Minutes of Meeting: Thursday 12th December 2 – 4pm

Chair:	Professor Noel McCarthy (NMC)		
Members:	Dr Ann Leonard (AL), Bernadette Jackson (BJ), Dr Derval Igoe (DI), Dr Eavan Muldoon (EM), Dr Lois O'Connor (LOC), Dr Lucy Jessop (LJ), Prof Mary Keogan (MK), Dr Niamh O'Flaherty (NOF), Dr Shari Srinivasan (SS), Kira Casey (KC)		
Alternates/ Representatives:	Dr Daniel Hare (DH)		
In Attendance:	Fiona Culkin (FC), Dr Michael Carton (MC), Dr Jane Finucane (JF), Laura Whitton (LW), Claire Dillon (CD), Ellen Perry (EP), Kate Browne (KB), Eimear Malone		
Apologies:	Dr Cillian De Gascun (CDG), Dr Damian Griffin (DG), Dr David Kelly (DK), Deirdre Burke (DB), Dr Éamonn O'Moore (EOM), Katie O'Brien (KOB), Dr Jean Dunne (JD), Majella Forde (MF), Dr Margaret O'Sullivan (MOS), Miriam Kelly (MK), Ryan Davey (RD), Prof Rob Cunney (RC), Dr Siobhan Ni Bhriain (SNB)		
Date/Time of Meeting:	12th December 2024, 2-4pm, MS Teams.	**Date/Time of Next Meeting:**	20th March 2025 (MS Teams)
Prepared by:	Ellen Perry (EP)		

Agenda Item	Noted points and actions
1. Welcome and apologies	The chair welcomed everyone to the December Steering Committee meeting and the group noted any apologies.
2. National Serosurveillance Programme and comms update	The status of current projects within the NSP pipeline were discussed as part of the NSP programme update, as well as updates on the NSP budget allocation. The total cost for 2024 was discussed as well as the estimated costs for 2025, it was noted that the 2025 budget allocation is yet to be confirmed. The adult COVID-19 serosurveillance project has now moved to bi-annual collection cycles with the next collection cycle planned for mid-January 2025.The manuscript following the paediatric measles serosurveillance project is currently in progress with aims to submit to Eurosurveillance in Q1 of 2025. The paediatric covid report is being finalised and will be uploaded to the HPSC website once completed. Updates on both the Hepatitis B project and HPV project were discussed as agenda items later in the meeting.

	An FOI request was noted. The NSP Communications Update was discussed, and it was flagged that there has been a decline in visits to the COVID-19 datahub. The SEU Communications Officer has increased activity on social media with regards to promoting the work of the NSP. The decrease in engagement on X was noted and it was flagged that the HSE is currently exploring alternative platforms. The SEU are exploring infographics and video style content for social media in 2025 and hope to use these styles of content in the promotion of the paediatric covid report once published. Work is ongoing to reformat the NSP section of the HPSC website, with aims to complete in early 2025. The SEU team gave two oral presentations at the RCPI Winter Scientific conference. The ongoing engagement with PPI was flagged.
3. HPV Update	An update on the HPV project, including milestones and challenges, in Q4 was presented. An advisory group is to be established to help guide the study. The instrument required for genotype testing is currently not available in the NVRL however the SEU are exploring further options. The SEU and NVRL have been liaising with colleagues in Scotland regarding the compatibility of residual urine samples collected in sexual health clinics with the Seegene assay, however, even if compatible full validation of this methodology for use in the project would be extremely labour-intensive, requiring considerable time and laboratory resources. It was decided due to the validation requirement not to progress with scoping urine as a sample type. The potentially different validation requirements needed to estimate the relative prevalence of different HPV genotypes compared to an actual prevalence estimate was explored. The limits to available samples that would (i) be representative of a general population and (ii) allow validated testing were discussed. It was also noted that expanding the Laboratory Surveillance Network (LSN) has been challenging this year in relation to hepatitis B serosurveillance. The limits to population representative sampling and potential to measure prevalence were discussed. **Decision** • Scope the feasibility of a Proof of Concept (POC) project using residual swabs from gbMSM sexual health clinics as proof of concept. • Clarifying the scope of the project with a primary focus on understanding the relative distribution of HPV genotypes (vaccine preventable and cancer associated vs not).

4. Hepatitis B Protocol (HBV2024A)	The Hepatitis B study was discussed. An HBV advisory group is currently in the process of being established that will include experts that are both internal to the NSP and external. It was noted that there is good geographic representation within this study due to the Laboratory Surveillance Network (LSN) sites. **Discussion:** It was agreed that EDs and GPs are valuable and appropriate sample sources. Inclusion of other sample sources (Urgent Care Centres, Outpatient Departments (OPD) and Phlebotomy) depend on the speciality/clinic from which the sample originated. Samples from patients that are receiving immunosuppressant therapy should be excluded, for example Rheumatology, Nephrology, Immunology. **Decision:** Laboratories will be contacted to determine if it is possible for them to determine from what specialty/clinic the sample originated **Discussion:** A discussion on age range and grouping for analysis took place. For overall testing, there were no alternate suggestions for age grouping and analysis other than what was outlined in the draft protocol. It was suggested that reducing the age range to 12 years for anti-HBs testing would be valuable. **Decision**: Laboratories to be contacted to ask about availability of samples for children as young as 12 years of age. This will be further discussed with the advisory group once sample availability is clarified. **Discussion:** There was discussion around the proposed sample size, which has been calculated based on prior studies**.** In addition, it was noted that there is a wide range of prevalence seen in blood donor screening from those born outside of Ireland and those born in Ireland. It was agreed that, in the absence of further information, the estimated overall prevalence (0.3%) seems realistic of overall population. **Decision:** This will be further discussed with the advisory group. **Discussion:** With regards to representativeness, it is not feasible for laboratories to collect ethnicity or country of birth data, even if that data is available in other information systems, as it is too resource intensive. **Decision:** Inviting other potential study partners who do collect information on country of birth may be explored. Obtaining national-level information on ED attendance will be explored. **Discussion:** The draft laboratory test algorithm was discussed. The suitability of the combination of the six proposed laboratory tests was discussed, and the recent request from NIAC to include one additional test (anti-HBs) for those born since the rollout of

	the universal vaccine. The value of adding anti-HBs testing was emphasised - it would give a lower bound estimate of what proportion of the population is protected via humoral response. It also may give us information on antibody waning by age. The possibility to add anti-HBs testing for the full cohort was queried. **Decision:** This will be discussed further with the advisory group.
5. Proposal for the Formation of Advisory Groups to Oversee NSP Surveillance Projects	The proposal for the formation of advisory groups to oversee NSP surveillance projects was discussed. The advisory groups will help to guide the SEU in delivering NSP projects with specialised expertise. The Hepatitis B advisory group was flagged and the members were discussed. The SEU welcomes any recommendations or suggestions for members. The HBV advisory group is planned to meet 3 times; once in January 2025 as the HBV project begins, once as a mid-year check in and once to review the data. **Decision:** The NSP Steering Committee endorses the proposal to establish advisory groups. NVRL to discuss and confirm representation on the HBV advisory group. SEU to seek representation from NIAC on HBV advisory group.
6. NSP Pathogen Consideration Application Form	This agenda item was not discussed at the December Steering Committee meeting and will be included on the agenda for the next NSP Steering Committee meeting on 20th March 2024.
7. Discussion on Review of actions, signoff of minutes from 19th September 2024	The actions from the previous NSP Steering Committee meeting on September 19th, 2024, as detailed in the pre-circulated agenda, were reviewed.
8. Next Steering Committee Meeting	The SEU team proposed a NSP Steering Committee meeting schedule for 2025. The next Steering Committee meeting will be held virtually on 20th March 2025. The proposed meeting schedule will be circulated for review and agreement post the meeting.

9. AOB	No other business was discussed.

Action Items from the Meeting – December 12th, 2024

- HPV study:
    - Scope the feasibility of a Proof of Concept (POC) project using residual swabs from gbMSM sexual health clinics as proof of concept.
    - Clarifying the scope of the project with a primary focus on understanding the relative distribution of HPV genotypes (vaccine preventable and cancer associated vs not).
- Hepatitis B Project – Actions will be followed up through the HBV advisory group.
    - SEU to contact LSN to determine if it is possible for them to identify from what specialty/clinic the sample originated.
    - SEU to contact LSN to ask about availability of samples for children as young as 12 years of age.
    - Sample sizes for the project to be discussed further with advisory group.
    - SEU to explore inviting other potential study partners who collect information on country of birth.
    - SEU to explore obtaining national-level information on ED attendance.
    - SEU to discuss further the testing algorithm at the HBV advisory group meeting.
    - SEU to seek representation from NIAC for the HBV advisory group.
    - Committee members are asked to express their interest in participating in the HBV advisory group and to suggest any additional expertise outside of the NSP membership that they believe could be valuable to the group.
- NSP Pathogen Consideration Application Form to be discussed at the next meeting.
- SEU to circulate proposed 2025 meeting schedule to Steering Committee members, members will review and flag any conflicts.