into it, are we going to take responsibility for that? This is an area we need to be very careful about. It is all very fine to criticise the Minister and so on, and I am sure he is well able to look after himself, but we are not the experts in this area-----

Chairman: No, and-----

Deputy Bernard J. Durkan: -----and we should not pretend to be.

Chairman: As has been pointed out, we can raise this at our private meeting. NIAC and the HSE are coming before us. I want to move on and introduce our witnesses.

Update on the Response to the Covid-19 Pandemic: National Public Health Emergency Team

Chairman: I welcome our witnesses from the National Public Health Emergency Team, NPHET, to the meeting this afternoon. The witnesses will present virtually to our meeting to provide us with an update on where we are on tackling the Covid-19 pandemic. I welcome Dr. Ronan Glynn, deputy chief medical officer, Mr. Gerry O'Brien, director of health protection division at the Department of Health, and Professor Philip Nolan, president of Maynooth University. During the session I ask Dr. Glynn to direct me to whom he believes should be responding to a question.

Before we hear the opening statement, I need to point out to our witnesses that there is uncertainty about how parliamentary privilege will apply to their evidence from a location outside of the parliamentary precincts of Leinster House. Therefore, if they are directed by me to cease giving evidence on a particular matter they must respect that direction. I invite Dr. Glynn to make his opening remarks and he has five minutes.

Dr. Ronan Glynn: I thank the Chair and members of the committee for the invitation to update them on the Covid response. I am joined by Professor Philip Nolan, who is the chair of our modelling group, and Mr. Gerry O'Brien, who is the director of the health protection division at the Department of Health. The public health strategy for addressing Covid-19 is comprehensive and it is continually being strengthened. I will provide an overview of the current epidemiological status and recent developments in our response.

We have more reasons to be hopeful now than at any time in the pandemic to date. Our national vaccine programme is well under way. Last week, Ireland reached the milestone of 1 million vaccines administered. As of last Saturday, 19.3% of Ireland's adult population have had at least one dose of Covid-19 vaccine and 8% of adults, including those most vulnerable in our population, are fully protected. The positive impact is already being felt. For example, the percentage of Covid-19 cases in health care workers has been decreasing significantly and is down from 10% of all cases notified at the start of December to less than 2% of cases over the past 14 days.

We are seeing good progress in the trajectory of the disease. Our most recent data, up to midnight on 11 April, shows that the 14-day incidence rate decreased to 132 per 100,000 population, a reduction of 15% from the previous week. The five-day moving average of new cases reduced to 404, a reduction of 23% from the previous week. Case numbers reported on Sunday were the lowest reported since mid-December. This is further proof that our collective efforts continue to make a real difference. The average number of close contacts has held remarkably low and steady over the past month, and this is proving critical to preventing the spread of the virus.

Hospital and intensive care numbers are also moving in the right direction. As of this morning, there were 206 Covid patients in acute hospitals, 48 of whom were in ICU. This is the first time the number of people in critical care has been fewer than 50 since New Year's Day. We have seen a dramatic reduction in the numbers dying with this disease. At the end of January 2021, the average number of deaths being reported over a seven-day period was 49 per day and by the end of March it was down to eight deaths per day.

We have resumed our priority public services. Yesterday, schools returned in full, childcare fully resumed at the end of last month, and the HSE has a comprehensive plan in place for the full resumption of non-Covid health and social care services over the course of this year. We should not underestimate this achievement. Schools remain closed across many EU countries and healthcare systems across the continent are under immense pressure. We have also taken our first steps this week on what will, hopefully, be a steady pathway to reopening our economy and society. Further measures will ease later in the month, enabling more outdoor activities and socialisation to improve the health and well-being of society.

All of this means that we can be hopeful of a return to better and more normal times. However, while significant progress is being made in controlling the disease and in rolling out vaccines, we still have a high level of infection. We are dealing with a much more transmissible virus than last year, and the absolute number of people fully protected through vaccination remains low. This means that there remains a considerable risk that Ireland will experience a further wave of infection if public health measures are eased too quickly. However, modelling has shown that a further wave of infection can be substantially mitigated if levels of social contact across the population remain largely unchanged over the next six weeks. For the coming weeks, the priority must be maintaining control over the disease until vaccination can offer a widespread population level of protection.

NPHET's advice to the Government continues to recommend a cautious approach and that any further easing of measures should be gradual and phased and allow adequate time between phases to assess the impact. Our priorities also remain the same: to protect the most vulnerable, facilitate the safe return of in-school education and childcare services, and resume non-Covid health and social care. NPHET will continue monitoring the epidemiological situation closely over the coming weeks to assess the impact of the reopening of priority services and the easing

of measures. NPHET and the Government will consider the position again at the beginning of May.

We are also continuously strengthening key elements of our response to ensure that we have comprehensive systems for preventing and containing the transmission of this virus. The HSE has developed significant capacity and capability across its testing and contact tracing service and a range of further enhancements were implemented recently. These included the introduction of walk-in testing centres in high-incidence areas where asymptomatic people can get a test free of charge, the expansion of source investigation to identify where transmission may have occurred in more cases, and the further roll-out of rapid antigen testing pilot studies. Significant steps have also been taken to strengthen measures in respect of international travel. Many countries continue to struggle with high levels of infection and there are a number of variants of the virus that cause us great concern. It is important that we not risk the progress that we are making nationally by exposing ourselves to variants that may have serious consequences on the impact of our vaccination programme.

We must be careful that we not consider any one of the above measures as a panacea. Our consistent message throughout the pandemic has been that a combination or layering of measures is the most effective means of controlling this disease. The most effective measures of all are those that we can take ourselves - wearing a face mask, keeping our distance, practising good hand hygiene, keeping indoor spaces well ventilated, and isolating and presenting for testing if we have symptoms.

While we now have tangible reasons for hope, we must continue together to move cautiously over the coming weeks to ensure we protect the significant gains we have made in recent months and to allow us time to protect more people, particularly the most vulnerable, through vaccination. Despite the very understandable levels of fatigue, we know that the level of support for public health guidance remains high. The efforts of the vast majority of the population are continuing to help suppress viral transmission in our communities. I thank the public, in particular healthcare workers, for their ongoing support. My hope is that we will never again have to recommend more restrictive measures. However, to achieve this, we must continue to hold the line in the coming weeks as our vaccine programme ramps up.

Chairman: I thank Dr. Glynn. I again advise members to stick to their allocated times.

Senator Seán Kyne: I welcome Dr. Glynn and the team. Vaccine hesitancy could creep into the population, given the decision of the national immunisation advisory committee, NIAC, on the AstraZeneca vaccine. Is Dr. Glynn concerned about this and should we be seeking an increased supply of other vaccine brands to combat it? I note today's decision of the Food and Drug Administration, FDA, in the US to recommend a pause of the Johnson & Johnson Covid vaccine while it investigates reports of blood clots.

The UK is seeing its largest surge in testing to date, as dozens of cases of the South African variant have been found in south London. Israel reported that this variant could break through the Pfizer-BioNTech vaccine's protection. Has the South African variant reached our shores and what will the consequences be if it does? Early results from France show the major potential of the Valneva vaccine. According to Professor Luke O'Neill, they are unbelievable results. Is NPHET engaging with its French counterparts in that regard?

Across the water in the UK, pubs and restaurants are reopening. Has NPHET information or a roadmap on when the hospitality sector might reopen in Ireland and in what form that should

take place? I ask because businesses need to plan. Again, a balance must be struck between opening the economy and health concerns.

Dr. Ronan Glynn: Yes, we are obviously always concerned about vaccine hesitancy. While that has been less of a concern over the first number of months of roll-out in that anyone who gets a vaccine or is offered a vaccine has been very keen to avail of it, we have been aware of the need to maintain levels of confidence in the programme. That has been a key component of the approach that we have taken. We have tried to be proactive in assessing the latest data, in communicating that and in ensuring that the public understands the rationale for decisions and that they understand that safety comes first in terms of our decisions. It is thanks to the work of NIAC, and the work of colleagues in the Health Products Regulatory Authority, HPRA, and across agencies that despite what has been a bumpy road, not alone in Ireland but internationally in terms of these vaccines, almost nine out of ten people in Ireland say that they will probably or definitely take a vaccine when it is offered to them. Clearly, we cannot take that level of confidence for granted. Clearly, we have to continue to communicate and address concerns. As I have said on many occasions, there will be 20% or 30% of the population who will have very legitimate questions and concerns. We need to continue to address those. In particular, we need to address the concerns of vulnerable communities and hard to reach groups over time to ensure that we see equitable access and equitable uptake as the vaccines are rolled out.

On the second question, we have had 46 cases of the variant that was first reported in South Africa reported here to date. We are concerned about levels of variants, either actual levels in the country now or, potentially, increasing levels of those variants over time. In particular, we are concerned about their potential impact on the effectiveness of vaccines and the potential, were they to spread, for them to have a detrimental impact on what we want to do in easing measures across society over the coming months. Thankfully, at the moment the numbers are low but we need to keep them low. As the Senator indicated, in the UK and, indeed, here, that necessitated a very robust and comprehensive public health response each time one of these cases has been identified. We have had very robust responses from our public health doctors for a number of months now around these variants as they have been identified. Indeed, updated guidance around that response was brought to NPHET last week and endorsed. The HSE is in the process of operationalising that.

I cannot speak to the issue of hospitality. I understand that will leave many members frustrated but I am not going to speak to specific measures that may or may not happen over the coming months. We will look at the data over the next two to three weeks and we will provide updated advice again to the Government at the end of April. The intention is that we will provide a roadmap from there for May and June, and onwards. That is subject to the disease remaining stable or, indeed, continuing to improve over the next couple of weeks. Clearly, there is a need for a plan. People need to know what is coming and the broad parameters for when they can expect various measures to ease so let us see what the next couple of weeks bring. Clearly, the last week was very positive in terms of the disease but that was in the context of the Easter break and we just need to see what a normal week looks like this week.

Senator Seán Kyne: The FDA has recommended a pause in the use of the Johnson & Johnson vaccine to investigate reports of blood clots. I ask Dr. Glynn to comment on that and on the French Valneva vaccine.

Some of the basic messaging on hand hygiene has been hugely important but I believe anecdotally and from reports around the country that the practice of hand sanitising has reduced, certainly in shops. I have seen that happen in places and I saw it happen in a shop here in Dub-

lin where there was no hand sanitiser available for three weeks but there was subsequently. In service stations I have seen instances where people have had to look around for a hand sanitiser, which should be in someone's line of vision. I believe better, improved and newer signage is necessary to remind people of the importance of hand sanitising to prevent the spread of Covid-19, particularly with new variants and in view of the benefits of hand hygiene in the context of preventing the spread of other diseases as well. Perhaps Dr. Glynn will reply to those questions.

Dr. Ronan Glynn: On Valneva, my understanding is that while the initial results are promising, we do not yet have sufficient data for authorisation. We want to use any vaccine that comes through and is shown to be safe and effective. Colleagues in the Department will continue to monitor that. With regard to the news about the Johnson & Johnson vaccine from the US, the EMA is monitoring the situation. After this meeting, because the news emerged as I came on this call, I will liaise with the HPRA to get an update. I know the EMA has been monitoring that situation.

On the Senator's final point, I fully endorse the need to re-emphasise, strengthen and improve the messaging about the basic measures. Regardless of what happens with vaccination over the coming six weeks to three months, it is those basic measures that will allow us to ease up on the measures that are much more important to us at a societal level. There has been talk that fomite transmission or transmission by touching surfaces is less of an issue than we previously thought, but Cillian de Gascun is quite clear that the science is not as clear as some would suggest that we no longer need to worry about that form of transmission. Again, it is not one panacea. We should still have a very strong emphasis on hand hygiene. The signage at parks and shops could be refreshed and updated. We need ongoing messaging on the importance of ventilation and all the other measures such as keeping one's distance and wearing a mask. If we can continue to use those measures as a society, that will allow us far more options through the summer in terms of what sectors we can open up and in society more broadly. We should keep those basic measures going.

Chairman: The Senator has one minute remaining.

Senator Seán Kyne: I have a final question. With regard to monitoring businesses and shops and ensuring that they have, for example, a basic supply of hand sanitiser, whose role is it to ensure that a shop complies with what we have known for the past year to be very important and which is one of the core messages from NPHET and advocated by the Government?

Dr. Ronan Glynn: NPHET can certainly advocate for that more broadly. It is what we would like to see from the various sectors and we can communicate with colleagues across government. In many instances, the measures taken by individual retailers or individual businesses across the country have been on a voluntary basis and on the basis of buying into the need to protect each other. I hope that will continue and that people will see the value of doing that as a contribution to the wider efforts to reduce transmission. However, I take the Senator's point that, perhaps, we need to stress more vocally the need for the basic measures to be strengthened, refreshed and continued over the coming months.

Chairman: I call Deputy Cullinane.

Deputy David Cullinane: I welcome Dr. Glynn and commend him and his team on the work they continue to do. I wish them well in the time ahead. It is difficult for everybody and Dr. Glynn acknowledged in his opening statement the difficulties posed for the general popula-

tion. He also acknowledged, which is significant and important, that we have more reasons to be hopeful now than at any time during the pandemic. He said we can be hopeful of a return to better and more normal times. Obviously, we all want that. He clearly set out the ingredients which will lead us to a better place in terms of test and trace, travel checks, the roll-out of the vaccine and the current restrictions continuing. I have a number of questions about that.

Dr. Glynn said that he does not want to talk about the specific easing of measures that might be possible in the short term. I assume he does not want to speculate at this point in time and that he will continue to evaluate the data as it emerges over the next number of weeks. He also said that if levels of social contact across the population remain largely unchanged over the next six weeks, NPHET will be in a position to re-evaluate matters. Is that where we are at, first of all? At this point in time, is it NPHET's position that the level of restrictions currently in place will remain so for the next six weeks or is there the possibility of additional changes within that period?

Dr. Ronan Glynn: One line from my opening statement was probably misinterpreted in some quarters this morning. I hope my opening statement is first and foremost a hopeful message as opposed to one that is causing worry about a fourth wave. We are not predicting a fourth wave; we are simply saying it remains a possibility while also acknowledging that the vast majority of indicators appear to be going in the right direction.

Deputy David Cullinane: I was asking whether there was the possibility of a further easing of restrictions within that six-week period.

Dr. Ronan Glynn: Absolutely. Our intention is to review the data again with a view towards what easing might be possible in May. We will do that at the end of this month and will provide updated advice to Government in that regard but that-----

Deputy David Cullinane: I refer to the broad parameters Dr. Glynn spoke about. I know he does not want to go into specifics but the obvious areas would be outdoor activities and sport, and outdoor dining and hospitality were mentioned as well. Can he give us some indication, in general terms, of what areas we can expect to see some movement on in that six-week period, before I move on to what happens after that? As Dr. Glynn said, people want hope. Will he give us some indication, without being overly specific if that is what he cannot do, of what we can expect?

Dr. Ronan Glynn: In its most recent update the Government set out a number of areas it wishes to look at and we will be looking at those areas in particular such as click and collect, non-essential retail, further easing on outdoor sports and training and outdoor businesses and measures like that and then moving on from there. I hope by the end of the month we will be able to set out a plan or at least an indicative high-level approach that we can hopefully adhere to over the following six to eight weeks which will bring us through May and June and into July.

Deputy David Cullinane: That is very helpful. However, if we take outdoor dining and outdoor events, certainly from a business perspective, as one of the options, then there must be a lead-in time. There must be some heads-up given to those businesses so they can prepare. I know Dr. Glynn will accept that, if it can be factored in.

If I can I want to expand on the matter of any modelling NPHET may have done on the vaccine roll-out and the relationship between it and our ability to ease restrictions. What milestones must be reached in the vaccine roll-out to allow us to significantly ease restrictions? I

ask because in the letter Dr. Glynn sent to the Minister on 29 March, he said the vaccine roll-out gives real hope that there can be a much more widespread easing of measures during the summer months. “Widespread” is obviously significant. Therefore, in Dr. Glynn’s view what milestones or staging posts in the vaccination roll-out must be reached to allow NPHET to make more decisions about easing restrictions?

Dr. Ronan Glynn: I might ask Professor Nolan to come in in a second but I will make two broad points. The benefits which can be accrued from the roll-out at any point in time depend on where we are with the disease. If we can continue to keep this disease under control over the next couple of months and we have a significant proportion of the population vaccinated, that will give us much greater options than if it gets out of control and we are coming off another-----

Deputy David Cullinane: My point is that for us to be hopeful, and for people listening - Dr. Glynn acknowledged the frustration - what are the milestones or staging posts that must be reached? Before Professor Nolan comes in I wish to bring up an additional point Dr. Glynn made in his letter to the Minister. He said that: “Vaccination will significantly and quickly reduce risk over a short period of time from May 2021 to August 2021.” He also said that: “It will [...] reduce mortality when those over 70 are fully vaccinated but will initially have a smaller effect on hospitalisation and critical care until the wider adult population, especially vulnerable adults and those aged 50-69 years, are protected...”. Is that the type of staging post or milestone we must reach? Are there numbers of people we need to see vaccinated before we can see what the witnesses called the “widespread easing of restrictions”?

Dr. Ronan Glynn: I will invite Professor Nolan to respond to that.

Professor Philip Nolan: It is important to look at it in two ways. First, there is the reduction in mortality risk, that is, the risk of people dying. There is an important milestone when people over 70 are effectively protected and at that point one sees a radical reduction in the likelihood of people dying. Some people who are younger than 70 remain at risk of mortality and there is a much wider risk of hospitalisation but the effect of vaccination is progressive. If half of the adult population were vaccinated, the virus would find it twice as difficult to transmit. I do not think-----

Deputy David Cullinane: Sorry to interrupt but I need to know if NPHET or Professor Nolan has done modelling for various stages in the vaccination programme and linked that to easing restrictions. Has NPHET, for example, looked at what is possible if we get 50% of the adult population vaccinated, if we get the medically vulnerable and all those over 55 vaccinated and so on? Is such modelling done and is that something that informs the advice? I know there are others issues related to deaths, hospitalisations and admissions to ICU but has NPHET done the modelling specifically with regard to the vaccines? Has NPHET identified the milestones to be reached that will provide the opportunity to ease restrictions and can it inform the public of same, if that is the case?

Professor Philip Nolan: What we modelled is the current vaccination programme as published but obviously we will re-run the models on the basis of recent decisions. The fundamental thing shown by that model is that we should not be thinking in terms of benchmarks of 25%, 50% or 75% of the population vaccinated and then we can do one big thing. What the model shows is that the impact of vaccination is progressive. The more people that are vaccinated, the harder and harder it is for the virus to transmit. Ultimately, we might get to the point of herd immunity, where the virus cannot transmit and sustain the epidemic but far in advance of that, we begin to find fewer cases-----

Deputy David Cullinane: I am sorry to interrupt but time is short. I am not specifically talking about percentages of the population vaccinated. I am talking about whether it is by age cohort or by people with underlying conditions. Are there benchmarks, targets or staging posts that NPHET believes will leave us in a better position if we reach them? Dr. Glynn was talking about the possibility of easing more restrictions over the next six weeks. Beyond that, hopefully there will be further easing and the vaccine roll-out will be central to that. Can the modelling done in that regard be shared with this committee?

Professor Philip Nolan: A lot of it is in the letter. I am not avoiding the question. The truth is that it is progressive and rapidly so. There are no actual milestones. If one looks at the layout of the vaccination programme, the rate at which the population is vaccinated ramps up very quickly over a short number of weeks. We go from having 25% to 50% to 75% of the population effectively vaccinated over the course of less than 12 weeks under the current programme.

Deputy David Cullinane: I have that and thank Professor Nolan. I have one last question-----

Chairman: You have run out of time Deputy.

Deputy David Cullinane: I have one last question. The witnesses talked earlier about their concerns around new variants. How important is it that we continue with traveller checks and mandatory quarantine? Where does NPHET stand on that in the context of its concerns about new variants?

Dr. Ronan Glynn: It is a key part of our response. Just to be clear - it is a key part of our response in the short term in particular. I hope that we will see a rapidly improving situation, particularly across Europe as countries step up their vaccination programmes over the next six to eight weeks as well. At least for the next six to eight weeks, we need to do all we can to keep the disease on the island under control and to prevent the introduction of variants as much as possible. We will not prevent the introduction of all variants but what we need to do is minimise that to the greatest extent possible.

Chairman: Following on from Deputy Cullinane's questions, is there a possibility of sharing with the committee the modelling criteria being used by NPHET? That would again be useful to the committee in its deliberations.

Deputy John Lahart: I thank the witnesses for their work. I am sorry that time does not allow us to be more effusive than that but they can take it that we very much appreciate the work they are doing. I will not say that we have learned from mistakes, but a significant amount has been learned since before Christmas. I believe everyone understands the need for the cautious and gradual approach which, although tedious for the public, is working. We, as the body politic, get that and I believe the public also increasingly gets it. That is not to say that businesses and lives are not being devastated as we speak.

I have some quick-fire questions. When will pharmacists begin vaccinating?

Dr. Ronan Glynn: The HSE will need to answer that question. I believe it is to come before the committee next week to discuss the vaccine roll-out.

Deputy John Lahart: Okay. Dr. Glynn cannot shed any light on it.

Dr. Ronan Glynn: I am afraid I do not have the detail. I am sorry.

Deputy John Lahart: Okay. Can Dr. Glynn name the variants of concern? Are there any we have not heard of? There is the Brazilian variant, the B.1.1.7 variant and the South African variant.

Dr. Ronan Glynn: Those we are primarily monitoring and about which we are primarily concerned are P.1, which was identified in Brazil, and B.1.351, which was first identified in South Africa. To be clear, we are also concerned about B.1.1.7, which is the dominant variant in the country, because further mutations of this variant are now emerging internationally. There have also been one or two cases of additional mutations here. Other variants include P.2 and P.3, which were first identified in the United States, B.1.525 and B.1.526. There is a whole range of variants of concern and variants under investigation but the principal variants here, in terms of numbers of cases, are P.1 and B.1.351.

Deputy John Lahart: How many people have been fully vaccinated with the AstraZeneca vaccine?

Dr. Ronan Glynn: I will ask Mr. O'Brien to come in on that question.

Mr. Gerry O'Brien: Some 235,000 doses of the AstraZeneca vaccine have been administered.

Deputy John Lahart: How many people have been fully vaccinated with the AstraZeneca vaccine?

Mr. Gerry O'Brien: Due to the 12-week window between vaccinations, I do not believe any second doses have been administered at this stage.

Deputy John Lahart: According to the preliminary or draft programme or calendar issued by the Government, we were looking at the administration of 3.9 million vaccines by the end of June. I hope that will happen. That is not my question. We see the ratio on the app every day. It is approximately 2.5:1 between first doses and fully vaccinated people. That would mean that, if everything goes to plan - and, if it please God, it will - there will be 1 million people fully vaccinated by the end of June. What can they expect to do if they are fully vaccinated?

Dr. Ronan Glynn: I will look at it in a slightly different way, if that is okay. I have reiterated the following target on a number of occasions. If we can administer at least one dose to approximately 80% of the adult population by the end of June, and if the disease is under control at that point, I hope that society will be open to a far greater level than it is at this point. At that point, I hope that there will not be much need to differentiate between what vaccinated people and unvaccinated people can do. For example, there has been some suggestion that vaccinated people will be allowed to get a haircut. I hope that, if the disease remains under control, everyone will be able to go and get a haircut long before that becomes an issue, because the disease is under control.

Deputy John Lahart: To go back to the issue of the Johnson & Johnson vaccine, it is good news that it is available. I am sure other members will be asking the witnesses to flesh out the details in that regard, so I will leave that to them. We are due to get 600,000 doses of the Johnson & Johnson vaccine, which is essentially equivalent to 1.2 million doses of AstraZeneca or another two-jab vaccine. We know the USA has paused administration of the Johnson & Johnson vaccine and that the Australian Government stated on Tuesday that it would not purchase it. What is the reaction of the witnesses to those developments?

Dr. Ronan Glynn: I am afraid I am not in a position to say too much about it at the moment. The report from the United States literally came out as we joined the meeting. I know it has been reported that there have been six cases out of 7 million vaccine doses given. I need to look at further information on that through the day, liaise with the HPRA and see what the in-house position is on it.

Deputy John Lahart: I wish to add my voice on the issue of signage and all of that. Whoever the contributors and stakeholders are, the signage has become wallpaper. It became wallpaper six months ago. I think it could be revisited and refreshed it in terms of reinforcing the message around caution.

One of the restrictions that was eased involves two fully vaccinated people being allowed to meet indoors to have a chat and a cup of coffee or whatever. Is that correct?

Dr. Ronan Glynn: Yes.

Deputy John Lahart: Some of my constituents live here and may have been working abroad under contract and have been fully vaccinated. I absolutely support hotel quarantine, but I do not get why there is an insistence on it for those who have a house here, are fully vaccinated and quite willing to quarantine at home. As two fully vaccinated people here are allowed to meet, why is there an insistence on fully-vaccinated people coming in from abroad entering hotel quarantine?

Dr. Ronan Glynn: There are a variety of reasons that collectively make up the answer. First and foremost, we are still not entirely clear what impact a vaccine or different vaccines have on transmission of the virus. A person can be vaccinated and carry one of the variants of concern, bring it into this country and give it to somebody else.

Deputy John Lahart: So two vaccinated people being allowed to meet makes sense because, obviously, they have both been vaccinated.

Dr. Ronan Glynn: They have both been vaccinated. In addition, they have been vaccinated here in this country where, as things currently stand, we do not have an undue level of variant of concern transmission in the community. In any event, no vaccine is 100% effective for 100% of recipients.

Deputy John Lahart: It is the variant; I get that.

Dr. Ronan Glynn: Different vaccines can have different impacts on the issue of transmission. We need to learn more about that in the coming weeks. Different variants will have different effects on different vaccines. We are seeing increasing reports on a daily basis, or certainly a weekly basis, internationally of cases and clusters arising among people who have been fully vaccinated, particularly in cases involving the B.1.351 South African variant. There is still a question as to the length of immunity or protection that is afforded by vaccine-induced immunity. There is also the whole issue of certification and our ability to stand over the validity or to authenticate-----

Deputy John Lahart: Okay. I will stop Dr. Glynn there. That was a comprehensive answer. It would be very useful if he could arrange for a brief paper on that issue to be sent to the committee because it is a question that often comes up from constituents.

My final question also relates to constituents. GPs have received calls this morning, poli-

ticians have received emails and calls in the past 24 hours and I am sure the witnesses have received their fair share of emails, all from people who are now anxious about taking the AstraZeneca vaccine. The issue has been all over the radio. Much of it has been covered. I listened to the witnesses' discussing the issue last night. They covered as much as they could but the thing is that the cattle have been spooked, to use that Western movie analogy. The line from NPHET - which I understand - is that one should take the vaccine one is offered. However, should it not be the case that people with serious reservations in that regard are able to exercise those reservations, just as those who do not wish to take the vaccine can exercise their reservations? Those who do not wish to take a particular vaccine should not be "punished" by having to wait a lengthy period to be administered another vaccine, particularly in the case of the over-70s or the over-60s, who are in vulnerable positions. Should they not be in a position where they are able to receive a vaccine, regardless of whether it is AstraZeneca, as quickly as possible and, in an ideal situation, in the order they were intended to receive it? That is my final question. I thank the witnesses.

Dr. Ronan Glynn: I see Mr. O'Brien wishes to come in so I will let him come in first.

Mr. Gerry O'Brien: The HSE's latest dashboard shows that some 250 people have had a second AstraZeneca Vaccine. It has just started.

Deputy John Lahart: I thank Mr. O'Brien.

Dr. Ronan Glynn: On the Deputy's question, while I appreciate there will be people with very legitimate concerns, which need to be addressed at an individual level, I do not believe we are in a position to offer choice, given that we absolutely stand over the safety and effectiveness of this vaccine for the people to whom it will be offered.

As he may have heard last night, the chances of someone aged 60 or older dying as a result of contracting Covid is 85 times higher than the risk of any clotting event arising out of receipt of the AstraZeneca vaccine. I understand that there would be concerns. I am very sympathetic to those concerns and I am sympathetic to politicians and to general practitioners all across the country today who, I have no doubt, are fielding questions and having to deal with concerns. We need to address those concerns and resolve them as opposed to going down an alternative route. This vaccine is safe and effective, as are the other vaccines, in the age group for whom it is being recommended. The approach taken by ourselves and by NIAC is a very conservative approach. One could argue that a lower age cut-off be recommended but, as we said last night, with an abundance of caution the 60 year age cut-off was chosen. This is in line with Germany, Italy, the Netherlands, Spain and a number of other European countries.

Deputy John Lahart: This abundance of caution is something that we are learning about, just as NPHET is. Perhaps NPHET is also going to have to exercise this caution potentially with another vaccine or two as they come along. There is a significant piece of work to be done here. It is about reassuring people. The clear message from Dr. Glynn today seems to imply that a GP could address the concerns on a one-to-one basis with a patient. Is that one of the avenues being suggested by him?

Dr. Ronan Glynn: In the first instance, we must ensure that GPs have all of the information they need to address those concerns. Ultimately, we know that the consultation between the general practitioner and a patient is the single, most effective way of addressing concerns around vaccines, ensuring that people have those concerns addressed and are then willing to take the vaccine when it is offered.

Deputy John Lahart: But NPHET is ruling out a choice?

Dr. Ronan Glynn: Yes, I think so. On the basis of the evidence we have in front of us, there is not an indication for that, excepting that there will be people who have concerns that need to be addressed.

Deputy John Lahart: I thank the witnesses.

Chairman: I wish to inform the public, who may be watching this at home, that we are having technical issues with cameras. I apologise also to the witnesses and committee members.

Deputy Róisín Shortall: I welcome Dr. Glynn and his colleagues. I thank them for their ongoing work.

Dr. Glynn said earlier that we must do all we can to prevent the introduction of new variants and we all agree with that. In that context, I wish to ask some questions about the decisions on mandatory hotel quarantining and the rationale for the selection of those countries included on the list. Will he provide us with some of the reasons underpinning those decisions please?

In a radio interview yesterday morning, the Minister for Health said that the main criterion for selecting EU countries for mandatory hotel quarantining is the level of variants. Questions arise about this. Why is there a distinction between the selection of EU countries and the rest of the world with regard to the criteria that will apply? There is an issue with the dependence on new variants in the selection criteria for several EU countries that do not engage in genomic sequencing and instances where that science is weak. We know from an ECDC report back in February that several European countries do not carry out genomic sequencing. What is Dr. Glynn's view on the implications of the fact that many EU countries cannot be relied on to provide data on genomic sequencing? Is it the case that those countries are rewarded by not being included on the list for mandatory hotel quarantine?

How is it that the incidence of the virus seems to be set aside when it comes to selecting countries at EU level? When we look at the figures, countries on the list such as Italy, Belgium and Austria have a 14-day incidence rate of approximately 500 cases per 100,000. Other countries that are not on the list have in the region of 1,000 cases per 100,000. What exactly is the science underpinning the selection of those countries?

Dr. Ronan Glynn: The advice we provide is based on either known knowledge about variants of concern in a particular state or high incidence in a particular state. We do not differentiate between the EU and the rest of the world. We feel that given the-----

Deputy Róisín Shortall: Was that statement by the Minister not exactly accurate then if he said that the main criterion at EU level is the new variants?

Dr. Ronan Glynn: W recognise that there may well be constraints in the establishment, setting up and expansion of this system. Therefore, we advise that in the first instance the focus should be on countries with known variants of concern, followed by countries or states with very high incidence, which is more than 500 cases per 100,000, followed by states with high incidence, which is less than 500 cases per 100,000 but more than two and a half times Ireland's 14-day incidence.

Deputy Róisín Shortall: On the science underpinning this, if the expert travel advisory group had no knowledge of the new variants in certain EU countries, why would it not include

them as part of a precautionary approach?

Dr. Ronan Glynn: When we look at this, we do not differentiate between the EU and the rest of the world. We look at countries with variants of concern, then countries or states with a very high incidence and then countries or states with an incidence that is more than 2.5 times Ireland's incidence. We recognise that many countries have a challenge in either carrying out, or for whatever reason, reporting data on variants of concern. It is our belief that it is appropriate to examine overall disease incidence in countries because we know that incidence is associated with the emergence and spread of variants of concern. We know the ECDC has previously been clear on the potential threat posed by variants and the likely further spread of those variants, both within the EU and internationally. It is in all of that context that we provide advice, which looks at both variants and incidence.

Deputy Róisín Shortall: To confirm, a combination of those three criteria that Dr. Glynn set down are applied equally to all countries. Is that the case?

Dr. Ronan Glynn: We apply them equally to all countries and then we advise that if there are constraints, in order of priority there needs to be a focus in the first instance on countries with known variants or probable variants, followed by countries with very high incidence and followed by countries with high incidence.

Deputy Róisín Shortall: Is that data publicly available?

Dr. Ronan Glynn: The incidence data are publicly available. The ECDC publishes data on a weekly basis.

Deputy Róisín Shortall: I mean for Ireland. Are the data and the bases for the selection of countries for Ireland's mandatory hotel quarantine list available to us?

Dr. Ronan Glynn: When the expert advisory travel group meets on a given date, it looks at Ireland's 14-day incidence and then it is advised that every country with a case rate of more than 500 per 100,000 will be included, regardless of Ireland's position. Then if a country has a case rate of less than 500 per 100,000 but more than 2.5 times Ireland's current 14-day incidence, the advice to date has been that this country would also be considered for inclusion.

Chairman: The Deputy is running out of time.

Deputy Róisín Shortall: I will briefly ask one last question. Where a case of, for example, the P1 variant is identified, what work is then done on that? Is it done centrally by public health doctors or is it dependent on the strength of the regional public health teams?

Dr. Ronan Glynn: It would be a combination but the regional public health teams have a significant role to play along with, in particular, the contact tracing centre at University College Dublin, UCD, which has a central role in management of these case, and of course, the public health doctors working at national level. As I said last week, we updated protocols and guidance regarding those variants and that guidance was endorsed. I am sure the HSE can update the committee on that next week. We can certainly provide a note on the approach being taken if that is more appropriate.

Deputy Róisín Shortall: I would appreciate that. I thank Dr. Glynn.

Deputy Neasa Hourigan: I thank everyone who is here for attending. I do not want to spend too much time on the AstraZeneca vaccine because it has been covered quite well by

other Deputies and the witnesses. Before I start my other questions, however, I am aware that some European countries have decided that if a person is halfway through the process and has taken the first dose, he or she will not continue with the second dose and instead start with a new vaccine . Will that be the case here?

Dr. Ronan Glynn: At present, the plan is that someone at high risk or very high risk of a severe outcome were he or she to contract Covid-19 and who has received his or her first dose, should receive the second dose as planned after 12 weeks. The benefits of a person receiving that vaccine to protect him or her outweigh any potential risks.

Deputy Neasa Hourigan: Is that the same in every age cohort?

Dr. Ronan Glynn: That is the same across all age cohorts. Equally, all people aged 60 or older who have received a first dose should receive the second dose as planned after 12 weeks. For all people under 60 years of age who have received a first dose and are not high risk or very high risk, the second dose should be deferred until 16 weeks after the first. Those people then will not be due to get their second dose for approximately another five or six weeks. That will give NIAC further time to consider whether an alternative strategy might be more appropriate and whether that would involve, for example, giving a different vaccine as a second dose. It is important to point out that 800,000 second doses of AstraZeneca have been given to date in the UK with no negative outcomes. It may be, therefore, that this issue which has been identified is something that shows itself after a first dose as opposed to after a second. As I said, however, the next few weeks will allow us to further assess that and come back with updated recommendations.

Deputy Neasa Hourigan: Absolutely. That seems to make sense. Does Dr. Glynn have any sense of how many people will be in the cohort we are talking about who already received the more than 200,000 doses that have been given?

Dr. Ronan Glynn: I do not. We can certainly get the Deputy a note on the breakdown of that, however.

Deputy Neasa Hourigan: A number of Deputies have asked about the reopening and the pathway out of this. We have talked a little about businesses and sport. One of the areas around which I have received the most correspondence is maternity care and access to services during pregnancy and birth and labour. I am aware that hospitals are obviously a nucleus of activity when we are talking about a pandemic. I am not, therefore, asking for a date or anything. In terms of a roll-out when we see things reopening, however, at what stage does Dr. Glynn expect to see more free and available access to hospital services and the reopening of those kinds of facilities as part of the general opening up?

Dr. Ronan Glynn: I am sorry. I missed the very start of the question. Is the Deputy talking about, for example, access to maternity for partners?

Deputy Neasa Hourigan: That is exactly right. Somebody told me yesterday that she had given birth and was in the hospital on her own for the day. She would have liked to have her partner there and was simply not able to do that. When will we see that in the roll-out? I do not necessarily want a date. When in the framework of the roll-out will that particular service be more available to people, however?

Dr. Ronan Glynn: This will not be the answer the Deputy wants. It will not be satisfactory but that is actually not something on which we have ever given specific advice. The approach

taken was based on advice and guidance within the HSE. The HSE has always determined that position and may, therefore, well be able to update the committee next week. Ultimately, however, it will come down to the level of disease in the community which, hopefully, will continue to improve over the coming weeks.

Deputy Neasa Hourigan: Dr. Glynn referred to the conducting pilot studies in respect of antigen testing. That issue, particularly as it relates to nursing homes, has arisen at previous meetings. Can Dr. Glynn expand on the pilot studies and how they are going?

Dr. Ronan Glynn: Sure. These are pilot studies that are being established by colleagues in the HSE. As the Deputy may be aware, the relevant authorities have already validated and used these antigen tests in some acute hospital settings. As she may also be aware in the context of her reference to nursing homes, we updated our recommendations regarding visitation a few weeks ago and we will be returning to the issue shortly with NPHET. One data point which may give people more hope and which shows the impact of vaccines is that no new outbreaks were reported in nursing homes across the country last week. It is the first time that has happened since last July. It is a really welcome development and shows the impact that vaccination can have. In respect of nursing homes, we are looking at the issues of visitation and serial testing and the ongoing role it can play. We will look at those issues in more detail over the remainder of this week and next week.

On antigen testing, the HSE is looking at the potential for its deployment and use as an additional tool in childcare settings across the various components of the education sector and in higher education, working with colleagues in the Departments of Education and Further and Higher Education, Research, Innovation and Science. It is also being deployed to some extent in the meat processing industry. An evaluation of that is happening as we speak and is focusing on the value and utility or otherwise of it versus cost and other considerations. It has been rolled out over the past month.

Subject to the recent report of the Covid-19 rapid testing group, I know that the Department of Enterprise, Trade and Employment and a range of other Departments are looking at the potential for adding antigen testing as one more layer in their approach.

Deputy Neasa Hourigan: I have only one minute left. I might try and get one quick question in before I finish. I would like to state that the news that there have been no new cases in nursing homes is certainly a massive good news story.

Dr. Ronan Glynn: Just to be clear, because I know that it will be misreported, there have been no new outbreaks in nursing homes.

Deputy Neasa Hourigan: No new outbreaks. Fair enough.

Earlier, Dr. Glynn noted that we need an adequate amount of time between phases of reopening in order to assess the impact of that reopening. Could he give us a sense of what that adequate amount of time would be? Would it be 14 or 20 days on each occasion there is a new phase in the reopening What does he consider to be an adequate period to facilitate making an assessment?

Dr. Ronan Glynn: We have always been clear that a minimum of three weeks is needed to fully understand the impact of a significant change in measures. Of course, as we are seeing at the moment, there was a change in measures on Monday and there will be further changes this month. Prior to another substantial set of changes, we would want at least three weeks to fully

understand if there has been a negative impact.

Deputy Gino Kenny: I thank Dr. Glynn and his team for their opening statement. It gives many people hope with regard to the public health emergency through which we are all living. It also contains a note of caution. That is also welcome, because we are living in times when things can go wrong.

I wish to ask Dr. Glynn about this note of caution and hope, particularly in the context of the next six weeks. It will be a vital phase in the pandemic and in the vaccine roll-out. What weaknesses does he potentially see in the next six weeks that could undermine the good work that has been done in the past three months in particular?

Dr. Ronan Glynn: I do not know that there are weaknesses *per se*. I would characterise it by stating that there are uncertainties. For example, there are uncertainties around the potential emergence of a variant. A super spreading event, or a small number of super spreading events, of a variant of concern could alter the picture, as could further issues with vaccine roll-out or the planned roll-out of vaccine in which 80% of the population has its first dose by the end of June. They are the key elements.

I am sure no one believes it but I remain, and have always remained, optimistic about the public's willingness to buy into measures, despite the fatigue. The fact we have not seen an increase in close contacts, per case, since the middle of February is phenomenal. It shows that despite well-publicised incidences in which a small number of people have not complied, the vast majority of people are continuing to try to do the right thing. That, more than anything else, makes me hopeful that we will continue along an appropriate trajectory over the coming weeks and will get to where we need to be by June and into July.

Deputy Gino Kenny: My second question relates to the AstraZeneca vaccine and the recommendations by the national immunisation advisory committee, NIAC. What does Dr. Glynn think the consequences of the overall vaccine roll-out are in terms of the interruption of the recommendations by NIAC?

Dr. Ronan Glynn: We will need to wait and see how the HSE reallocates the vaccine to various cohorts and how it plans to deploy available vaccines, but AstraZeneca only accounts for approximately 20% of vaccines over the next eight weeks. A significant number of people who have not been vaccinated are eligible and will be eligible for AstraZeneca and a significant number of people will require a second dose of this vaccine.

All those people receiving AstraZeneca will leave the Pfizer, Moderna and, hopefully, Johnson & Johnson vaccines available for other groups of people. I hope, on the basis of last night's recommendations, the impact on the overall roll-out at population level should be minimal, when one looks forward to where we will be at the end of May or June. Obviously, there is an interruption this week but, hopefully, it can be addressed quite quickly.

Deputy Gino Kenny: Some media outlets reported the 60 to 69 age group cohort would probably get a boost in regard to vaccine supply because of the recommendation by the national immunisation advisory committee, NIAC, in relation to AstraZeneca. Is that possible over the next six weeks?

Dr. Ronan Glynn: Obviously, the AstraZeneca that would have been going to other groups will now be available. AstraZeneca can be used on anyone aged 60 and older, so, clearly, a substantial supply of AstraZeneca vaccine will be available for people in that cohort. I expect,

subject to hearing from the HSE, people who would otherwise have been waiting longer to get vaccine will now be offered AstraZeneca.

Deputy Gino Kenny: My next question relates to vaccinators. Vaccine supply will be ramped up. Is Dr. Glynn confident we have enough vaccinators to meet the demand to vaccinate people? There have been problems with the criteria of vaccinators and getting them into the position in which they can vaccinate. Will we reach a choke point at which there is a supply of vaccines but not enough vaccinators? Is Dr. Glynn confident we can meet the demand through the 11,000 plus people needed to vaccinate people over the coming six months?

Dr. Ronan Glynn: I will ask Mr. O'Brien to answer that question.

Mr. Gerry O'Brien: We have been engaging with the HSE on the recruitment of vaccinators. The Department and the high-level task force on vaccines are comfortable in terms of vaccinations through April and May and recruitment to ensure the vaccination workforce is in place thereafter is ongoing. It is not just vaccinators; we have GPs and then, at some stage, pharmacists and others coming on board. It is therefore a very broad-ranging offering of people who can vaccinate. As for the mass vaccination clinics and the population that will be vaccinated there, the HSE is doing everything it can to recruit people. Certainly for April and May we have confidence that the numbers are there already to do that.

Chairman: Is that okay, Deputy Kenny?

Deputy Gino Kenny: I have just a brief question about vaccine hesitancy. This could become a bigger issue than we would like. The one thing we do not want is for vaccine hesitancy to become a bigger issue than it is. Are there any plans to clarify, particularly with advertisements, hesitancy about the vaccines that will be available for supply over the next three to six months?

Dr. Ronan Glynn: The short answer is "Yes". The HSE is doing very specific work in that regard, in particular around possibly harder-to-reach groups or groups that may require information in different ways or in different languages. From our perspective, as I said at the press conference last night, we need to step it up. As a society, however, we need to move away from a certain focus. I fully appreciate and understand the focus on numbers, and we need to keep that focus, but in tandem with that we need to focus increasingly on other issues around vaccines - why people want to get vaccines and why they do not want to get them and what their concerns are - and address them across a range of forums. Again, if people have suggestions for ways in which we need to communicate differently or better regarding vaccines, we are happy to take any of them on board and to try to get messages out through different forums.

Deputy Colm Burke: I thank Dr. Glynn for his presentation. May I go back to the AstraZeneca issue? I know many people have raised it. It is about getting information out there. We are now talking about the over-60s and saying the focus will be on AstraZeneca, but we have a huge problem now in that they are not convinced. I wonder if a lot more could be done to get information out there to show why this decision has been arrived at. What has been put out there so far - the details of the research, etc. - may be available but is not out there in a broad sense, and I wonder if a lot more could be done on that. Is Dr. Glynn aware of any plans by the HSE to get information out there to the public on the issue?

Dr. Ronan Glynn: Obviously, the communication effort started last night. That effort needs to continue. The NIAC advice is up on the RCPI website already, to the best of my knowledge.

However, this comes back to an earlier point, which is that what we really need to do is to equip our healthcare professionals in the community to address the concerns as individuals raise those questions with them. Over the coming days we will step up our communication efforts to try to answer specific questions and concerns about the vaccine.

Deputy Colm Burke: I will move on to another issue, and I know one or two Deputies have already raised it. It is about the use of antigen, in particular as it relates to, for argument's sake, attending maternity wards, and that issue was raised. We are now talking about doing a pilot project on this, but is there not enough research done on this already? We fully accept that it is not comprehensive or conclusive, but why do we need to do a pilot test when all the information on the use of the antigen test is already there? Why can we not use it regarding maternity services, for instance?

The other big issue now, given that most people over 80 have been vaccinated, is that there is a need to open up day centres they used to attend. It should be remembered that they have been locked up for more than 12 months now. They want to get out. Can that not also be used to try to open up those centres rather than delaying their reopening for another six months? Will that be considered at this stage?

Dr. Ronan Glynn: The second question is for the HSE directly. With regard to antigen testing, the Deputy has raised an interesting point on whether the evidence is not there. There is a real debate going on in the medical and scientific community on the value or otherwise of antigen testing. Just because we all want something to be really effective and make an enormous difference it does not mean that it will. Some of the portrayal of antigen testing internationally is that it would prevent lockdowns and would be the panacea. There simply is not evidence in the medical or scientific literature to support this. Our public health and pathology colleagues in the HSE who deal with these issues on a daily basis do not support this view. However, there is a role for antigen testing in particular settings as an additional layer. Ultimately, it has to be driven by our clinical colleagues in the HSE and where they see a value in antigen testing. To be very clear, wherever antigen testing can play an additional role and bring additional value over and above our public health response, it should be facilitated, trialled and used. I also reiterate that we have been looking very closely at the evidence on antigen testing since last August. It is not that the issue was ignored or sidelined. It was looked at actively and the reality is that certainly up to a couple of weeks ago there was no test validated for use on asymptomatic people.

Deputy Colm Burke: I have a question on the quarantine of people flying in from abroad. In the US people are being allowed in from abroad provided they can show they have had the required vaccination. Why can we not apply the same rule here? We could introduce antibody testing, whereby when people arrive a test can be done to see whether people have antibodies. Can this be considered rather than going down the road of quarantine? This is with regard to people who have clear evidence they have gone through the entire vaccination process.

Dr. Ronan Glynn: We all want vaccination to make a significant difference to our ability to travel. The position at present is that a very small proportion of our population is fully protected and very small proportion of populations internationally are fully protected. Even where they are fully protected we still do not have sufficient information on the issue of transmission. Even where they are fully protected from the variant we have here at present we do not yet have enough information, and internationally we are seeing increasing incidences of breakthrough infection with other variants in people who have been vaccinated. Furthermore, there is the issue of whether we could have a system that properly authenticates vaccine certificates. None

of this is insurmountable. None of this is forever. The epidemiological situation throughout the EU is improving as we speak and the EU is looking at an EU-wide system of vaccination certification. We are all going in the right direction but it will take weeks to get there.

Senator Colm Burke: The US has decided to go down this route and it is a far bigger jurisdiction. It is prepared to take that risk and is satisfied it can do so with the bigger numbers it has to deal with.

Chairman: Deputy Burke has run out of time.

Dr. Ronan Glynn: The US is satisfied to go down that route but that is a matter for those authorities. The epidemiological situation there is different from ours at present and is going in the wrong direction. That is a matter for those authorities.

Senator Annie Hoey: I want to follow up on a point that was raised during Deputy Hourigan's questions. It is veering a little bit of course. Why does NPHET make recommendations for nursing homes but not for maternity services? I know of the reasoning that not all maternity services and wards have spacing and capacity but I would hazard that no two nursing homes are of the same size or layout and NPHET does make recommendations on when people can go in and out of them. Is there a differentiation that I just do not know about? Why does NPHET not make recommendations on maternity services but does for nursing homes?

Dr. Ronan Glynn: There is not an entirely straightforward answer to that. Some of it is historical with regard to areas of focus at a particular time. The issue with nursing homes is that they are across sectors and society. For example, they are not necessarily all HSE nursing homes. That factor plays into this. What happens within the HSE is a matter for the HSE. If there is a need for a wider policy discussion about that at NPHET, it can happen. To date, however, the issue of maternity services has been dealt with by the HSE.

Senator Annie Hoey: Okay. I was interested in the issue.

Will Dr. Glynn give us his thoughts on how taking or refusing the jab could affect employment and access to services? NPHET makes far-reaching recommendations on many matters that affect society's health and the economy. As part of the ongoing roll-out, has it planned or considered a recommendation in respect of those who, for whatever reason, cannot or will not get the jab? Dr. Glynn stated that approximately 80% of the adult population will have to get at least one dose of the vaccine by June to get things moving reasonably, but what recommendations will NPHET make about managing the situation when cohorts of people cannot or will not get vaccinated? I do not necessarily mean a discussion on vaccine passports and so on, but there is a genuine question to be asked about NPHET's recommendations as regards what people, businesses and the Government should do in such circumstances.

Dr. Ronan Glynn: There are a few elements to that. It is an ongoing conversation. For example, NPHET last week considered the approach to healthcare workers who have decided not to get vaccinated. Speaking from a personal perspective, we need to focus over the next few months on one-to-one conversations and ensuring people have the information so that their concerns are addressed. Generally speaking, across vaccination programmes and countries, 5% at most of an adult population is resolutely anti-vaccine. Those people will not change their minds. No matter what measures we introduce or do not introduce, they have already decided that they will not take one of these vaccines. What we need to do is address the concerns of the proportion of people who have legitimate questions.

At this point, I would be hesitant personally to suggest that we go down the route of differentiating at a societal level between people who have been vaccinated and those who have not. I hope the majority of people will see that the vaccine offers protection for themselves and their families and will choose to accept it when it is offered to them. Obviously, this situation is something that we will have to continue monitoring. For the time being, however, our focus needs to be on ensuring we can maintain the very high level of vaccine confidence that is in the country at present.

Senator Annie Hoey: I will ask a final question about the long-term roll-out of the vaccine. We are still in the initial roll-out of the first rounds, so it might be premature of me to consider later phases. In the long term, how does Dr. Glynn see the virus being managed and vaccination working out? Is there the potential for the situation to become like the flu vaccine, with large swathes of the population having to get a vaccine regularly? If so, how would its roll-out be managed? Would it be done in pharmacies like the flu vaccine or would it remain with GPs and other health settings?

Dr. Ronan Glynn: Whether it becomes an annual necessity is an open question. At this stage, it is more likely that we may need a booster programme next autumn or winter, although that is not entirely clear either.

The question of how the vaccination programme will be deployed largely depends on the developments in vaccines over the coming weeks and months, whether we are still using all of the vaccines that we currently have, and whether better and different vaccines come along and what the requirements are in terms of their deployment and administration. If we needed to run a similar programme next autumn and had to offer a vaccine to everyone aged 16 years and older in the population, we would have to use every available avenue to ensure the uptake was as high as it could be.

Senator Annie Hoey: I thank Dr. Glynn.

Deputy Cathal Crowe: I confirm that I am in Leinster House.

I thank Dr. Glynn for joining us today. I wish to ask a number of questions. Like others, I had planned on asking about the AstraZeneca vaccine, but it has been well covered and I thank the witnesses for answering the questions thus far.

I wish to mention the European Centre for Disease Control and Prevention, which is something that I have delved into over the past number of weeks. How much engagement does NPHET have with the centre on a weekly basis? The centre is based in Stockholm but I was alarmed to discover that it only employs 300 people and its annual operational budget is €50 million when compared with its US equivalent and co-ordinating health body that has an annual budget of €12 billion. Have there been many weekly interactions? Have deficiencies been found in the information supplied by the ECDC in a co-ordinating capacity across the European Union bloc?

Dr. Ronan Glynn: We would have very regular engagement with the ECDC both at departmental level but also through colleagues in the HSE who engage in data sharing on a very regular basis. We would also have people who would sit on the advisory and management board forum for the ECDC.

There has been a recognition at European level that the response overall was not as optimal as it could have been, that we need to reflect on that and ensure that we are better prepared in

the future. From that perspective, the EU has already developed something but I will not call it an agency at this stage because it is not entirely clear what the format will be but it is a health emergency preparedness and response authority. So there is work ongoing on that and I would expect to have more detail on that, probably by the end of the summer.

The ECDC has played an important role in our understanding, particularly around disease transmission. Of course, we do not rely on the ECDC alone. We have very regular engagement with colleagues in Northern Ireland and across the UK. We also keep abreast of developments at WHO and CDC levels.

Deputy Cathal Crowe: It must be calamitous to think that on a daily basis one has all these other member states phoning in about vaccinations, and looking for advice, figures and statistics yet only 300 staff to deal with that, to think that Europe-wide more was spent last year on a space exploration programme than on co-ordinating the European-wide effort, and that the centre is an 18-year old entity. Considering that NPHET for Covid-19 was only set up on 27 January 2020, it has done a hell of a lot of good work in that time. However, it seems unforgivable that an entity set up following the first outbreak of the severe acute respiratory syndrome, SARS, in 2002 or 2003 has years later, in this instance, proven unfit for purpose.

This morning, the Taoiseach spoke at the National Tourism and Hospitality Expo. When the media questioned him about the reopening of various sectors he clearly hinted that there will, hopefully, be a reopening of bed and breakfast accommodation, guesthouses and hotels in the June period. Everyone now wonders how NPHET views bars and restaurants. When Dr. Glynn answers he might also tell us the logic behind NPHET's differentiation between a gastropub that serves food versus a wet pub. I understand what is served by both types of pub is rather different but in a health context how do they differ? I ask because it is a question that we have been asked repeatedly and one for which we do not have a good answer.

Dr. Ronan Glynn: This answer definitely will not be satisfactory. At the end of this month we would hope to look again at the data to see how we have gotten through April and will set out a plan for May, June and July. As part of that we will give consideration to the whole area of hospitality.

In terms of pubs versus gastropubs, NPHET never said one word about a €9 meal but we do have a concern about alcohol in the context of a global pandemic. Again, I know that I will be painted in the wrong way because of this. One cannot get away from the fact that when we have a drink or a few drinks we let our guard down. We drop our guard and are less likely to social distance. We are less likely to ensure that we follow all of the measures that we should. Many of these establishments are poorly ventilated. It involves the mixing of many multiple households. Whether we like it or not we saw the effect of that at various times last summer and over the Christmas period. Unfortunately, and this is not a message anybody wishes to hear, these are high-risk environments in relative terms. We have to put that in context when we weigh up the risk of further waves, further outbreaks and the risk of super-spreading events versus the need to keep children in school, the need to get the hospital services up and running and the need to protect the most vulnerable until they are vaccinated. I understand that it is not an easy message. We all want to go to the pub, but we are not there yet.

Deputy Cathal Crowe: I appreciate that, but they have to be part of the roadmap as we move forward and when the next round of considerations is made. I have one minute remaining so I will ask some brief questions. I consider the digital green certificate to be very positive. It is a pathway back to a safe resumption of international air travel. Does Dr. Glynn think

Irish people can realistically look forward, beyond a trip with a bucket and spade to the coast or the beach this summer, to having a holiday abroad with the introduction of the digital green certificate?

Finally, NPHET was established on 27 January 2020. I thank it for what it is doing, but does Dr. Glynn envisage a continued role for NPHET - Dr. Glynn, Dr. Tony Holohan and all the team - beyond the immediate period of next autumn and winter? He continuously tells us that Covid could be around for five or ten years. Does he think there will be a need for an advisory body on the shoulder of the Government and the health services for all of that period?

Dr. Ronan Glynn: I certainly hope that we will be able to move, relatively shortly, away from the spotlight we have, which we do not want. We have a public health role to play and I hope that, as vaccination rolls out and if we can keep incidence low, our role will become less visible, less important and less on the front pages of the newspapers. That is not where we want to be, contrary to some public opinion. It is not what we enjoy. I hope that if we can get the majority of the adult population vaccinated and if disease levels are still low, at that point there will be a step change in the NPHET response. We need to move away from what has been, essentially, an emergency response to-----

Deputy Cathal Crowe: Does Dr. Glynn think foreign holidays and non-essential air travel will return over the summer? What is his opinion on that as the vaccination situation improves?

Dr. Ronan Glynn: There is too much uncertainty about the European situation at present to give any measure of certainty regarding travel. I hope we will have a very open and good summer in this country and that, for this year, the focus will be on the hospitality sector and travel within this country, keeping us all safe and the disease under control.

Chairman: You want to be more shy and retiring, Dr. Glynn.

Dr. Ronan Glynn: Definitely.

Senator Frances Black: First, I thank Dr. Glynn and his team for the phenomenal work they are doing. I appreciate it. I never thought that in my lifetime, and I am a long time on this earth, I would see a pandemic such as this. This is all new for everybody. I believe NPHET is doing a great job and I thank it for that.

I do not have a great deal to say. The concerns I have are about the long-term impact on mental health and the tsunami that will come in the future. There is no person on this island who has not been impacted in some way. Many people are struggling with loneliness. We can also look at the impact on health workers and front-line staff. I believe we are facing a tsunami of mental health issues. I have a question, and I realise much of it has been covered today. Many people are concerned about the rare blood clotting disorder associated with the AstraZeneca vaccine. As has been said today, this could lead to people refusing the vaccine. I recently heard that the Taoiseach said the blood clotting disorder is treatable. I want to check if this is true. I believe people's minds would be put at rest if they knew that this blood clotting disorder is not fatal. If it is true that it is non-fatal and treatable then that is where we should really look at the media. One hears all the time from the media that AstraZeneca causes blood clots but I would prefer if we could hear that it is going to be okay, that it is treatable, that people are not going to die and that it is more important to deal with the Covid pandemic than to deal with the blood clotting. I am wondering what the NPHET members' thoughts are on that.

Dr. Ronan Glynn: There is still significant uncertainty around the extent to which this is

an issue. From NIAC's perspective, it was conservative; it took all events to date and assumed they were all these very serious clotting events, whereas we do not know that to be the case just yet because some of them remain under investigation. However, we know that somewhere between four and ten of these events will happen for every million people who are vaccinated. To date, the EMA has only been notified of approximately one fatality per million people vaccinated. Therefore, the majority of people - at least of the cases notified to date - with these conditions have survived. It is a serious condition but the majority of people have, as I said, survived. To come back to my earlier point, the risk of a person in their 60s dying from Covid is 85% higher than their risk of suffering one of these clotting events and in the event they suffer one it is not a given, as I said, that it will be a fatal event. Thus the balance is firmly in favour of getting the vaccine for anyone who is offered it.

Senator Frances Black: I have one last question. It may irrelevant; I am not sure. The North is ahead of us with the roll-out of vaccinations; I think it is now on people who are in their 40s. Do the NPHET members have any concerns about the North opening up before the South? Will people be travelling up to the North and maybe going to a few pubs? What do the members think? Is it something they are concerned about?

Dr. Ronan Glynn: I have no doubt that if there are opportunities to do things in Northern Ireland that are not available here that there will be a minority of people who avail of them. Equally however, while the North is ahead of us, it is moving in a conservative manner as well. We are not that far behind in terms of our measures. I know that every week feels like an eternity to people with what is in place but in overall terms we are not that far behind. If our vaccination programme rolls out as it should over the coming weeks we will catch up as far as our level of protection is concerned. If we can avoid an increase in incidence over the coming weeks we will be in a position that is very similar so that we will again have an all-island epidemiological unit as opposed to two jurisdictions.

Senator Frances Black: That is fantastic. I thank Dr. Glynn.

Senator Martin Conway: I wish to thank Dr. Glynn, Professor Nolan and their backup and support teams for they great work they have done over the last 12 months or more, at this stage. Many of the questions I would have asked have already been asked and I do not intend to go back over that ground. However, there is a concern now with nursing homes, in the sense that they received their first dose in January, shortly after that got their second and are, to a large extent, fully vaccinated. The concern is what happens in six months because we do not really know, certainly the public does not, what length of time the immunity will last. Has NPHET given any consideration to the period beyond the next six months, particularly in regard to nursing homes?

I will ask my second question then invite observations from the NPHET members. From their perspective and from a public health one, I am quite concerned about a particular matter, though perhaps it is unfounded. We are seeing vaccination centres for vulnerable people and vulnerable people being vaccinated in Dublin. That is a good thing and anyone being vaccinated is very welcome. When one sees vulnerable people travelling from Donegal to Dublin to be vaccinated, however, it does not make sense. We are talking about a four-hour journey in both directions and it is most likely that those vulnerable people will have to be transported. Surely there is a risk and a concern in that regard.

Dr. Ronan Glynn: In response to the first question, the duration of immunity is an open question at the moment. Our current position is that people can reasonably expect to be pro-

tected for a period of up to six months after being fully vaccinated. In fact, I would be hopeful that the duration of protection will extend far beyond that but we simply have not had enough time to collect that data because people have not been vaccinated for long enough yet. The evidence is promising and this is something we are monitoring on a monthly to six-weekly basis. I anticipate that we will be saying further positive things about the duration of immunity in the coming weeks.

Senator Martin Conway: That is good news.

Dr. Ronan Glynn: The one caveat to that is the issue of variants. While we have reasonable confidence around the duration of immunity with vaccination in the context of the B117 variant, we are not as confident regarding the South African variant.

In response to the question on people travelling for vaccination, I would hope that, in so far as possible, people are getting vaccinated close to home, but I also recognise that this may not be possible in every scenario for a variety of reasons. I cannot speak to the detail of that, unfortunately.

Senator Martin Conway: Would Dr. Glynn share my concern if people are travelling across the country to get vaccinated?

Dr. Ronan Glynn: I would if they are stopping off along the way and interacting with others but regardless of that risk, the general principle that we want people to be treated as close to home as possible should apply. That said, I accept that there may be particular reasons for people having to travel but I do not know the detail of it.

Senator Martin Conway: It is a lot more common than one might think.

Clearly, hospitality is going to open over the summer, possibly with outside dining as happened last year. Obviously, there will be protocols in place and recommendations and so on. This is work that NPHET should be engaged on at present because regardless of whether hospitality reopens in May or June for outside dining, we all hope it is going to happen at some stage in the coming months. I am sure, with the evolution of the virus, we will be looking at new recommendations in terms of tables being 1 ft. or 2 ft. apart, a certain number of people per table and so forth. Is preparatory work being done on this? To be fair to the hospitality industry, some prior notice will be needed. The Government should also be given some prior notice because financial supports may have to be put in place to accommodate any new recommendations or changes.

Dr. Ronan Glynn: The first thing to say is that many of the protocols and protective measures that need to be in place were in place previously and will just need to be recommenced. I accept the Senator's point, which was also made earlier, that various sectors need time to anticipate their reopening and the form it will take. Hopefully, at the end of this month, if the disease remains stable or indeed, improves over the coming weeks, we will be in a position to set out a plan for May, June and beyond so that various sectors can see, in broad terms, when they can expect to be reopening all or parts of their businesses.

Chairman: Senator Clifford-Lee is next.

Senator Lorraine Clifford-Lee: Like my colleagues, I would like to express my gratitude to Dr. Glynn and his team for all the work they have done over the past year or so. I wish to first ask about the stillbirths that have been connected with Covid. We know that seven cases of

coronavirus-related infection of the placenta have been detected here in Ireland. Unfortunately, that resulted in six stillbirths and one baby being delivered by emergency C-section. I believe that these seven cases make up one third of the global cases. Do the witnesses have a view on why that rate of Covid-related stillbirth is happening in Ireland? Why is it being detected here and not being detected in other countries? It is a very unusual pattern. On that point, will the Department make any recommendations regarding the vaccination of pregnant women or any other measures that should be put in place given these very worrying findings?

Dr. Ronan Glynn: The Senator asked why this has been seen, or at least reported, here. There is a difference between seeing something and reporting it. We have certainly always been very good at reporting here. The reasons for this are not entirely clear. What is clear is that these cases emerged during a period in which there was a massive increase in the incidence of the disease and when community transmission was widespread with a new variant. Beyond that, it is difficult to identify the precise reasons this was seen here while other jurisdictions have not yet reported it. The matter remains under investigation by colleagues in the Institute of Obstetricians and Gynaecologists and in the women and infants programme of the HSE.

I want to reassure women and their partners that the experience in this country with regard to maternity care and Covid has been very positive. We have had no maternal deaths over the past year and we hope that will continue. Women who have been diagnosed with Covid should make their medical practitioners aware of that diagnosis and follow all the protocols that are in place in that regard.

The Senator’s second question was about vaccinations. NIAC is keeping the issue under active review. Any woman who is at high or very high risk because of an underlying condition will have been prioritised for vaccination. Beyond that, NIAC is keeping the matter under review. It would be a significant move forward to decide to vaccinate all pregnant women on the basis of information that is, to date, very limited, albeit concerning. We need to collect more information both in Ireland and internationally with regard to the issue.

Senator Lorraine Clifford-Lee: To be clear, do these seven cases directly relate to the massive surge we saw in December and January?

Dr. Ronan Glynn: I am sorry; I do not know the precise points in time at which all of those cases arose. I do know that the majority did arise in the context of the surge that commenced in December and which carried on through January and February.

Senator Lorraine Clifford-Lee: Is Dr. Glynn of the belief that the reason this is being seen or reported in Ireland is the very high level of community transmission that arose from that new variant? Does he believe that is probably the reason we are seeing it in such numbers while other countries are not?

Dr. Ronan Glynn: No, I would not go that far. The reason we are reporting it is that our colleagues in pathology have followed up on these cases very assiduously and have investigated them and reported them. Why other countries that have seen similar surges in incidence of the disease have not reported this is a question that remains under investigation. It is not entirely clear.

Senator Lorraine Clifford-Lee: I have a question about the pop-up walk-in testing centres that have been set up over recent weeks. We had one in Balbriggan in my own constituency. Does Dr. Glynn view these centres as a success? What is the average positivity rate in them?

Has a reduction in community transmission been seen in the areas in which the centres were established?

Dr. Ronan Glynn: I do regard them as a success, principally because they have afforded an opportunity for various stakeholders and organisations-----

(Interruptions).

Chairman: I apologise. Senator Conway is on the phone. Will he mute himself?

Senator Martin Conway: I am sorry.

Dr. Ronan Glynn: I regard the centres as a success, principally because they have raised awareness among communities as to the extent of the disease within their areas and the need for people to come forward and get tested. Our public health colleagues in the HSE are very clear that the centres have had a positive impact. As we continue with them, which we certainly need to do, the challenge is to ensure that local politicians, local stakeholders and local organisations get behind the centres each time they are set up in the area. We need to ensure they raise awareness and ensure that people know the centres are there and what their purpose is so that they will come forward and get tested. The Senator asked about the average positivity rate. Almost 30,000 people have gone through the various centres since the end of March and almost 800 positive cases have been identified to date. The overall positivity rate is approximately 2.8%. The rate varies from site to site but, generally speaking, the positivity rates have been between 1.5% and 5.5%.

Senator Lorraine Clifford-Lee: I thank Dr. Glynn. Has there been a reduction in the rate of community transmission? With the first wave of these pop-up centres, has a real difference been seen? I know areas with high incidence rates were being targeted.

Dr. Ronan Glynn: It is difficult to say yet whether that is the case because the earliest pop-up centres were only put in place approximately three weeks ago. Certainly our public health colleagues in the HSE are saying they have seen a very significant improvement in local level engagement, the willingness of people to come forward more generally and awareness among people in those communities of the need to isolate and get tested if they develop symptoms. Everything I am seeing suggests the centres have been a positive development and I think we need to continue with them in the weeks to come.

Senator Lorraine Clifford-Lee: Does Dr. Glynn expect the R number to rise as a result of the Easter break and all classes returning to school?

Dr. Ronan Glynn: Professor Nolan may wish to come in on this issue. We have been pleasantly surprised by the profile of the disease over the past week but there is uncertainty around that because of the nature of the week in question. We will have to monitor the situation in the coming weeks. Although there are people who do not wish to hear it, our bigger concern about schools reopening is not so much the impact of what might happen in schools themselves on transmission and the R number but, specifically, that wider society will take it as a message that they can return to their workplaces and to other forms of mobility and social contact. We are asking parents, guardians and others across society to please continue to work from home because, in the context of what we want to do and are trying to do more broadly as a society and while I understand that many people would prefer to be in a workplace than to be at home, working from home is a really powerful thing that people can do to contribute to keeping this under control in the coming weeks. Professor Nolan may wish to come in on this issue.

Professor Philip Nolan: I do not have much to add other than to say that we saw decreased attendance at workplaces as schools closed. All present understand why that was the case. We will not necessarily see any increase in the incidence of disease, provided that people do not take the return to school as an opportunity to return to the workplace, as Dr. Glynn pointed out. The other positive thing we are seeing in mobility data is far more outdoors activity. If people read the signals well and get out and about for their socialisation and mental health rather than doing anything indoors, we could well keep the disease under control for the next couple of weeks with schools open.

Senator Lorraine Clifford-Lee: I thank Dr. Glynn and Professor Nolan.

Deputy Bernard J. Durkan: I congratulate all the team on the work they have done and their co-ordination, dedication and follow-up in what have been, to be fair to them, very difficult circumstances where everybody has the answer and points the finger and knows how it could be done better. Those in the eye of the storm are usually in the best position to tell us how and when it can be done better. I also compliment the very large cohort of people who have observed the regulations to the letter. Again and again, they made the sacrifices, stayed indoors and kept socially distancing. A minority of people did not do so. Of course, that is always the case.

At this stage, we must look cold and hard at what lies ahead. In the next four, five or six weeks, there may be some indication of resurgence in certain areas. I do not know whether that will be the case. What would be the best thing to do in the case of an indication of resurgence of the virus in various locations throughout the country?

Dr. Ronan Glynn: Again, Professor Nolan may wish to come in on this issue. We have the walk-in and pop-up approach now and that seems to be working well. We need to continue to deploy this where there are issues of concern. Increasingly, we need to give further voice to our local health colleagues on the ground. We in NPHET have become the face of this response over the past year. The people doing the actual work, and the people who really need to be thanked, are those who have been following up every case and every outbreak all across the country in departments of public health, those in the contact tracing centres and the people across all the various elements of the response. We need to facilitate and empower our local public health leaders to come forward on local radio and in local media so that people understand what is happening in their communities.

The third aspect, which reflects the earlier comments, is that time and again we have seen that the vast majority of people in Ireland understand what is going on with this disease and they understand when things are taking a turn for the worse. They listen to us when we voice our concerns. They might not want to hear the message but they listen to the message. When we say, “Look, we are seeing a signal and we have increasing concern so please pull back a little bit and please decrease your social contacts”, at a population level people have responded to that time and again. That, more than anything else, is what has defined the response to this. When this is all done, that is what we should proudly look back on as a country. The way people come together in communities and in solidarity will be the key to getting us to where we need to be over the coming weeks and months.

Deputy Bernard J. Durkan: The worst-case scenario that might visit us at this stage would be to see an upsurge in infection rates again and to see it continue. The longer this continues the more desperate it becomes and the more disheartened the public will become. We must make some crucial intervention to try to ensure we do not allow it to continue. In the event of there

being an unprecedented upsurge of the virus in the next two to five weeks, what do we do?

Dr. Ronan Glynn: I do not believe that anyone would ever accuse us of not having looked forward when proposing measures when they were required over the past year. I sincerely hope that we will not be in the position described by the Deputy. The things that people can do now are, by and large, very safe activities such as meeting up outside, travelling within the county for outdoor activities, and children going back to school to what have proven time and again to be low-risk environments. I have no doubt that the next few weeks will not be straightforward. We will have ups and downs, but we will continue to respond to that. Ultimately, our local public health colleagues and the population generally will respond to that. I am very hopeful that we can keep this under control and get to where we need to be in June, July and onwards from there.

Deputy Bernard J. Durkan: Is Dr. Glynn satisfied that NPHET has in place the necessary measures and proposals to curtail any spread in a short time without bringing the whole country to a halt again or back into full lockdown again? To what extent has that possibility been examined?

Dr. Ronan Glynn: We examine that possibility every week. This is a key part of the NPHET analysis every week. We cannot exclude a possibility like that. We know that this will be the headline - that I cannot rule out a further lockdown. We are not predicting another lockdown. We do not want to go backwards with these measures, but we must respond robustly if we see an issue. The key points in what we do or do not do, and the key points in whatever measures are eased through May and June, is that we need to continue to keep a focus insofar as possible on outdoor activities, and where there are indoor activities, that they are controlled and avoid the criteria and conditions that facilitate super-spreader events. Given the incidence we have currently, it would require only a small number of super-spreader events, and particularly a superspreader event with a variant, to get us into trouble. We are in a very good position. We are third best in Europe by incidence at the moment and I am hopeful that we can stay there. There are uncertainties, however, and we need to continue to review and respond.

Deputy Bernard J. Durkan: Does Professor Nolan wish to come in on that?

Professor Philip Nolan: No. Dr. Glynn has captured it perfectly.

Deputy Peadar Tóibín: I appreciate the Cathaoirleach giving me an opportunity to ask a question. I thank our guests for the presentation and for the information they have provided.

Today is the 198th day of workplace closure in this State. If one compares and contrasts the number of days and the length of time and the severity of our lockdowns, they are significantly higher than in any other European country at the moment. I understand that the characteristics of Ireland's health service, population, etc., are different from those of many other European countries, but it still remains true that the policies chosen here are radical outliers in international terms. The WHO has even said that lockdowns should not be the main coronavirus defence and yet we have literally had one since December. In formulating the policies relating to the restrictions in this country, what comparative analysis had NPHET carried out in respect of other European countries?

Dr. Ronan Glynn: Prior to the most recent advice to the Government, there was a full international analysis done of the approaches taken in 18 neighbouring countries. We are not out of line with their approaches. The difference between us and those countries is that we had

an enormous surge in December and January that we are still recovering from. Many of those countries are now undergoing an enormous surge while we are in a much better position. For example, schools are closed in many of those countries at present. There will be plenty of time for in-depth analysis when this is all done. I am confident that if we can keep things positive and going in the right direction over the coming weeks, the analysis of our epidemiological performance versus other countries will show that the measures taken were, by and large, the correct ones. That is not for a second to discount the very significant impact this has had on various sectors within our economy.

Deputy Peadar Tóibín: France closed schools for three weeks around Easter but schools here could have remained open since the start of September last year up until this particular break. While workplace closures here are, according to Reuters, for example, far longer than in other European countries, there is little difference between morbidity and mortality rates between countries such as Germany and Ireland. I understand that waves have happened at different times but, in general, many countries have managed to lock down far less and without the massive cost that we would imagine that would bring. The policies in Ireland are outliers in the context of Europe.

Dr. Ronan Glynn: We will have to agree to disagree. In broad terms, we are not outliers in terms of epidemiological performance. If one looks at schools, nobody would argue that they should have opened before they did given what happened. What happened in December and January happened and we had to respond to that in epidemiological terms. We did not want to respond. The last thing we ever want to do is give advice that, for example, schools should not open or that businesses need to close. We understand that no one wants to hear that but at a point in time, looking at the data, morbidity and mortality, we give public health advice. Contrary to some perceptions, we give advice based on our assessment of the public health position and there are always wider considerations.

Deputy Peadar Tóibín: On cancer services-----

Chairman: Deputy Tóibín asked to come in for one question.

Deputy Peadar Tóibín: I apologise. I thought I was going to get to ask a couple of questions.

Chairman: I have not had the opportunity to ask any questions. We do not have the time. I need to finish up the meeting. Apologies to end on a negative note.

First, on behalf of the committee, I thank our guests and apologise again for the technical issues we had today. The witnesses have passed on some really good information to the committee today, particularly around the numbers of deaths, which are down. Do we know why? Is it linked to the number of cases of people who are getting Covid-19? Perhaps Dr. Glynn could come back to us on that. Is it down to the hospitals and medical staff getting more experience in dealing with Covid-19?

There is really positive work, for example, the initiative around people who are asymptomatic and the introduction of walk-in centres. We need to do more around encouraging more people to use those centres. Again, it is probably a role not only for public representatives but something in which the community can be involved. I am concerned about some areas. I know of one in Dublin where something like 150 people used the walk-in centre. One might look at an area such as Finglas, where 6% of those captured had Covid-19. There is, therefore, much

positive work.

The biggest concern many of us have is that we are losing people with regard to many of the restrictions, the logic of which people do not understand. For instance, we are allowing children to go back to school. If one looks at the figures of the outdoor transmission of Covid-19, however, people will say we are allowing children back into schools but they cannot go out for a game of hurling in the yard with their friends or whatever. Those types of issues concern people. Bookshops have some suppliers that are open while others are not. Many issues out there could probably be addressed.

I thank the witnesses for their work. It has been really useful for the committee to get their feedback. Again, we would appreciate if Dr. Glynn could forward that information on the modelling. I thank him and his colleagues.

That concludes our business for today. The meeting now stands adjourned until 3.30 p.m. next Tuesday, 20 April, when we will get a briefing from the HSE and the national immunisation advisory committee, NIAC, on the roll-out of the Covid-19 vaccine, which we covered today. Again, I thank all present and look forward to seeing members at the private meeting this afternoon.

The joint committee adjourned at 3.37 p.m. until 3.30 p.m. on Tuesday, 20 April 2021.