

**Health Technology Assessment (HTA) Expert Advisory Group Meeting
(NPHE COVID-19 Support)**

Meeting no. 16 : Tuesday 4th May 2021 at 09:30

(Zoom/video conference)

(DRAFT) MINUTES

Attendance:

Chair	Dr Máirín Ryan	Director of Health Technology Assessment (HTA) & Deputy Chief Executive Officer, HIQA
Members via video conference	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 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)
	Ms Josephine Galway	National Director of Nursing Infection Prevention Control and Antimicrobial Resistance AMRIC Division of Health Protection and Surveillance Centre
	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 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
	Mr Andrew Lynch	Business Manager, Office of the National Clinical Advisor and Group Lead - Mental Health, HSE
	Dr Deirdre Mulholland	Consultant in Public Health, National Clinical Lead for Knowledge, Evidence and Quality Improvement, Office of the National Clinical Director of Health Protection
	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 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
In attendance	Ms Susan Ahern	Health Services Researcher, HTA Directorate, HIQA
	Dr Natasha Broderick	HTA Analyst, HTA Directorate, HIQA
	Dr Paula Byrne	Health Services Researcher, HTA Directorate, HIQA
	Dr Karen Cardwell	Postdoctoral Researcher, HTA Directorate, HIQA
	Dr Eamon O'Murchu	Senior HTA 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)
	Prof Karina Butler	Consultant Paediatrician and Infectious Diseases Specialist, Children's Health Ireland & Chair of the National Immunisation Advisory Committee
	Dr Jeff Connell	Assistant Director, UCD National Virus Reference Laboratory, University College Dublin
	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 Cillian de Gascun	Consultant Virologist & Director of the National Virus Reference Laboratory, University College Dublin
	Dr Siobhán Kennelly	Consultant Geriatrician & National Clinical & Advisory Group Lead, Older Persons, HSE
	Ms Sarah Lennon	Executive Director, SAGE Advocacy
	Dr Des Murphy	Consultant Respiratory Physician & Clinical Lead, National Clinical Programme for Respiratory Medicine, HSE
	Dr John Murphy	Consultant Paediatrician & Co-National Clinical Lead, HSE Paediatric/Neonatology Clinical Programme
	Dr Michael Power	Consultant Intensivist, Beaumont Hospital & Clinical Lead, National Clinical Programme for Critical Care, HSE
	Dr Patrick Stapleton	Consultant Microbiologist, UL Hospitals Group, Limerick & Irish Society of Clinical Microbiologists
	Dr Conor Teljeur	Chief Scientist, HTA Directorate, HIQA

Proposed Matters for Discussion:

1. Welcome

The Chair welcomed all members. Apologies recorded as per above.

2. Conflicts of Interest

No new conflicts raised in advance of this meeting.

3. Minutes

The minutes of 26th April 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	Preventive interventions pre infection with SARS-CoV-2	Drafted	13 th May 2021
2	Modelling ROM for those travelling into Ireland	Ongoing	20 May 2021*
3	Update – Duration of protective immunity (protection from reinfection) following SARS-CoV-2 infection	Ongoing	27 May 2021
4	Guidance on mass gatherings	Ongoing	27 May 2021
5	Review of international public policy response for update	To start 24 May TBC	3 June 2021 – TBC
6	Database	Ongoing - weekly	
	Public health guidance: - vulnerable groups - LTCFs	Ongoing	

* for submission to NCDHP

5. Presentation on Preventive interventions pre infection with SARS-CoV-2 (KC) (for discussion)

The EAG were reminded that NPHET had requested that the HIQA conduct an evidence summary and formulate advice with input from the EAG to address the following policy topics:

- “What is the emerging evidence in relation to (i) pharmaceutical interventions, and (ii) lifestyle interventions prior to diagnosis of COVID-19 in the community aimed at preventing or minimising progression to severe disease?”
- “With respect to COVID-19, what potentially modifiable lifestyle factors are associated with a reduction in risk of infection and or progression to severe disease?”

No points were raised for clarification following this presentation.

6. Advice: Preventive interventions pre infection with SARS-CoV-2 (MO'N) (for discussion)

The following points were raised for discussion following this presentation:

- The EAG agreed that evidence regarding the effectiveness of therapeutic interventions, particularly for pharmaceutical treatments, must be subject to the highest standards of rigour. It was noted that trials included in the present review are severely limited with respect to the certainty, quantity, and applicability of the evidence and are insufficient to inform decision-making on treatment options for COVID-19 in Ireland. If evidence of effectiveness should emerge in the future, due process would apply in decision-making regarding recommendation of a treatment and the reimbursement of any medicine.
- It was noted that to be recommended as a prophylactic treatment for individuals without COVID-19 in the community setting, such treatment would have to adhere to the usual requirements for robust clinical governance with strong evidence of effectiveness and safety.
- Ivermectin is not currently licensed for the treatment of COVID-19. From this evidence summary, there is currently insufficient information on whether it can be safely used to prevent or reduce the severity of COVID-19. Ivermectin should therefore not be used as prophylaxis outside well-designed, regulated clinical trials as the benefits and harms are not yet clear when taken in this context.
- The EAG agreed that availing of the COVID-19 vaccine when offered it, continues to be the most effective measure to prevent serious illness due to COVID-19.
- With respect to Vitamin D supplementation, there needs to be a clear distinction between population-level and individual-level advice. There is currently no evidence to show that the use of Vitamin D supplementation prevents COVID-19 or reduces the severity of the disease.
- It was highlighted that there is still much debate on the reference range for Vitamin D sufficiency, insufficiency and deficiency. Studies that have assessed the association between Vitamin D status and COVID-19 outcomes are subject to bias and confounding.
- For those who are Vitamin D deficient, current national guidance on supplementation in this population should be followed and considered on a case-by-case basis as there is a small proportion of the population who may be harmed by hypercalcaemia associated with vitamin D supplementation. However, it was noted that low Vitamin D levels can be improved by going outside, for example to engage in physical activity such as walking. This poses no additional risk to the individual and may incur additional benefits such as the physical and mental benefits of exercise that are widely acknowledged.
- There should be very clear communication that, based on the current evidence, there are no medicines that should be prescribed outside of a well-designed and regulated clinical trials for the prevention of COVID-19.
- The EAG agreed that the findings from the review, in relation to health-related risk factors, provide an opportunity to remind individuals of the impact of such risk factors on general health as well as the potential to mitigate risk of poorer COVID-19 outcomes by maintaining a healthy weight, avoiding smoking, engaging in physical activity, moderating alcohol consumption and good nutrition.
- As restrictions begin to ease and individuals are vaccinated, it is important to empower individuals to take ownership of their health, and to highlight that small steps can lead to benefits in health status.

- The EAG emphasised the importance of not blaming people for their current health status, as not everyone has the opportunity or capacity to be healthy. For example, healthy inequality, which already existed before the COVID-19 pandemic, has been exacerbated by the pandemic and disproportionately affects those from lower socioeconomic positions. This highlights the need for efforts to be focused on addressing such inequalities.

7. Meeting Close

The Chair thanked the EAG members for their contributions and highlighted there wouldn't be a meeting next week, the next meeting will take place on Monday 17th May.

- a) AOB – none.
- b) Date of next meeting: Monday 17th May 2021.

Meeting closed at 10.32