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

Health Technology Assessment (HTA) Expert Advisory Group Meeting (NPHET COVID-19 Support)		
Meeting no. 6: Wednesday 9th December 2020 at 8.00am		
(Zoom/video conference)		
(DRAFT) MINUTES		
Attendance:		
Chair	Dr Máirín Ryan	Director of Health Technology Assessment (HTA) & Deputy Chief Executive Officer, HIQA
EAG members in attendance	Dr Jeff Connell	Assistant Director, UCD National Virus Reference Laboratory, University College Dublin
	Dr Eibhlín Connolly	Deputy Chief Medical Officer, Department of Health
	Prof Máire Connolly	Specialist Public Health Adviser, Department of Health and Adjunct Professor of Global Health and Development, National University of Ireland, Galway
	Prof Martin Cormican	Consultant Microbiologist & National Clinical Lead, HSE Antimicrobial Resistance and Infection Control Team
	Ms Sinead Creagh	Laboratory Manager at Cork University Hospital & Academy of Clinical Science and Laboratory Medicine
	Dr John Cuddihy	Specialist in Public Health Medicine & Interim Director, HSE- Health Protection Surveillance Centre (HPSC)
	Dr Lorraine Doherty	National Clinical Director Health Protection, HSE- Health Protection Surveillance Centre (HPSC)
	Dr Vida Hamilton	Consultant Anaesthetist & National Clinical Advisor and Group Lead, Acute Hospital Operations Division, HSE
	Dr David Hanlon	General Practitioner & National Clinical Advisor and Group Lead, Primary Care/Clinical Strategy and Programmes, HSE
	Dr Patricia Harrington	Deputy Director, HTA Directorate, HIQA
	Dr Cillian de Gascun	Consultant Virologist & Director of the National Virus Reference Laboratory, University College Dublin
	Dr Derval Igoe	Specialist in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
	Prof Mary Keogan	Consultant Immunologist, Beaumont Hospital & Clinical Lead, National Clinical Programme for Pathology, HSE
	Dr Siobhán Kennelly	Consultant Geriatrician & National Clinical & Advisory Group Lead, Older Persons, HSE
	Mr Andrew Lynch	Business Manager, Office of the National Clinical Advisor and Group Lead - Mental Health, HSE
	Dr Gerry McCarthy	Consultant in Emergency Medicine, Cork University Hospital & National Clinical Lead, HSE Clinical Programme for Emergency Medicine
	Prof Paddy Mallon	Consultant in Infectious Diseases, St Vincent's University Hospital & HSE Clinical Programme for Infectious Diseases
	Dr John Murphy	Consultant Paediatrician & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme

	Ms Michelle O'Neill	Deputy Director, HTA Directorate, HIQA
	Dr Margaret B. O'Sullivan	Specialist in Public Health Medicine, Department of Public Health, HSE South & Chair, National Zoonoses Committee
	Dr Lynda Sisson	Consultant in Occupational Medicine, Dean of Faculty of Occupational Medicine, RCPI & HSE National Clinical Lead for Workplace Health and Well Being
	Prof Susan Smith	Professor of Primary Care Medicine, Royal College of Surgeons in Ireland
	Dr Patrick Stapleton	Consultant Microbiologist, UL Hospitals Group, Limerick & Irish Society of Clinical Microbiologists
	Dr Conor Teljeur	Chief Scientist, HTA Directorate, HIQA
	Associate Prof. Pete Lunn	Head of the Economic and Social Research Unit (ESRI) Behavioural Research Unit
	Ms Anne Tobin	Assessment and Surveillance Manager, Medical Devices, Health Products Regulatory Authority
	Ms Josephine Galway	National Director of Nursing Infection Prevention Control and Antimicrobial Resistance AMRIC Division of Health Protection and Surveillance Centre
	Dr Niamh Bambury	Specialist Registrar in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
	Prof Karina Butler	Consultant Paediatrician and Infectious Diseases Specialist, Children's Health Ireland & Chair of the National Immunisation Advisory Committee
	Dr Gerard O'Connor	Consultant in Emergency Medicine, Mater Misericordiae University Hospital HSE Clinical Programme for Emergency Medicine
In attendance	Dr Eamon O Murchu	Senior HTA Research Analyst, HTA Directorate, HIQA
	Dr Karen Cardwell	Postdoctoral Researcher HRB-CICER, HTA Directorate, HIQA
	Dr Kieran Walsh	Senior HTA Research Analyst, HTA Directorate, HIQA
	Dr Sinéad O Neill	Health Services Researcher, HTA Directorate, HIQA
	Dr Paula Byrne	Health Services Researcher, HTA Directorate, HIQA
	Dr Laura Comber	Health Services Researcher, HTA Directorate, HIQA
	Dr Melissa Sharp	Postdoctoral Research Fellow, RCSI
	Dr Christopher Fawsitt	Senior Health Economist, HTA Directorate, HIQA
Apologies	Dr Eavan Muldoon	Consultant in Infectious Diseases, Mater Misericordiae University Hospital, National Clinical Lead for CIT and OPAT programmes & HSE Clinical Programme for Infectious Diseases
	Dr Sarah M. O'Brien	Specialist in Public Health Medicine, Office of National Clinical Advisor & Group Lead (NCAGL) for Chronic Disease
	Dr Ellen Crushell	Consultant Paediatrician, Dean, Faculty of Paediatrics, Royal College of Physicians of Ireland & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme
	Dr Michael Power	Consultant Intensivist, Beaumount Hospital & National Clinical Lead, HSE Clinical Programme for Critical Care
	Ms Sarah Lennon	Executive Director, SAGE Advocacy
	Dr Desmond Murphy	Consultant Respiratory Physician & National Clinical Lead, HSE Clinical Programme for Respiratory Medicine

Proposed Matters for Discussion:

1. **Welcome**

   The Chair welcomed all members. It was noted that minutes from the last EAG meeting have not been circulated, and they will be circulated and formally considered until the next meeting of the EAG in January 2021.

2. **Apologies & Introductions**

   Apologies as noted above. The Chair introduced Professor Pete Lunn from the ESRI who was invited due to his expertise in behavioural science.

3. **Conflicts of Interest**

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

4. **Work Programme**

   The group was provided with an overview of the current status of the work programme including:

No.	Review Questions	Status of work
1.	RQ 23 – Barriers and Facilitators to Vaccination and Measures to Increase Vaccine Uptake	Drafted and sending to NPHET 9/12/20
2.	Review of International Public Policy Response (weekly update)	Drafted and sent to NPHET 8/12/20
3.	Report on Outbreaks of SARS COV-2 in Nursing Homes	Ongoing – due for completion in January
4.	Database of public health guidance reviewing international public health guidance	Ongoing updated 3 times a week
5.	Public health guidance: - Vulnerable groups - Long Term Care Facilities	Ongoing

5. **Presentation of evidence summary on barriers and facilitators to vaccine uptake and measures to increase vaccine uptake (RQ23) – key findings**

   The EAG were reminded that NPHET had requested the HIQA evaluation team undertake a review to address the following policy topics:

   a) the factors, both demographic and psychological, which are predictors of intentions and uptake of vaccination, and;

   b) evidence for interventions and communication strategies to effectively tackle barriers to, and increase informed uptake of, vaccination.

   This advice was requested in a letter from the Acting CMO to HIQA, dated 1 December 2020. In response, HIQA developed a protocol for a rapid evidence summary which was disseminated to the EAG for review in advance. As per the agreed deliverables document, the following research questions (RQ) were formulated:

RQ1) What are the barriers and facilitators to an individual's uptake of vaccination against influenza?

RQ2) What population-based intervention measures increase influenza vaccination uptake rates?

The Chair thanked the members for reviewing the draft rapid evidence summary circulated within a short timeframe. A presentation was provided on the key points of the rapid evidence summary for both RQs by the two Lead Analysts.

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

- The rapid evidence summary appears to focus on individual patient factors, it was queried if the literature included anything on other factors for example health systems factors.
- The EAG queried if the literature contained any evidence on accessibility as it was noted that availability and accessibility are key factors to consider for vaccine uptake: for example, vaccination in the workplace is very effective as it is convenient, it needs to be made easy in order for people to take it.
- The EAG questioned if some factors are more important than others in the key themes table from the qualitative evidence synthesis. It is important to note the difference between risk perception and the safety and efficacy of the vaccine.
- Although the evidence presented is around the influenza vaccine (as a surrogate to any COVID 19 vaccine), it needs to be stated that COVID-19 and influenza are very different diseases and the applicability of evidence from influenza vaccines is likely to be limited.
- It was noted that vaccine uptake is very high in residents in long term residential care facilities, but staff uptake in such facilities is low. It was noted that the principle of informed consent will continue to apply for this group and also other vulnerable individuals. It will be important that this is made clear for individuals and their families to allay fears in this regard.
- Regarding the qualitative evidence synthesis, it was suggested that facilitators are associations more than causation. People's behaviour needs to be considered and who they value as trusted sources of information. For example, 75% of GPs and 25% of pharmacists in the United States administer vaccines. Equally, barriers to access the vaccine like long travel time need to be considered.
- It was noted that there is a focus on statistical significance rather than effect sizes, this may skew results in that larger odds ratios (ORs) from smaller studies might not be statistically significant thus masking the true effect of the intervention. It was acknowledged that the huge amount of attention to COVID-19 in society in general will be an important influencing factor. For example, compared with other vaccines, the motivations to obtain the vaccine will likely differ substantially between demographic groups; uptake in younger people may be driven by social responsibility rather than perceived risk of the disease for themselves.
- It was suggested that the qualitative review could be more accurately described as a mixed methods review.

- It was noted that the huge amount of attention to COVID-19 in society in general will be an important influencing factor. Compared with other vaccines, the motivations to obtain the vaccine will likely differ substantially between demographic groups; uptake in younger people may be driven by social responsibility rather than perceived risk of the disease for themselves.
- In terms of messaging: the role of key influencers (both those focused on young people and social media), and also community and church leaders need to be considered in messaging.
- Irish study: A study by NUIG on motivating factors for vaccination among HCWs was mentioned. This study found that protecting oneself and one's family was one of the strongest motivators.
- It was noted that the majority of individuals do not have an inherent bias for or against a vaccine, but need to be assured and informed in terms of the evidence for potential benefit or harm relevant to them or their family.

Some clarifications will be made to the draft rapid evidence summary report where necessary based on the above points. The draft was otherwise accepted by the EAG as a fair reflection of the rapid evidence synthesis that was undertaken.

6. **Advice: Barriers and facilitators to vaccine uptake and measures to increase vaccine uptake** *(for discussion)*

In the context of this evidence, the EAG was asked for their input in order to formulate the advice. Suggested issues to be considered included how relevant were the identified groups? The applicability of the data? Any other historical or cultural issues of importance? Resource issues with certain interventions? Any other context from Ireland relevant to the formulation of this advice?

Feedback on advice from EAG:

- Trust, communication and knowledge are core to informed decision making and should influence any communication strategy.

- Barriers and equity issues were discussed in terms of access, cost and availability of the vaccine. These issues were believed to be important and require careful consideration to ensure equitable access to those who require it. Equity of access must also take into consideration requirements for transport to vaccination centres if access cannot be provided locally and to address other such barriers that might limit access.

- It was noted that there is precedence for mandatory vaccination in the context of travel whereby evidence of vaccination some (yellow fever for example) is required to enter certain countries. For some people who do not perceive themselves to be at risk, international mandates for vaccination may act as a motivation. Other examples where there may be a motivation to avail of vaccination include where it facilitates return to certain activities or if it reduces burden, for example, in relation to testing,

- The idea of mandatory vaccination was highlighted for consideration, however, while recognising the evidence that such policies are extremely effective in increasing uptake, it was noted that there may be significant ethical and organisational issues surrounding any mandatory vaccination policy for a workforce in the context of COVID-19.

- The lack of evidence on mass media or societal level interventions needs to be acknowledged.

- The Amárach survey identifies GPs a trusted and important source of health information. HCW represent an important at-risk group for whom vaccination is a priority.Therefore providing ongoing access to evidence-based information to HCW in the first instance will be exceptionally important both for disseminating information and supporting informed consent.

- At a societal level, previous vaccine campaigns have been based on knowledge. There is a good track record of this in Ireland for example, polio, meningitis and Haemophilus influenzae type b (Hib) vaccines as part of the childhood vaccination programme, and pertussis vaccine in pregnancy. The latter was noted to have a high uptake rate which was achieved due to clear and consistent information relating to the risk and benefit provided to women by a combination of obstetricians, staff in antenatal clinics and GPs.

- Concern was expressed in relation to misconceptions about how novel mRNA vaccines work. It was identified that that there is a need for clear reliable information for all stakeholders in relation to the COVID-19 vaccines in development, the technology used, processes and regulation, and effectiveness and satey data as become available. In this regard, it was noted that data submitted to the FDA is openly available.

- Concern was expressed regarding misconceptions about the rigour of the authorisation process for the COVID-19 vaccines. It was identified that the International Coalition of Medicines Regulatory Authorities (ICMRA) has a statement which aims to provide healthcare professionals with important messages regarding vaccines and vaccination.

- It was noted that the successes Ireland has already achieved in relation to COVID-19, has been largely based upon consensus rather than penalties and enforcement. Therefore, there is a need to build on these successes while informing COVID-19 vaccination policy.

- It was noted that there will be a need for ongoing collating of evidence relating to COVID-19 vaccination uptake once the vaccine is made available. This could include research on societal-level interventions to increase uptake.

7. Update on ongoing report of Outbreaks of COVID-19 in long-term residential care facilities in Ireland

The protocol was circulated in advance of the meeting and an update regarding progress of the ongoing work on Outbreaks of COVID-19 in LTRCFs was provided by the Chief Scientist. Key points included:

- The team are at an advanced stage of getting HPSC data on outbreaks and a data sharing agreement is in process.
- Based on feedback from the EAG on the protocol, the data available are very limited. There is a plan to look at county level if policy decisions suggest localised restrictions.

Feedback from EAG:

- It was queried if there was any potential for linking mortality aspect and temporal differences between first phase and second phase. This could potentially identify the impact of supports and inform decisions on how to sustain them in the system.
- *Response:* The scope of the report is to look at causes of outbreaks and not the impact of the outbreak. First and second phase are different in terms of people who were most at risk, where those most at risk may have died during the first phase.
- There are large intrinsic factors that may have influenced mortality rate, can some of these elements be considered within the report.
- *Response:* We do not currently have data on the level of function or dependency of residents, however, this will be followed up upon further outside of this meeting.
- The ESRI are engaged in a similar endeavour, a request was made to HIQA that sharing of data to enable research is facilitated.
- It was noted that weekly excess mortality reports are being developed furthered, and that data from the Computerised Infectious Disease Reporting (CIDR) system is being shared with HIQA. There is a formal data requests system available.
- Main data for this analysis is coming from CIDR. It was noted that the contract tracing database, is potential a hugely valuable resource. There is currently a team of 500 people on call centres collecting this data with Ernest and Young. It was queried if this be combined with the current data, to help guide our policy approach using Irish evidence.
- *Response:* We will look at this resource that is readily linked to the CIDR and outbreak data. If this is too challenging in its current format, recommendations could be made on data requirements.

8. Meeting Close

a) AOB

The Chair thanked the EAG members for their contribution to date and acknowledged the valuable feedback provided under short timelines.

b) Date of next meeting: January 2021, date to be confirmed