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A BETTER WAY FORWARD:
TOWARDS ELIMINATION OF COVID-19

Back to normality: ISAG's strategy to rid Ireland of Covid

We have been living with Covid-19 in Ireland since early 2020. All members of society, especially the business community and health care workers, have made enormous sacrifices - medically, financially, educationally, and socially. Ireland's current approach leaves us vulnerable to a series of further waves of infections in 2021, and resultant lockdowns, before vaccine based population immunity becomes a reality in late 2021.

But practical solutions are now evident: many countries have successfully eliminated community transmission of the virus from their territories and have resumed normal life and stable economic activity for many months. Those countries include Australia, China, Iceland, New Zealand, South Korea, Taiwan, Thailand, Vietnam, and the eastern provinces of Canada. They have all shown decisive government leadership to stamp out the virus. Ireland should learn from these examples.

ISAG's strategy adapts to the Irish context the methods employed by those successful countries and provides a clear plan and exit strategy out of the current situation. It is based on our numerous interactions with key stakeholders, including the business community, An Garda Síochána and political parties, as well as our in-house expertise in public health, epidemiology and modelling.

Goal and reward

We must prevent a third lockdown. Ireland should aggressively suppress SARS-CoV-2 transmission and reduce Covid-19 cases down to zero as part of an explicit national policy of no active cases in the community. The result will be a fully open economy and normal social life, without significant restrictions within the country.

Key action points

i Aggressive suppression - remove SARS-CoV-2 transmission from the community

Continue with current restrictions, capitalising on the fact that schools will be closed over the holiday period, which will reduce cases even faster, until community cases reach a low enough level to be manageable. Defined areas –whether counties, commuter regions, or provinces– would then open up and stay open as they get to zero.

ii Prevent new seeding - quarantine all incoming international travel to Ireland

Every country that has successfully eliminated Covid-19 from their territories has controlled their borders tightly. The most effective method is a mandatory 14-day quarantine upon arrival in designated hotels, coupled with tests of incoming travellers. Quarantine hotels do not have to be near airports, as passengers can be bused to them from airports and ports by authorities. The mandatory quarantine period may be shortened with repeated testing and careful monitoring using state-supervised protocols.

iii Boundary management within Ireland and along public health bubbles in counties that border with Northern Ireland

Movements within Ireland need to be restricted to prevent infections from spreading from one county to the rest of the country. Movements were previously restricted for Laois, Kildare and Offaly, and this brought their cases down. Nationally, this could be done through guidelines for reduced non-essential travel along with Covid-19 checkpoints on the road network. Checkpoints could be overseen by the Major Emergency Management Regions teams. Checkpoints would involve HSE teams, supported by Garda personnel, etc. They can restrict travel and potentially administer rapid SARS-CoV-2 tests. Border counties would be treated just like any other county, regulating traffic between the Republic and Northern Ireland.

Ireland has already implemented temporary public health barriers, but it would need to be done more systematically. There are many feasible strategies for this. For example, “travel bubbles” could be established at the boundaries between two counties (including those either side of the border) to allow daily commuters to go about their normal business. Australia’s bubble approach was key to its successful Covid-19 elimination strategy, and did not separate border communities. A system of permits held by cross-zone commuters, essential workers and the like could be established—again done very successfully in Australia.

iv Prevent infections – hand hygiene, ventilation, social/physical distancing and masks

We all know about this already and we must continue to do it, with improved public communication and enhanced enforcement. Physical distancing and capacity limits are a fact of life under Levels 1 – 5 of the current government framework. Elimination of the virus will allow us to get to a ‘Level 0’ with minimal social and physical distancing. Recent recognition by HIQA of the important role that ventilation plays in reducing transmission urgently needs to be incorporated into the public health guidance and messaging. Targeted guidance and advice on ventilation should also be provided for high-risk environments, such as meat processing plants, direct provision and residential care facilities, to eliminate superspreading events.

v Public health action—test, trace, isolate

Our public health response to infections and outbreaks is based on the rapid isolation of infected carriers and their close contacts. This can only be effectively achieved when case numbers are small ($\ll 100$ cases per day), and isolation must be required and checked upon.

We need to test and trace much more efficiently, and that requires extra resources. Public health physicians in Ireland are understaffed and overworked. Better resourced, they could take charge of defined geographical areas. This is particularly essential once we reach a low number of cases. Each case that emerges must be dealt with like a murder: swift and thorough contact tracing and testing to nip outbreaks in the bud.

Pop up test centres would be employed in risk areas, and the entire process would be streamlined so that G.P. referrals or appointments would not be necessary to get swabbed. The system would be streamlined so that the total time elapsed between Covid-19 case primary symptoms first appearing, the testing of that case, and the identification and isolation of all close contacts would be reduced to a maximum of 48 hours.

Contact tracing needs to include extensive backward tracing and source investigation. Tracing needs to go back 10 to 14 days from the time of testing. Engagement with the private sector would aid in the rapid and effective roll out of mass testing and serial testing, to help rapidly suppress outbreaks in local areas without heavy restrictions. Sewage testing should also be used to verify the status of different communities.

vi Regional control — adaptive geographical roll out and roll back of restrictions

The above measures are to be deployed and lifted geographically (by county, or commuter zones, or cities and towns). That means that if a county (say, Galway) reaches a very low number of cases, restrictions can be gradually lifted in Galway. In other words, efforts and sacrifices are rewarded immediately by county. County borders must remain controlled however, so that infections from other counties do not enter Galway and plunge it back to a high level of cases. As counties reach very low numbers of cases, restrictions can be lifted. If two or more counties reach very low levels of cases, they could form a common “bubble” with free travel between them. Eventually, all of Ireland will reach that stage, and only international travel will be controlled.

When outbreaks occur regionally, certain economic sectors would close first in order to get cases down to a level manageable by our public health teams. Specifics can be debated, but high-risk sectors include large chunks of the service economy. The reward, however, outweighs those temporary restrictions: return to normal operations rather than repeated and damaging lockdowns. Early, local action should prevent the need for extended restrictions if outbreaks do occur.

vii Support those affected – whether by isolation or by restrictions

Mandatory isolation, due to infection or close contact, needs to be supported as much as it needs to be enforced. There should be no financial or job security penalty or risk for having to isolate. Isolation areas, for example in designated hotels or apartments, should be provided for people who live with many people or with vulnerable family members.

There are important lessons to be learned from the experiences of Victoria, Australia, where their second wave, now firmly flattened, arose from imported cases. While their success in tackling this second wave sets an excellent example for us in getting to zero, we should also learn from the mistakes made which allowed an outbreak to grow undetected for too long in a marginalized population. Consistent economic support should be provided for sectors forced to temporarily close.

Responses to common objections:

But there’s going to be a vaccine soon, so why bother?

There is promising news regarding vaccines, and when widely distributed, will be a key element in the response to Covid-19. A return to normality requires population immunity, and not just the vaccination of high risk individuals. To reach this level of vaccination in the population will likely take 6 – 12 months. Leading Irish infectious disease experts estimate the vaccination will have a wide impact in fourth quarter of 2021. In the intervening period, we are liable to go through two to four lockdown cycles, with significant restrictions in between waves of infection.

What about the economy? Businesses cannot afford to remain closed any longer!

Elimination of the virus is better for the economy than repeated yo-yo cycles of lockdowns—and that’s acknowledged by a number of leaders in the services sector and by economists. Take a look at Asia-Pacific countries—their economies are now rebounding significantly because

they operate near normally. The understandable problem for businesses is, why should they bother closing if there is no exit strategy to bring us to normality? This concern is entirely rational—and it is why the best strategy for the economy to grow is to clear the virus from Ireland.

But what about truck drivers and ships delivering goods, surely they can't quarantine 14 days?

Indeed, and they would be exempted from quarantine. Yet, they would have to follow strict conditions as they arrive in Ireland or drive through the country (rapid tests, no uncontrolled contacts while in transit). Trailer exchange depots are also possible. Similarly, aircraft crews would not need to quarantine, as they would follow precautions and depart shortly after their arrival.

It's not possible to police the border with Northern Ireland so your plan is doomed to failure.

This plan treats all counties the same way: movements in and out must be restricted if their case numbers are high or to protect them from outside infections. If there are outbreaks in or around border counties, or in or around counties elsewhere in the country, there must be restrictions on movement—as every other successful country has done. These are public health barriers rather than political borders. They can be managed with cross-region bubbles, permits, etc., and so we are calling for public health management of defined geographical areas.

This makes it sound too easy—but in reality you're just outlining a list of sacrifices.

Indeed, the plan is not easy—it requires sacrifices, in particular of foreign tourism and ease of international travel. Similar choices have been made by other successful countries. But the reward of a near-normal economy far outweighs those sacrifices. The alternative of repeated lockdowns and significantly below-capacity economic activity is much worse.

But isn't eliminating the virus from Ireland only possible if we coordinate with Northern Ireland?

Coordination and cooperation with Northern Ireland is very important and we call on both governments to pursue that as rapidly as possible. Eliminating the virus from Ireland and the whole island would obviously be facilitated by coordination. However, our plan outlines a strategy that works even if coordination with the North does not happen to a significant extent.

Who are ISAG?

The Independent Scientific Advocacy Group (ISAG) is a volunteer group primarily composed of academics and physicians, from both jurisdictions. The purpose of ISAG is to advocate for an evidence-based strategy to aggressively suppress and eliminate community transmission of SARS-CoV-2 from the island of Ireland.

Sources:

<https://www.endcoronavirus.org/papers/ireland-green-zone>

Got questions? Get in touch.

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