

# eDeposit Ireland

## High Level Task Force on COVID-19 Vaccination 11th January 2021 Meeting

Item Type	other
Citation	Ireland. Department of Health, High-Level Task Force on COVID-19 Vaccination, 'High Level Task Force on COVID-19 Vaccination 11th January 2021 Meeting', [other], Department of Health, 2021-01-27
Publisher	Department of Health
Rights	Y
Download date	2026-03-11 04:14:52
Link to Item	<a href="https://hdl.handle.net/20.500.14765/94859">https://hdl.handle.net/20.500.14765/94859</a>



Rialtas na hÉireann  
Government of Ireland

# High Level Task Force on COVID-19 Vaccination

## 11th January 2021 Meeting

**Updates, decisions and actions from meeting**

## High Level Task Force on COVID-19 Vaccination

Monday 11th January 2021 14:00

Updates, decisions and actions arising from meeting

### 1. Attendees

<b>A. Members in attendance</b>	<b>B. Additional attendees in support</b>
Prof Brian MacCraith, Task Force Chair	<i>i. Task Force Secretariat</i>
Prof Karina Butler, Chair, NIAC	Kate Waterhouse, Task Force Secretariat
Liz Canavan, Chair, Senior Officials Group on COVID-19	<i>ii. In Attendance</i>
Fergal Goodman, Assistant Secretary, Health Protection Division, DOH	Sean Bresnan, National Director of Procurement, HSE
Dr Colm Henry, Chief Clinical Officer, HSE	Dr Lorraine Doherty, Clinical Director Health Protection, HSE
Dr Tony Holohan, Chief Medical Officer, DOH	Dr Ronan Glynn, Deputy CMO, DOH
Rachel Kenna, Chief Nursing Officer, DOH	Gerry O'Brien, Director, Health Protection, DOH
Barry Lowry, Chief Information Officer, OGCI	Deirdre Watters, Head of Communications, DOH
Derek McCormack, Expert on Cold Chain Logistics	Dr Lucy Jessop, SRO WS2, Director, NIO, HSE
Dermot Mulligan, Assistant Secretary, Innovation and Investment Division, DETE	David Walsh, SRO WS4
Dr Nuala O'Connor, ICGP	Dr John Cuddihy, SRO WS5
Dalton Philips, Chief Executive Officer, DAA	Fran Thompson, SRO WS6
Paul Quinn, Government CPO and CEO, OGP	Elizabeth Headon, SRO WS7
Paul Reid, Chief Executive Officer, HSE	David Leach, SRO WS7
Martin Shanahan, Chief Executive Officer, IDA	Robert Watt, Interim Secretary General, DOH
Derek Tierney, Programme Director	<i>iii. Programme support</i>
	Michael McDaid (PWC), Programme Office
	Yvonne Mowlds (PWC), Programme Office

### 2. Apologies

Dr. Lorraine Nolan, Chief Executive, HPRA

## 2. Updates, decisions and approvals by Task Force

At the meeting, the Task Force:

- Reviewed an update on actions, with good progress noted on advancing the process in relation to the role of GPs/pharmacists in the vaccination programme, and on the development of a COVID-19 Programme Planning Roadmap. Two further actions were completed: distributing daily briefing notes on the COVID-19 vaccination programme to the TF and the issuing of NIAC advice to DOH on 6th doses in vials and the interval between doses.
- Heard a communications update, which included ongoing work on the integration of programme communications across DOH/HSE; daily, technical and stakeholder briefings as well as inclusion of programme updates in the weekly HSE briefing; and positive engagement with social media companies. It was agreed that details of NIAC guidance on doses and intervals should be communicated to relevant stakeholders, as well as key messages on the vaccine allocation strategy.
- Heard an update on the vaccination programme, noting the arrival on 5 January of over 40,000 Pfizer-BioNTech doses, ongoing training for vaccinators (ca. 2,000 completed), the updating of guidelines to reflect advice on using a possible 6th dose in vials, conditional authorisation of the Moderna vaccine on 6 January and the expectation that Astra-Zeneca will submit its application for authorisation today, the option for Ireland to get additional Pfizer doses through the Commission's new deal, and the focus on continuing to scale-up operations, including distribution over the past week to 35 acute hospitals and up to 25 LTCFs. It was noted that authorisation may be sought in the US soon for the Janssen vaccine (requiring single dose).
- Discussed planned activity for w/c 11 January, in particular:
  - The plan to compress LTCF roll-out from 3 to 2 weeks, practical implications including for buffer stock, and the potential contingency to slightly increase dose interval in the event of supply chain issues, as well the timeline on changes to the buffer model and other implications, including harmonisation with the recommended Moderna vaccine interval.
  - All hospital groups mobilised to administer vaccines to front-line HCWs at 35 hospitals.
  - 'Go live' of registration and scheduling portal, mitigations still in place and related data capture, security matters and planned data reporting.
- Noted good progress on the programme overall, with green RAG status for the week 4-11 January, notwithstanding challenges including the third wave of infections, the need for manual workarounds, multiple information demands and changing targets.
- Reviewed status updates on all workstreams and noted a number of areas of ongoing work, including on additional ICT functionality, and on defining and quantifying front-line workers.
- Discussed a framework on prioritisation of sub-groups in Cohort 2, which is being finalised by the HSE, including in the context of evidence on the protection afforded by the vaccine (i.e., reduces chances of getting ill from the virus; still no evidence that it prevents infection/transmission), and agreed the importance of ensuring that the parameters of what the vaccine is known to do are understood. The TF also noted that Members are receiving large volumes of correspondence in relation to allocation, and re-affirmed the tight timelines for roll-out.

- Discussed the COVID-19 Programme Planning Roadmap (PPR) under development - an iterative, Integrated planning framework/tool, underpinned by the overarching principle that all available vaccines will be administered as soon as possible, which can be refined in line with new information, learnings and progress. Key elements of the PPR were outlined, including (*indicative*) key outputs, key inputs (e.g., programme and planning model assumptions, ICT functionality), and key risks (e.g., workforce, data and IT matters), and it was noted that the tool will undergo further testing before being shared.
- Heard from interim Secretary General of the Department of Health, Robert Watt, who discussed the importance of upscaling and acceleration, adhering to prioritisation, planning for multiple scenarios, effective communications and complete ICT records.
- Discussed forward planning and scenarios, including scaling up at speed, planning in case of additional vaccines, workforce matters and VALs. The importance of safety and of different logistical requirements for different cohorts were discussed, and it was noted that coordination of offers to help with further roll-out of the programme was being mobilised, and that more details on harnessing support would be provided soon.
- Reviewed an indicative scorecard under development, which will be used to present progress and achievement of targets, and agreed that further post-surveillance inputs should be added. The role of operational feedback was discussed.
- Agreed that the next meeting will take place on Monday, 18 January at 2pm.

#### **New actions agreed by Task Force – 11 January**

<b>#</b>	<b>Action</b>	<b>Owner</b>
<b>1</b>	NIAC advice on the number of Pfizer-BioNTech doses in vials and on the interval between doses will be communicated to all relevant stakeholders.	Dr. Colm Henry, Prof. Karina Butler
<b>2</b>	Following consultation, HSE will finalise the framework for prioritisation of Cohort 2 sub-groups and disseminate as appropriate.	Dr. Colm Henry
<b>3</b>	Additional post-surveillance inputs will be considered as part of data reporting.	Dr. John Cuddihy