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. 11 : Tuesday 2nd March 2021 at 08.30am		
(Zoom/video conference)		
MINUTES		
Attendance:		
Chair	Dr Máirín Ryan	Director of Health Technology Assessment (HTA) & Deputy Chief Executive Officer, HIQA
Members via video conference	Prof Karina Butler	Consultant Paediatrician and Infectious Diseases Specialist, Children's Health Ireland & Chair of the National Immunisation Advisory Committee
	Dr Abigail Collins	Consultant in Public Health Medicine, Acting Clinical Lead for Acute Response, Office of the Clinical Director for Health Protection
	Dr Jeff Connell	Assistant Director, UCD National Virus Reference Laboratory, University College Dublin
	Dr Eibhlín Connolly	Deputy Chief Medical Officer, Department of Health
	Prof Máire Connolly	Specialist Public Health Adviser, Department of Health and Professor of Global Health and Development, National University of Ireland, Galway
	Prof Martin Cormican	Consultant Microbiologist & National Clinical Lead, HSE Antimicrobial Resistance and Infection Control Team
	Ms Sinead Creagh	Laboratory Manager at Cork University Hospital & Academy of Clinical Science and Laboratory Medicine
	Dr Ellen Crushell	Consultant Paediatrician, Dean, Faculty of Paediatrics, Royal College of Physicians of Ireland & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme
	Dr Lorraine Doherty	National Clinical Director Health Protection, HSE- Health Protection Surveillance Centre (HPSC)
	Ms Josephine Galway	National Director of Nursing Infection Prevention Control and Antimicrobial Resistance AMRIC Division of Health Protection and Surveillance Centre
	Dr Cillian de Gascun	Consultant Virologist & Director of the National Virus Reference Laboratory, University College Dublin
	Dr James Gilroy	Medical Officer, Health Products Regulatory Authority
	Dr 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 Louise Hendrick	Specialist Registrar in Public Health Medicine, Office of the Chief Medical Officer, Department of Health
	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
	Ms Sarah Lennon	Executive Director, SAGE Advocacy
	Ms Aine Lynch	Chief Executive Officer, National Parents Council Primary
	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
	Dr John Murphy	Consultant Paediatrician & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme
	Dr Gerard O'Connor	Consultant in Emergency Medicine, Mater Misericordiae University Hospital HSE Clinical Programme for Emergency Medicine
	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 Lelia Thornton	Specialist in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
In attendance	Ms Susan Ahern	Health Services Researcher, HTA Directorate, HIQA
	Ms Natasha Broderick	HTA analyst, Health Technology Assessment, HIQA
	Dr Karen Cardwell	Postdoctoral Researcher HRB-CICER, HTA Directorate, HIQA
	Dr Susan Spillane	Senior HTA Research Analyst, HTA Directorate, HIQA
Secretariat	Ms Debra Spillane	PA to Dr Máirín Ryan, HIQA
Apologies	Dr Niamh Bambury	Specialist Registrar in Public Health Medicine, HSE- Health Protection Surveillance Centre (HPSC)
	Dr John Cuddihy	Specialist in Public Health Medicine & Interim Director, HSE- Health Protection Surveillance Centre (HPSC)
	Dr Siobhán Kennelly	Consultant Geriatrician & National Clinical & Advisory Group Lead, Older Persons, HSE
	Prof Paddy Mallon	Consultant in Infectious Diseases, St Vincent's University Hospital & HSE Clinical Programme for Infectious Diseases
	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 Des Murphy	Consultant Respiratory Physician & Clinical Lead, National Clinical Programme for Respiratory Medicine, HSE
	Dr Sarah M. O'Brien	Specialist in Public Health Medicine, Office of National Clinical Advisor & Group Lead (NCAGL) for Chronic Disease

	Dr Michael Power	Consultant Intensivist, Beaumont Hospital & Clinical Lead, National Clinical Programme for Critical Care, HSE
	Dr Conor Teljeur	Chief Scientist, HTA Directorate, HIQA

Proposed Matters for Discussion:

1. **Welcome**

   The Chair welcomed all members. Apologies recorded as per above. Noted that three additional individuals joined the EAG meeting for this topic, Aine Lynch, the CEO of the National Parents Council, Dr Louise Hendrick, Specialist Registrar in Public Health in the Department of Health and Dr Abigail Collins the clinical lead for acute response in the HPSC.

2. **Conflicts of Interest**

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

3. **Minutes**

   The minutes of 22 February 2021 were approved as an accurate reflection of the discussions involved.

4. **Work Programme**

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

No.	Review Questions	Status of work	NPHET date
1	Review of international public policy response for weekly update	Ongoing	Full update 18 March 2021
2	Lowering the age for the application of mask wearing requirements	Ongoing	4 March
3	Vaccination Priority Group 9 – are groups appropriate	Ongoing	18 March 2021 (dependent on data availability)
4	Preventive interventions pre infection with SARS-CoV-2	Ongoing	25 March 2021
5	Vaccination of HCWs - consideration in the event of HCW not taking vaccination	Due to start 8 March 2021	1 April 2021
	Database	Ongoing -weekly	
	Public health guidance: - vulnerable groups - LTCFs	Ongoing	

5. Presentations on key factors to consider for 'Lowering the age for the application of mask wearing requirements' (Dr Abbey Collins, Dr Cillian De Gascun, Dr Louise Hendrick, Dr Susan Spillane) *(for discussion)*

The EAG were informed that NPHET requested on 25 February 2021 that the HIQA host a facilitated discussion by EAG to address the following policy topic:

"Reducing the minimum age for the application of mask wearing requirements and recommendations"

A number of presentations were delivered by members of EAG and the Evaluation team on key issues related to this policy question these included:

- current requirements, recommendations and guidance with respect to face mask use in the community setting
- importance of the B.1.1.7 variant and other variants of concern to SARS-CoV-2 transmission in children
- epidemiological evidence regarding transmission in children
- evidence regarding the effectiveness of face masks in reducing transmission of SARS-CoV-2
- consideration of potential benefits and harms that may be associated with the wearing of face masks by children
- acceptability to relevant stakeholders, including, for example, children, parents and teachers, of a face mask requirement
- feasibility of a face mask requirement for younger children
- contextual considerations
- examples of international recommendations regarding the use of face masks by children.

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

- With respect to a reported 30% increase in the transmission and severity of illness associated with new variants, it was clarified that the UK has not reported any increased signal in children and that the increase observed was considered to be in the population overall; it did not appear that any age group was disproportionally affected.
- It was clarified that recent studies, for example, a study of face mask use by children in US summer camp settings, did not provide appreciable information on acceptability, adherence, or tolerability. Overall, however, studies have showed variable compliance with face mask use, and poorer compliance generally within younger age groups. It is noteworthy that the majority of these studies were conducted prior to the emergence of COVID-19, when there was poor availability of masks designed for children, and the studies predominantly examined medical masks.

- Regarding transmission in schools, it was suggested that increased transmission has been observed in younger classes because of their behaviours and because of how children in these age groups play and interact. In comparison, less activity is observed in pupils in second level education. It was suggested that there could therefore be a greater protective effect observed in younger children were face masks to be effective. However, the intervention would be difficult to implement.
- It was clarified that designation of close contact status would occur in children in pods alongside a positive case regardless of the wearing of masks; this is because of the nature of how children interact in primary school.

6. Advice: Lowering the age for the application of mask wearing requirements (SO'N) ***(for discussion*)**

In the context of this evidence, the EAG was asked for their input in order to formulate the advice. Input from the National Parents Council Primary representative included the following points:

- There have been few calls from parents in favour of the use of face masks in primary school children, despite the occurrence of outbreaks in schools in the second wave of COVID-19 in Ireland. However, there have been suggestions from a small number of parents that face masks may be considered appropriate for school transport, due to a perceived lack of adherence to guidelines. Some parents have noted that certain primary schools are aiming to implement mask requirements or recommendations despite the lack of a government or HSE policy in favour of mask use in this age group, and have expressed their concern about such actions.

- There are concerns regarding the effectiveness of face mask use in reducing the spread of COVID-19 in young children. Furthermore, guidance issued previously by public health authorities in Ireland suggested that masks are inappropriate for children given their reduced ability to follow instructions on how to correctly use a mask. For young children to adopt mask use, parents would need to be assured that there is new evidence to address these issues.

- Children have been out of school for a long period of time and their educational, social and emotional development has been impacted. This has had an effect on their social skills and social confidence. Additional measures which may increase anxiety should be avoided.

- With respect to a mask requirement in the primary school setting, it is not always easy to identify children who may be particularly vulnerable to the potential harms of face mask use, for example, children with poorer oral literacy skills. Certain children who do not have a formal diagnosis of having additional needs may not necessarily be considered as exempted from a mask requirement, and may experience adverse consequences as a result.

- A preference was expressed for further exploring all alternative mitigation approaches in the school setting, for example, improved ventilation, which may be more impactful.

The following feedback and input were provided by the EAG:

- The clinical course of COVID-19 in children was clarified. It was acknowledged that, while the majority of children experience a mild clinical course following infection with SARS-CoV-2, a small number of children experience severe illness. Such children predominantly include those with significant underlying conditions. A small number of children have also been hospitalised with paediatric multisystem inflammatory syndrome (PIMS) associated with COVID-19.

- There is much uncertainty regarding the impact of SARS-CoV-2 variants of concern on transmission among children. Reported increased transmissibility of variants such as B.1.1.7 is likely to result in increased spread among children, including among returning primary school pupils, as the variant itself is more transmissible, though definitive evidence for this is as yet lacking. However, there is no evidence that children are disproportionately affected by lineage B.1.1.7 when compared with the population as a whole. The EAG agreed that any decision around mask use should be kept under regular review in light of the new variants, with communication to the public that recommendations may be changed in light of changing transmission evidence. It was acknowledged, however, that there is a risk that outbreaks may pose a threat to the feasibility of schools remaining open.

- The importance of on-site schooling to the educational, social and emotional development of children was agreed by all. The well-recognised detrimental effects of school closure on children highlight the importance of ensuring that schools remain open, and the importance of interventions that enable this. Furthermore, the importance of public confidence in the safety of schools was stressed. Concerns were expressed that there may be a loss of confidence if schools were to reopen with unchanged guidance and if outbreaks were then to occur.

- The use of face masks may be effective in supporting a feeling of safety and therefore may reduce anxiety in students and their families. A small number of children have not attended school due to the fact that members of their household are medically vulnerable to COVID-19 and their families are anxious about the risk of transmission. In these circumstances, parents may feel more confident regarding their children attending school if the children in the class are wearing masks. Similarly, the anxiety experienced by teachers and others working directly with children may be lessened. Conversely, it was stated that recommendations should be underpinned by appropriate evidence. Furthermore, the effectiveness of masks should not be overstated lest individuals are led to believe they are fully protected when they in fact remain vulnerable.

- There was clear agreement on the importance of the current approach of layering measures to reduce the risk of transmission in schools. There should be ongoing

communication to emphasise the importance of the use of multiple mitigation strategies, each performed correctly (including hand hygiene, respiratory etiquette, physical distancing in school, on school grounds and travelling to and from school, ventilation, use of pods, not attending with symptoms of COVID-19, and adhering to other IPC measures as recommended in public health guidance for school settings). There should be clear understanding that no one particular measure is a solution; measures must be used together to be effective.

- Similarly, it was recommended that the wider aspects of school-going be considered within guidance for schools and members of the public. This is due to data suggesting that classrooms are a low-risk environment, which has been attributed to the controlled nature of classroom settings. In contrast, other settings, such as school travel or transport and break time social mixing, have been associated with higher risks for transmission.

- Communication campaigns that use stories to explain the risk in different settings, similar to those used successfully to highlight the spread of infection in adult populations, should be considered for primary school populations.

- It was agreed that, given the challenges in assessing the effects of public health measures on transmission, the evidence base underlying face mask use, particularly in children, is imperfect. It was considered that, while the expected benefit of face mask use in young children is likely small in effect (which may, in part, be due to reduced ability to comply with face mask wearing), there is uncertainty regarding potential increases in transmission of the B.1.1.7 variant. Therefore, measures previously employed in schools to successfully mitigate the spread of SARS-CoV-2 may now be insufficient.

- To permit a requirement or recommendation for widespread use, the balance of benefits and harms needs to be favourable. This balance may be influenced by a context of increased risks of transmission.

- It was acknowledged that there is also uncertainty regarding the potential harms associated with face mask use. Potential harms noted by several members of the EAG included the potential for anxiety or negative impacts on the development of communication and language skills, particularly in younger children.

- Given the acknowledged barriers to safe and effective face mask use in very young children, there was discussion among several members of the EAG regarding the potential for a general recommendation for face mask use specific to children from age 11 or older or pupils in 5th and 6th classes in primary school. Children of this age-group were perceived to have the ability to use face masks appropriately and without assistance, and it was considered that such children may feel empowered by being able to adopt this intervention. Also, such a recommendation would bring Ireland's guidance

more in line with that in place in many European countries and in the US and Canada. Furthermore, adoption would be in keeping with the precautionary principle. However, some members of the EAG suggested that it may prove confusing for children and households where 5th and 6th classes in primary schools require the use of face masks but more junior classes do not. Furthermore, concerns were expressed regarding the potential for confusion in other settings, for example, public transport and in retail settings.

- The possibility for a recommendation suggesting voluntary face mask usage (as opposed to required usage) in the primary school setting was also discussed. However, it was acknowledged that this would likely decrease uptake of mask use, as pupils are subject to influence by their peers, who may dismiss a protective intervention.

- It was noted that the current guidance in place does not intend to advise against the use of face mask use in children aged under 13, but rather intends to state that face mask usage is not required in this group. Communication of this message may be unclear at present.

7. Protocol Preventive interventions pre-infection with SARS-CoV-2 (KC) *(for discussion)*

Due to time constraints this item was postponed; the protocol has been sent via email and EAG members are asked to review, any comments would be very welcome.

8. Meeting Close

The Chair thanked the EAG members and individuals for their presentations and for their contributions, acknowledging the short turnaround times and notice provided. The Chair also thanked the National Parents Council Primary for their valuable input today and hoped to be able to liaise again when required.

a) Date of next meeting: 22nd March 2021
   a. Protocols with new questions will be circulated by email

Meeting closed at 11.10am.