



## Minutes of Meeting: Thursday 19<sup>th</sup> September@ 2 – 4pm

<b>Chair:</b>	Professor Noel McCarthy (NMC)		
<b>Members:</b>	Dr Ann Leonard (AL), Bernadette Jackson (BJ), Deirdre Burke (DB), Dr Lois O'Connor (LOC), Dr Lucy Jessop (LJ), Prof Mary Keogan (MK), Dr Niamh O'Flaherty (NOF)		
<b>Alternates/ Representatives:</b>	Dr Daniel Hare (DH)		
<b>In Attendance:</b>	Fiona Culkin (FC), Dr Michael Carton (MC), Dr Jane Finucane (JF), Laura Whitton (LW), Claire Dillon (CD), Miriam Kelly (MK), Ellen Perry (EP), Kate Browne (KB), Katie O'Brien (KOB)		
<b>Apologies:</b>	Dr Cillian De Gascun (CDG), Dr Colette Bonner (CB), Dr Damian Griffin (DG), Dr David Kelly (DK), Dr Derval Igoe (DI), Dr Éamonn O'Moore (EOM), Dr Eavan Muldoon (EM), Dr Jean Dunne (JD), Majella Forde (MF), Dr Margaret O'Sullivan (MOS), Dr Shari Srinivasan (SS), Ryan Davey (RD), Prof Rob Cunney (RC), Dr Siobhan Ni Bhriain (SNB)		
<b>Date/Time of Meeting:</b>	19 <sup>th</sup> September 2024, 2-4 pm, in person meeting @ Dr Steeven's Boardroom	<b>Date/Time of Next Meeting:</b>	12 <sup>th</sup> December 2024 (MS Teams)
<b>Prepared by:</b>	Ellen Perry (EP)		
<b>Agenda Item</b>	<b>Noted points and actions</b>		
<b>1. Welcome and apologies</b>	The chair welcomed everyone to the September Steering Committee meeting held in Dr Steeven's Hospital, and the group noted any apologies. Introductions were made.		
<b>2. National Serosurveillance Programme and comms update</b>	The National Serosurveillance Programme (NSP) Project Report was presented, and an update was given on all projects within the NSP pipeline. Updates to note include: the hepatitis B project protocol is in progress and the 2024 budget to date is underspent.  The communications update was distributed, showing that the rise in visits to the data hub in July was primarily driven by X (formerly Twitter), with figures and charts being the main interest.		

	<p><b>Discussion:</b> The usage of different social media platforms used to promote the work of the NSP, and their impact was discussed. X is the most successful and favoured social media platform. LinkedIn is used to showcase staff achievements rather than hub updates. Due to the repetitive nature of the imagery used in communicating NSP hub updates, Instagram is not a favourable platform.</p> <p>More engaging and varied visuals for Instagram were suggested, along with utilising YouTube, Instagram reels and TikTok. The NSP video and infographics orientation would need to be changed in order to be uploaded to these platforms. SEU Team will explore more engaging and varied visuals for Instagram along with utilising YouTube, Instagram reels, and TikTok. SEU Team will also explore changing the orientation of the NSP video and infographics to fit other social media platforms.</p> <p><b>Discussion:</b> A suggestion to elongate the acronyms within the NSP minutes was proposed.</p> <p><b>Decision:</b> It was agreed to expand acronyms in the NSP minutes before uploading the March Steering Committee minutes, along with all future minutes, to a sub-page on the Health Protection Surveillance Centre (HPSC) website. Those interested in accessing the page can email the SEU communications officer for the link once it is live. SEU communications officer will link with the Public and Patient Representatives regarding publication of the minutes.</p>
<b>3. Paediatric Measles Serosurveillance Project</b>	<p>The Paediatric Measles Serosurveillance Project main findings and update slides were shared. The SEU have taken over the remainder of the project since the project lead has finished their European Public Health Microbiology Training path (EUPHEM) fellowship. Data analysis will continue until mid-October and then preparations for the report will begin.</p> <p><b>Discussion:</b> The data has not been stratified geographically due to the limitations of the locations of the 4 laboratories involved. Laboratory location has not been included in analysis. The SEU hope to include the lower uptake of MMR vaccine in the catchment area of Letterkenny University Hospital in the main report. In the EUPHEM fellow's analysis, vaccine uptake is higher than the sero-estimates imply. It was flagged that the anonymised data is a limitation as there is no data on when that patient received vaccination.</p> <p><b>Decision:</b> SEU will continue the analysis and manuscript preparation for the paediatric measles project and will share the draft manuscript once it becomes available.</p> <p><b>Discussion:</b> There was discussion on recruiting more laboratories into the Laboratory Surveillance Network (LSN). It was highlighted that the biggest challenge when recruiting new laboratories was the uncertainty around the workload and time involved. This final report was suggested as an opportunity to present to new laboratories. It was also flagged that this work could be presented at Irish External Quality Assessment Scheme (IEQAS) and at other conferences including LABCON and BioMed.</p>

	<p><b>Decision:</b> SEU to watch for conferences such as IEQAS, LABCON, and BioMed and explore opportunities to present the work, as well as use the final paediatric measles report to engage and recruit new laboratories into the Laboratory Surveillance Network (LSN).</p>
<p><b>4. HPV Update</b></p>	<p>An update on the Human Papillomavirus (HPV) project was given. The current draft case definition submitted to the Department of Health (DoH) has been accepted with aims to be signed off by next week. The HPSC website will be updated to include a page on HPV and the finalised case definition will be added.</p> <p>The Seegene Allplex™ HPV28 Detection Assay has been selected as possible assay for testing. This assay requires the NIMBUS or STARlet laboratory instruments. Further scoping of clinical specimens for sampling and testing kits is needed. Residual samples collected in Aptima buffer need to be compatible with the Seegene assay. Next steps in the project were discussed. The HPV expert group is to be established.</p> <p><b>Discussion:</b> It was suggested to contact Seegene to see if they have an intention to CE mark urine samples, there may be an interest in contributing to validation study.</p> <p>The National Virus Reference Laboratory (NVRL) don't use the Seegene assay and there is no literature regarding compatibility with samples in Aptima buffer. It was flagged that Seegenes were purchased during the covid pandemic and access to machines could be facilitated if necessary. The NVRL would need to do a validation on the samples received in Aptima buffer and the Seegene assay.</p> <p>It may be worth discussing the ethics and doing a study where people volunteer and participate however, there are limitations under the current mandate where all data needs to be anonymised.</p> <p><b>Decision:</b> SEU will continue to assess the preliminary feasibility of the HPV project and will wait for legislative confirmation.</p>
<p><b>5. Paediatric Covid Serosurveillance Project</b></p>	<p>Slides were shared on the Paediatric Covid Serosurveillance Project. Overall, 97.6% of samples tested had detectable antibodies (S+ or N+ or both) against SARS-CoV-2. The slide set showed comparisons with estimates from a 2022 study in children aged 1-12 years (n = 170) where samples were sourced from clinical laboratories in CHI, Temple Street between 19 Dec 2021 and 22 Jan 2022. The slide set also included a comparison to estimates in adults aged 18-99 years for the same period (3460 adult samples were collected in total between February 1st and June 19th, 2024). The SEU aim to get feedback from the National Immunisation Advisory Committee (NIAC) on this study.</p> <p><b>Discussion:</b> The Steering Committee were asked for feedback on the usefulness of the study, if they had any recommendations to add and if they feel this study should be repeated. It was flagged that knowing who was spike only and who was nucleocapsid</p>

	<p>negative would be useful. Regarding repeating the study, it was highlighted that there have been issues with sourcing control kits and there is uncertainty that the same control kit will be available in the future. The NVRL follow the manufacturer's instructions and put own controls on top. The NVRL are exploring moving to the Alinity instrument.</p> <p><b>Decision:</b> The Steering Committee agreed that this study was useful and were in favour of repeating in 4 to 5 years' time. The SEU will continue the paediatric covid analysis and report writing and share the draft report when available.</p>
<b>6. New Name for the Programme</b>	<p>The proposed new name for the NSP is National Biosampling and Serosurveillance Programme.</p> <p><b>Decision:</b> The Steering Committee suggested the proposed new name should switch the order of the name, so it is National Serosurveillance and Biosampling Programme (NSBP). The name change will be formally approved at the next Steering Committee meeting in December.</p>
<b>7. Discussion on Survey Repetition Frequency</b>	<p>The SEU shared slides on Survey Repetition Frequency. There was discussion on the need for a strategic plan for future serosurveillance. It was flagged that Varicella is the last pathogen remaining on the original prioritisation list.</p> <p><b>Discussion:</b> Discussion took place around Varicella; there is a rationale for urgency with this. Varicella will soon be added to the paediatric vaccination schedule so now may be a good time to begin serosurveillance work.</p> <p>Polio was also raised as a pathogen for consideration; however, it was noted that during the 2022 prioritisation exercise, it had been identified that no assays were available at that time.</p> <p>It was flagged that another prioritisation list may be necessary.</p> <p>Pertussis was also flagged however it was noted that there were difficulties with the assay, and it has not fully been scoped.</p> <p><b>Decision:</b> SEU should include a recommendation for survey repetition when finalising the report.</p> <p>It was also agreed that studies related to emerging pathogens (e.g., COVID) should ideally be repeated every three years, while studies on existing pathogens (e.g., measles) should ideally be repeated every five years.</p> <p>The Steering Committee is open to considering repeat studies in the future.</p>
<b>8. Review of actions, signoff</b>	<p>The actions from the previous NSP Steering Committee meeting on June 20th, 2024, as detailed in the pre-circulated agenda, were reviewed. The draft minutes from this meeting were confirmed as an accurate record of the discussions.</p>

<b>of minutes 20<sup>th</sup> June and matters arising</b>	
<b>9. Next Steering Committee Meeting</b>	The next Steering Committee meeting will be held virtually on December 12 <sup>th</sup> , 2024.
<b>10. AOB - conflict of interest forms</b>	<p>Pertussis was discussed as a pathogen of interest however it was flagged that there was difficulty with the assay, and it has not been fully scoped.</p> <p>The success of the virtual conflict of interest forms was highlighted. Any Steering Committee members are encouraged to complete.</p>

#### Action Items from the Meeting – September 19th, 2024

1. SEU Team to develop more engaging and varied visuals for Instagram, and utilise YouTube, Instagram Reels, and TikTok.
2. SEU Team to adjust the orientation of the NSP video and infographic for compatibility with other social media platforms.
3. SEU Team to update the March and June minutes with the suggested edits related to abbreviations.
4. SEU Communications Officer to coordinate with the PPIs regarding the publication of minutes.
5. SEU Team to look for opportunities to present at conferences such as IEQAS, LABCON, and BIOMED. Additionally, they will explore opportunities to present the programme's work, particularly the paediatric measles report, to engage and recruit new laboratories into the Laboratory Surveillance Network (LSN).
6. SEU Team to continue the analysis and manuscript preparation for paediatric measles serosurvey and share the draft manuscript with the committee when available.
7. SEU Team will continue assessing the feasibility of the HPV project while awaiting legislative changes.
8. SEU Team to proceed with paediatric COVID analysis and report writing, sharing the draft report with the committee when available.
9. SEU Team to include a recommendation in all reports on when to repeat the study.
10. SEU Team to schedule the repeat of the paediatric serosurveillance project for 2029.