NPHET/ HPSC response to TUI questions

In the context of an engagement on Tuesday 20th October involving the TUI and the other teacher unions, the DES, the management bodies and representatives from NPHET/HSPC, the representatives of the TUI raised a significant number of important issues as well as submitting a comprehensive range of written questions. The questions were composited with questions submitted by other parties and the responses received are as follows.

The TUI is continuing to make representations on behalf of members and has, since the engagement on 20th, submitted further questions to which responses are awaited

It should be noted that ongoing Engagement is taking place with HSE/Public Health and Dept of Education and Education Stakeholders. Any issues which are not addressed or are specifically for the HPSC will be relayed from that forum to HPSC for response.

1. **What exactly is involved in a Risk Assessment in schools once there has been a positive Covid-19 case identified?**
   See schools pathway document for broad overview of Public Health (PH) approach. The Public Health Risk Assessment (PHRA) itself assesses details of the notified case; the school setting; the community setting. For example, with the case you would look for details of level and nature of symptoms; duration of symptoms in facility; understanding and ability to maintain recommended IPC (infection prevention and control) measures and respiratory etiquette etc. For the school it assesses pod structures; classroom structure, face coverings, distancing, ventilation, break times, activities, implementation and compliance with IPC measures etc. For the community it would take account of known or potential links with other cases/outbreaks/areas of concern etc.

2. **Are there plans for serial/full school testing?**
   No, there is no epidemiological or public health rationale for such a decision.

3. **Are there now more risks due to waiting 2 weeks for level 5?**
   Not for schools as measures already recommended and in place are designed to mitigate the impact and a decline [in community transmission] should happen when current measures under level 5 are implemented.

4. **What definition of a close contact is being applied? Is this in compliance with the guidelines from the WHO?**
   The current contact tracing guidelines on the HPSC website defines a close contact. These guidelines have been developed with reference to European Centre for Disease Prevention and Control (ECDC) and World Health Organisation (WHO) recommendations. However the actual identification of close contacts follows a PHRA which incorporates many elements.

5. **Is it possible to make a dedicated phone line available for schools?**
   As stated at the meeting (of 20th October), we are intending to do just this but equally it is important that we have access to schools as rapidly ourselves.

6. **Can the flu vaccine be made available for teachers**?
   PH has sourced 1.4m doses of the flu vaccine to vaccinate the priority groups identified by the National Immunisation Advisory Committee and given to the HSE to base the free Vaccination Programme on. Teachers/school staff are not one of the priority groups identified as such a priority unless separately they fall as an individual in a priority group e.g. pregnancy. Additionally, for the first time this year, we are seeking to vaccinate all children aged 2 to 12 with a flu vaccine (given nasally, not by injection to children). Evidence from elsewhere suggests a high uptake in children can severely mitigate the impact of Flu in the community.

7. **How many, on average, close contacts does a Covid-19 case in a school have?**
   On average, the number of close contacts per individual case in the community setting is 4.4. For those tested as part of mass testing in schools the average number of close contacts is 5.

8. **What is a casual contact?**
   The current contact tracing guidelines on the HPSC website define a casual contact.

9. **Why are teachers in some schools being told to turn off the Tracker APP?**
   There is no policy to ask teachers to turn their App off in schools. The App identifying close contacts has caused some confusion when also assessed under the PHRA. This is the same for other congregate work settings. The principle is that the app information helps inform the PHRA, but as the PHRA is broader in what it assesses than the App, it is the determination from the PHRA (incorporating the App) data that is used. The HSE is in the process of updating the information on the App so staff in congregate settings (e.g. teachers) are aware that a different determination might be made following a PHRA.

10. **When will the contact tracing in schools' cases be undertaken in an appropriate timeline?**
    Any person who has symptoms consistent with Covid-19 should isolate themselves and contact their GP. The GP will assess the need for Covid-19 testing. If they are confirmed then they are notified to public health. If not, they follow the advice of their GP pertaining to their clinical diagnosis. Schools have been recognised as a priority group in our society. To support this group HSE teams have worked to ensure the schools testing pathway is efficient and optimised. This includes the testing of the schools as groups, and thereafter prioritising these tests at labs. Our contact tracing service has been under increased pressure with the recent rise in detected cases. At present our contact tracing team are working to their best efforts to meet demand. In order to support our contact tracing team and ensure that contact tracing for the community and for schools is being undertaken in an

appropriate timeline we are increasing our current number of contact tracers nationally through our recruitment campaign. At present we have increased our current contact tracing staff by approximately 450 individuals and 60-70 individuals will start each week thereafter to reach a figure of an additional 800 contact tracers recruited in total.

The HSE has created additional capacity by increasing the number of callers for its contact management programme. The backlog generated by the 5,000 cases over a 4 day period will be cleared by the end of the week, and on the basis that the numbers of confirmed cases stay consistent with current volumes, contacting the index case will be back to 24 hours. Despite the current demands, once it has been formally identified that a case of Covid-19 has occurred in someone attending an educational facility, this information is passed through to Departments of Public Health who undertake the PHRA the same day - or the following day if a late notification - in most instances. As discussed, there are particular staffing challenges in one area of the country and this has led to delay in the PHRA. The HSE is urgently addressing this issue.

11. **How long is the average amount of time before tracing commences currently?**
    It is difficult to calculate the average time to contact trace at present. Once the backlog is cleared, contact tracing should be back to 24 hours (depending on the volume of cases).

12. **How long for the completion of contract tracing is the target timeline?**
    Over the past 7 days, the time which it takes from swab to lab result communicated to an individual is 32 hours. Contact tracing will commence as soon as possible after that individual has received her/his result.

13. **How long is the average amount of time before tracing is completed currently?**
    A PHRA is undertaken. This enables the most accurate and effective determination of the likely health impacts of a range of possible interventions, ranging from exclusion and testing of a small group or 'pod' of pupils, up to and including closure of an affected facility. The median time to complete all contact tracing calls in the past seven days is 3.9 days.

14. **Many teachers and students in post primary schools were told to isolate as a result of suspected or confirmed cases since schools reopened?**

    Any person who has symptoms consistent with Covid-19 should isolate themselves and contact their GP. The GP will assess if they need Covid-19 testing. If they are confirmed then they are notified to public health. If not, they follow the advice of their GP pertaining to their clinical diagnosis. These data are individual clinical data. Only household contacts of a suspected case referred for testing are asked to restrict their movements. Once a case is confirmed, the close contacts identified in a school setting are asked to restrict their movements. So far, as of 9.30am on 22.10.20, a total of 12,490 close contacts across primary, post primary and special educational

needs schools have been identified as close contacts and asked to restrict their movements and have been referred for testing.

15. **How many clusters have been identified in schools?**

    Clusters identified on the HPSC website, and the number of schools thought to have actual outbreaks or where intraschool transmission has occurred are very different. Very few schools have been considered to have had intraschool transmission and currently there are less than 10 schools where this is considered most likely. Where it has happened, the numbers of further spread have been very low – one or two cases mainly. Up to midnight on17/10/20, there had been 56 outbreaks in schools. For these cases it is felt that transmission may have happened outside of the school setting

16. **When a case has been confirmed it will not be automatically assumed that a whole class will be deemed as close contacts. Why?**

    A PHRA is undertaken. This enables the most accurate and effective determination of the likely health impacts of a range of possible interventions, ranging from exclusion and testing of a small group or 'pod' of pupils, up to and including closure of an affected facility.

17. **Is it not now time to address this?**
    No, because a PHRA is undertaken, as above

18. **There is no blanket policy on testing entire year groups and classes in place. Why?**
    Because a PHRA is undertaken, as above. There is no evidence and no consensus of expert opinion that blanket testing of entire year groups and classes is of any value in preventing spread of COVID-19 in school. This is supported by the data in Ireland, where the positivity of contacts within the school setting remains low.

19. **Is it not now time to address this?**

    No, because a PHRA is undertaken, as above

20. **Experts have argued that if a single child is infected, the entire class at a minimum has to go home and isolate for two weeks – and get tested. Why is this arrangement not being implemented?**

    We have explained that the actual interventions required are as a consequence of a PHRA which takes into account local circumstances. The PHRA is standard practice across many areas of public health medicine. It is a clinical service to evaluate the broader relevant information, allowing tailored, measured protection and prevention.

21. **Is it not now time to address this?**
    See above

22. **Should the physical distancing regime in schools not now be reviewed – should 1m be reconsidered?**
    These issues are under constant review but, at the moment, no change is required

23. **Should a serial testing programme for schools be implemented?**
    There is no rationale for such. The key ways to control COVID in schools are all in the existing guidance. Testing only provides a momentary indication of the disease state and has a significant by-product of creating a false sense of security in some individuals. Also, we have tried to not test children excessively because of the unpleasant nature of the test. At this time a serial testing programme for schools is not being considered. Any required schools' testing will continue using the Public Health Risk Assessment and outbreak investigation process.

24. **If not - why not?**
    There is no evidence and no consensus of expert opinion that a serial testing programme in schools is of any value in preventing spread of COVID-19 in schools.

25. **Should provision for any teacher in the high-risk category to either teach from home or have guaranteed reasonable accommodations made in school now be implemented?**
    This is an issue for the Dept of Education and its Occupational Health Service. Expert advice has been provided as to safe Infection Prevention and Control (IPC) environment in schools.

26. **If FAQs are being updated when can these be circulated**
    They are on the websites and will be updated as required.

27. **Schools/teachers would like to be provided with weekly statistics regarding what is happening in schools? Is this possible? If not - why not?**
    Contact testing statistics are compiled for primary and post primary. Case numbers are published as per HPSC. These will be provided on a weekly basis.

28. **Can the statistics be compiled in age bands appropriate to secondary school students 12 – 18 years?**
    We will try but our systems are based on international conventions which are not directly linked to educational ages which vary around the world. As of 22nd of October, a total of 4,040 individuals associated with post primary schools have been tested as close contacts. Of these 4040 tests, 79 detected cases were identified across the post-primary settings as above. Less than 10 were adults.

29. **How many adults have been infected in schools or are suspected as having been infected in Post Primary schools?**
    Less than 10 adults have tested positive for Covid-19 in the post-primary sector following close contact identification and testing. 4040 individuals have been tested in the post primary sector as close contacts; 12.5% of these tests have been undertaken in adults.

30. **Describe the Mass testing that has taken place thus far in schools**
    Since the week beginning August 24th the data as of 09.30hrs on Thursday 22/10/2020 identifies that a total of 453 primary and post primary facilities have undergone PHRA and subsequent testing of close contacts. A total of 11,776 staff and students have been tested across primary and post primary settings, with 282 positive test results (2.4% positivity rate). Across all education sectors, including CCFs and SEN schools, 14% tested are aged over 18 and the remaining 86% are under 18.

31. **Why is there no temperature testing for adults in schools?**
    Awareness of all symptoms for Covid-19 is required by staff and students. Anyone with symptoms should self-exclude. No one symptom focus would be effective. It risks ignoring other symptoms. There is no evidence and no consensus of expert opinion that testing temperatures of adults in schools is of any value in preventing spread of COVID-19 in school
    As above

32. **How long is the average wait time for a test associated with a case in a school?** For those who have been referred for a test in the community settings, the median time over the past 7 days, from referral to appointment is 0.8 days. 93% of individuals who are referred in the community receive their test appointment the same day or next day.

33. **How long after a test is the average time awaiting a result?**
    For those who have been referred for a test in the community settings, the median turnaround time over the past 7 days is 2.2 days. In the past 7 days, for those who have been required to undergo testing as part of mass testing the time from swab to communication of result has been 22hrs.

34. **The Covid App seems to be causing problems in schools by giving a message to a teacher that s/he is a close contact, but the PH review/assessment says they are not. How can this mixed message /issue be addressed?**
    The PH risk assessment will take all elements into account - more than the Covid App. We recommend that the PH review advice should be followed ahead of any data from the App. The HSE is updating the information on the App so all who work in a congregate setting, including staff in schools, are aware that a PHRA will make the effective determination of close contacts.

35. **How is serious delay by PH, in response to schools on issue of contact tracing/positive cases being addressed?**.
    We are working to ensure all schools are contacted as quickly as possible once a case linked to the school is identified. As explained, no symptomatic person, staff or student, should be in the school setting. The incubation time for any new case of Covid-19 which could have occurred through spread of infection is up to 14 days, with an average of 4-7 days.

36. **Will there be a dedicated "out of hours" phoneline for schools,.**
For the beginning of the second half of this term, our intention is to have 10 dedicated teams around the country linked to the PH departments, as the focal point for the local schools. These teams will require access to schools out of hours.

37. **It has been reported that varying advice is being given by PH in different parts of the country, particularly around the expected role of principals in contacting parents about testing issues.**
FAQs from the HPSC outline the general process. This involves asking principals to send agreed letters/text to parents of close contacts, to ask them to collect children and await contact with the HSE. There will often be some nuances to take account of the school's needs and across particular settings. This will be discussed with Principals as part of the engagement with PH.

38. **What is the safety risk of students without masks in large close groups outside?**
It depends on the circumstances and how close or distant they are. Evidence indicates that risk of transmission outdoors is very low in most circumstances (paper by Mike Weed and Abby Foad)

39. **Should masks be worn by primary pupils.**
The clear advice from the NPHET EAG and our clinical colleagues in Paediatrics and Child Health is that it is not appropriate to ask primary school pupils to wear masks, both on public Health grounds and on social grounds - such as adherence and not using masks appropriately due to their age. Masks are not required for primary school children in most countries in Europe, reflecting available evidence that children are generally less infectious and concerns regarding the impact of mask use on children and their capacity to use them appropriately.

40. **What evidence exists? Are there recent studies we can read and access?**
The medical literature is expanding rapidly and we are kept aware of it by HIQA and other expert groups in this country and abroad. However, any major definitive advice will be reviewed and endorsed by the Expert Advisory Group of HIQA (for NPHET)
The key research paper is Ludvigsson, published in August. To our knowledge nothing that has emerged since changes that picture materially.

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