Health Technology Assessment (HTA) Expert Advisory Group Meeting (NPHET COVID-19 Support)		
Meeting no. 22 : Monday 15th November 2021 at 11:00		
(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 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
	Ms Josephine Galway	National Director of Nursing Infection Prevention Control and Antimicrobial Resistance AMRIC Division of Health Protection and Surveillance Centre
	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
	Ms Sarah Lennon	Executive Director, SAGE Advocacy
	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 Grainne McNally**	Workplace Health and Wellbeing Unit HSE; Occupational Medicine Fellow in Physician Health and Wellbeing, Royal College of Physicians Ireland
	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 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 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
	Prof Philip Nolan*	President, Maynooth University & Chair of Irish Epidemiological Modelling Advisory Group (IEMAG)
	Dr Gerard O'Connor	Consultant in Emergency Medicine, Mater Misericordiae University Hospital HSE Clinical Programme for Emergency Medicine
	Dr Joan O'Donnell*	Specialist in Public Health Medicine, HPSC
	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 Michael Power	Consultant Intensivist, Beaumont Hospital & Clinical Lead, National Clinical Programme for Critical Care, HSE
	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
In attendance	Ms Natasha Broderick	HTA Analyst, HTA Directorate, HIQA
	Dr Louise Larkin	HTA Programme Manager, HTA Directorate, HIQA
	Ms Katie O'Brien	Health Services Researcher, HTA Directorate, HIQA
	Dr Mark O'Loughlin	Fellow in clinical leadership in public health, HTA Directorate, HIQA
	Dr Susan Spillane	Head of Assessment, HTA Directorate, HIQA
	Mr Barrie Tyner	Health Services Researcher, HTA Directorate, HIQA
	Dr Kieran Walsh	Senior HTA Analyst, HTA Directorate, HIQA
Secretariat	Ms Debra Spillane	PA to Dr Máirín Ryan, HIQA
Apologies	Ms Avril Aylward	IVD Operations Manager, Medical Devices Department, Health Products Regulatory Authority
	Dr John Cuddihy	Specialist in Public Health Medicine & Interim Director, HSE- Health Protection Surveillance Centre (HPSC)
	Dr Cillian de Gascun	Consultant Virologist & Director of the National Virus Reference Laboratory, University College Dublin
	Dr Lorraine Doherty	National Clinical Director Health Protection, HSE- Health Protection Surveillance Centre (HPSC)
	Dr Muiris Houston	Specialist in Occupational Medicine, Clinical Strategist – Pandemic, Workplace Health & Wellbeing, HSE
	Dr Siobhán Kennelly	Consultant Geriatrician & National Clinical & Advisory Group Lead, Older Persons, HSE
	Dr Michele Meagher	Medical Officer, Health Products Regulatory Authority
	Dr Sarah M. O'Brien	Specialist in Public Health Medicine, Office of National Clinical Advisor & Group Lead (NCAGL) for Chronic Disease
	Dr Lynda Sisson	Consultant in Occupational Medicine, Dean of Faculty of Occupational Medicine, RCPI & HSE National Clinical Lead for Workplace Health and Well Being

* Ad hoc member for this meeting only, ** Alternate member for Dr Lynda Sisson

Proposed Matters for Discussion:

1. Welcome (MR)

The Chairperson welcomed EAG members. MR noted presentation from two ad-hoc members Prof Phillip Nolan and Dr Joan O'Donnell.

Apologies recorded as per above.

2. Conflicts of Interest (MR)

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

3. Minutes (MR)

No changes to minutes from previous EAG meeting on the 13 October 2021. Minutes 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	Target date
1	Respirator masks (FFP2/N95) for vulnerable groups	For discussion	To be provided to NPHET 18 November 2021
2	Duration of vaccine effectiveness Living Review	Ongoing	To be provided to NIAC 7 December 2021
	Nursing home analysis	Ongoing	To be provided to COVID-19 Nursing Homes Expert Panel
	Database	Ongoing -weekly	
	Public health guidance: - vulnerable groups - LTCFs	Ongoing -biweekly -monthly	

5. Presentations on key factors to consider for the use of 'Respirator masks (FFP2/N95) for medically vulnerable groups' (Dr Susan Spillane, Prof Philip Nolan, Dr Mark O'Loughlin, Dr Joan O'Donnell, Prof Karina Butler) *(for discussion)*

The EAG were reminded that NPHET had requested that HIQA conduct a facilitated discussion and formulate advice with input from the EAG to address the following policy topic:
"Should there be a recommendation for persons who are classed as at higher risk from COVID-19 ('high risk' or 'very high risk', according to HSE classification) to wear respirator masks (FFP2 or equivalent, or respirator masks with higher filtration efficacy), with the goal of their personal protection? "

A number of presentations were delivered by members of EAG and the Evaluation Team on key issues related to this policy question.

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

- There was a query on the extent of identification of infections at this time; slides seemed to suggest that this had changed from an estimated of four out of ten cases to six out of 10 cases. Clarification that it is very uncertain how many infections are being missed at present, partly due to lack of seroprevalence data. As such, slides present findings of models using different estimates of the undetected fraction, ranging from 20% - 80%. Published studies found that around half of all cases are symptomatic and half are asymptomatic.
- The UK Office for National Statistics surveys were noted as providing incidence rates at particular points in time and the case detection rate. Clarification that it is not possible to extrapolate these data to the Irish setting due to different testing and/or mitigation regimes in place in Ireland. Seroprevalance analysis from first wave in Ireland estimated one in three infections were detected. A HPSC representative noted that a study analysing seroprevalence in the blood donor population has recently commenced, but there are no estimates currently in the general community population.
- It was highlighted that the NOCA Irish National ICU Audit Report 2021 published on the NOCA website, noted that adult COVID ICU mortality was 530 patients out of just under 2,000 patients (28.2%).
- Clarification sought on if the findings presented in the SAM study had distinguished between mask types. It was confirmed that medical masks were not specifically focused on in the SAM study.
- There was a query as to whether ESRI data are available on mask usage adherence according to mask type. It was clarified that such data are unavailable.
- It was clarified that when compliance and fit are discussed in published scientific literature, these studies primarily represent healthcare settings, the results of which may not translate to the community setting.

6. Advice: 'Respirator masks (FFP2/N95) for vulnerable groups' (PH) (for discussion)

The COVID-19 Expert Advisory Group (EAG) engaged in a facilitated discussion based on the presentations described above in order to address the policy question under consideration. The following points were raised in respect of the findings of the presentations

- It was acknowledged that the policy question is complex in nature with respect to the evidence required to inform a decision.

- It was agreed that the epidemiological situation in Ireland as of 15 November 2021, whereby there has been a sharp escalation in case numbers and a corresponding increase in the numbers of hospitalisations and ICU admissions, presents a high degree of urgency with respect to the risks to the population under consideration. On this basis, it was suggested that the current focus needs to be on what effective interventions can be achieved in the short term (within three to four weeks).

- The evidence for the effectiveness of respirator masks in the community setting, compared with medical masks, was not found to be sufficiently convincing to support

a population-level recommendation for respirators to be used. It was also noted that the highest risk of exposure to COVID-19 for those at higher risk is likely to be the household setting, where masks are less likely to be worn.

- Potential barriers to the implementation of respirator use among this population were discussed and highlighted in the context of the need for a clear, simple and immediate message to the public. These include:

    - difficulties in ensuring correct fit and usage of respirators by members of the public. Given the importance of appropriate fit and consistent use of respirator masks, and the barriers in ensuring that appropriate fit is achieved by the general population in the community setting, it is possible that any potential additional filtration benefit provided by respirators relative to medical masks may not be realised in this setting

    - specific difficulties associated with the experience of wearing respirator masks. These include the suggestion that those who are at the highest risk from COVID-19 might also find it the hardest to access or tolerate respirator masks

    - potential confusion among the public regarding who is considered to be at higher risk from COVID-19, and in particular with respect to messaging to those aged 60 and over

    - the potential reluctance of some individuals to wear a respirator as it may signal an underlying condition

    - difficulty in access to respirators for members of the public, particularly as some forms of masks have been noted by members of the HSE procurement team to be in short supply

    - the difficulty in enabling access to respirators in an equitable way and the risk of further exacerbating inequalities. In particular, the high cost to the individual or state of purchasing respirators for the target population, was noted.

    - the lack of a clear international model for the equitable supply of respirator masks. It was highlighted that the international review presented demonstrated that individuals in some countries have been issued with a limited supply of masks free of charge, but that these quantities of masks are likely to be insufficient given the intended single use of respirators

  - difficulty in enabling the public to obtain and use an appropriately fitting respirator mask.

- The potential impact of a recommendation on respirator use in the community setting on expectations and demand for access to respirators from other groups was noted.

- The onus of the responsibility for protection from infection being placed on those who are at higher risk was discussed. It would be preferable for messaging to reflect collective responsibility rather than to further increase the burden of personal responsibility, and the associated costs of a protective intervention, for those who are at higher risk from COVID-19. However, emphasis was also placed on the importance of ensuring protections are in place for those who are at higher risk from COVID-19; such protections include the person at higher risk wearing, where possible, a highly protective face mask, their close contacts wearing masks, and both the person who is at higher risk and their close contacts having been fully vaccinated.

- Considering the barriers to the implementation of effective respirator use and despite the urgent need for an increase in mitigation, a population-level recommendation for the use of respirator masks by those who are at higher risk from COVID-19 was not deemed to be a timely or effective intervention. The next four to six weeks were identified as being critical given the current and predicted high force of infection in the community, highlighting the immediate need for a clear and simple message to the public regarding mask use.

- There was agreement that improved compliance with existing guidance would be a better alternative than introducing a new recommendation to wear respirators, as the latter would require time for implementation and uptake by the public, is of uncertain additional benefit and may contribute to additional confusion regarding current public health guidance.

- It was agreed that a decision not to advise a population-level recommendation for the use of respirators does not preclude their use by individuals at higher risk of COVID-19, particularly where there is an opportunity to discuss with their healthcare provider to what degree they are likely to benefit from the use of a respirator mask, and to obtain advice on appropriate usage.

- The importance of adherence to the existing mitigation measures, which are recommended as part of public health guidance, was highlighted. In particular, the perceived under use of masks within the general population was noted, and the importance of reinforcing and clarifying the existing public health recommendations.

It was also considered that there may be a lack of awareness among the public as to who is classified as being at higher risk from COVID-19 and the specific recommendation for those who are within this group to wear medical masks for their personal protection. Access to data on compliance with mask-wearing guidance, broken out according to mask type, would be beneficial in informing future policies on mask use.

- With regard to the current recommendation for the use of medical masks in those who are at higher risk from COVID-19, there may be a need to increase access to medical masks in some areas. It was suggested that targeted interventions could be introduced, for example, medical masks could be provided free of charge in locations such as pharmacies or in community centres in areas that are disadvantaged or at sites where individuals receive additional or booster doses of vaccines. The current reported provision of free face masks at COVID-19 test centres was described as useful but was discussed as being variable in practice. It was also suggested that the provision of masks in such a way may be beneficial in serving as a signal to the population of the importance of mask use. Support was expressed for expanded access to masks generally, for example, under a government subsidy model.

- Given the current high force of infection, it was suggested that a review of the existing policies on face mask use may be required. Such policies include the minimum age at which face masks are required and recommendations as to the type of face coverings (medical or cloth) to be used by the general population.

- Particular emphasis was placed on the importance of ensuring public awareness of the:

    - age groups and medical conditions which are considered to represent a higher risk

    - appropriate settings and circumstances for mask use, and particularly within the context of visiting homes of those who are at higher risk from COVID-19 or receiving such visitors in the home

    - type of mask that is recommended to be worn if at higher risk from COVID-19

    - correct approach to wearing a mask.

- The impact of poor health literacy and language barriers on understanding and accessibility of public health guidance was noted. Communication should be clear and consistent in emphasising the above points relating to mask use, should involve

visual messaging and multiple modes of messaging and should be issued in multiple languages.

7. Meeting Close

a) AOB: Nil
b) Date of next meeting: TBD

Meeting closed at 13.20