Minutes of Meeting: Thursday 20th June @ 2 – 4pm			
Chair:	Professor Noel McCarthy (NMC)		
Members	Majella Forde (MF), Dr Eavan Muldoon (EM), Dr Shari Srinivasan (SS), Dr Niamh O'Flaherty (NOF), Bernadette Jackson (BJ), Ryan Davey (RD)		
Alternates/ Representatives	Dr Michael Carton (alternate for Dr Lois O'Connor)		
In Attendance	Fiona Culkin (FC), Dr Michael Carton (MC), Melissa Brady (MB), Dr Jane Finucane (JF), Laura Whitton (LW), Claire Dillon (CD), Miriam Kelly (MK), Ellen Perry (EP), Kate Browne (KB) NVRL, Dr David Kelly (DK)		
Apologies	Dr Margaret O'Sullivan (MOS), Dr Cillian De Gascun (CDG), Dr Lucy Jessop (LJ), Prof Mary Keogan (MK), Ann Leonard (AL), Dr Derval Igoe (DI), Dr Damian Griffin (DG), Dr Éamonn O'Moore (EOM), Dr Jean Dunne (JD), Prof Rob Cunney (RC), Deirdre Burke (DB), Dr Siobhan Ni Bhriain (SNB), Dr Colette Bonner (CB), Lois O'Connor (LOC)		
Date/Time of Meeting:	20th June 2024, 2-4 pm	**Date/Time of Next Meeting:**	19th September 2024, 2-4 pm, in person meeting @ Dr Steeven's Boardroom
Prepared by:	Ellen Perry (EP)		

Agenda Item	Noted points and actions	Agreed Action
1. Welcome and apologies	The chair welcomed everyone to the June Steering Committee meeting, and the group noted any apologies. New members were welcomed.	
2. National Serosurveillance Programme (NSP) and comms update	The National Serosurveillance Programme (NSP) Project Report was presented, and an update was given on all projects within the NSP pipeline. • The Paediatric Measles Project is currently at the epidemiological investigation stage. The preliminary paediatric measles draft report is underway and aims to be completed by September. • Although the 2024 budget has not yet been confirmed, it is advised to proceed under the assumption that funding will match the previous year's allocation. • The staffing constraints within the SeroEpidemiology Unit (SEU) and wider Health Protection Surveillance Centre (HPSC) were noted. An update on NSP communications was presented, and next steps discussed.	

3. Human Papillomavirus (HPV) update	A presentation on human papillomavirus (HPV) was given. Legislative changes are pending, and the SEU is actively communicating with the Department of Health. Preliminary planning is underway, including an ongoing literature review and initial exploration of testing possibilities. After a scoping meeting with the National Virus Reference Laboratory (NVRL), six commercial assays were identified. Of these, two can be conducted at the NVRL, while one can be performed at other laboratories in Ireland. The NVRL's available machines include the Hologic Panther, which may be used for HPV genotyping with the Aptima HPV 16 18/45 Genotype assay, and the Cepheid point-of-care analyser, which can accommodate the Xpert HPV assay. Additionally, the Seegene assay was considered as an alternative but requires further evaluation. **Discussion:** The challenges associated with each assay and machine were highlighted. The risks related to different sample types—endocervical swabs, urine, and non-endocervical swabs (e.g., anal/oral)—were discussed. Endocervical specimens used in cervical cancer screening but this sample source would not be used in this surveillance. It was noted that the collection of swabs for Sexually Transmitted Infection (STI) testing is declining, with first-void urine now commonly used for chlamydia testing in both males and females. It was agreed that additional scoping regarding sample types is needed. The proposed text regarding the legislative change has been sent to the Department of Health and is awaiting a response. The suggested names for the NSP were reviewed, and there was consensus on the importance of the language used in the name. It was noted that while longer names might be clear to existing stakeholders, they may be less intuitive to the general public. It was suggested that adding a vowel could make the acronym easier to pronounce and potentially form a recognisable word. **Decision:** • SEU team will link with laboratory based committee member to further understand the sample types and volume available. • All agreed that the NSP name change needs more consideration. The SEU team will discuss and update the steering committee.	**Laboratory based committee member will connect with microbiology colleagues and gather information on sample types and numbers.** **SEU team to link with committee members to progress.**
4. Hepatitis B	A presentation on Hepatitis B serosurveillance was given. A summary of SEU's re-engagement with relevant stakeholders (NVRL, HPSC STI, National Public Health Office, and National Hepatitis Treatment Programme) was	**SEU to link with NVRL, during**

	highlighted. The revised total project cost is €257,100. Due to these additional costs, including hepatitis B core antibody (anti-HBc) testing may not be feasible. It might be more advantageous to invest in developing a more robust hepatitis B surface antigen (HBsAg) testing algorithm, such as testing weakly positive samples below a specific cut-off for anti-HBc. Further discussions with clinical scientists at the NVRL will be needed to determine appropriate cut-off points. **Decision:** The decision was made not to test all samples for anti-HBc antibodies due to cost-effectiveness concerns and the limited value of the data for public health decision-making. However, the test may still be utilised as a second or third-line confirmatory test. The committee endorsed the project, directing the SEU to advance the Hepatitis B serosurveillance project from the scoping phase to planning. This includes developing a project protocol for implementation and epidemiological investigation.	**protocol development, to discuss appropriate cut off points.** **SEU to commence protocol development**
5. Routine SARS-CoV-2 Serosurveillance frequency	A presentation on reducing the frequency of SARS-CoV-2 serosurveillance was given**:** The proposal, already informed by liaison with NIAC and the Irish Blood Transfusion Service (IBTS) was discussed, along with an update on the routine adult SARS-CoV-2 serosurveillance work. An overview of the current NSP workflows was provided. The rationale for reducing frequency of SARS-CoV-2 serosurveillance and reallocating resources to focus on other pathogens of public health concern was presented, along with details on stakeholder and partner engagement. **Decision:** The NSP steering committee agreed to reduce the frequency of SARS-CoV-2 sample collection to twice a year, aligning with stakeholder requirements. The importance of maintaining clear consultation and communication with partners (IBTS, Laboratory Surveillance Network (LSN) & NVRL) about changes to the NSP workflow for SARS-CoV-2 serosurveillance was emphasised.	**The SEU will confirm the agreement to reduce the frequency of SARS-CoV-2 serosurveillance to partners and inform them of the plans for Hepatitis B serosurveillance.**

6. Paediatric Measles Serosurveillance	A presentation on the Paediatric Measles Serosurveillance project was provided. Provisional results by sex and age group were shared, and project limitations were noted. The project timeline was outlined. Communications to participating laboratories regarding the completion of sample collection were sent out on June 19th, while testing will conclude in the coming weeks. Data analysis is ongoing, and report preparation is underway, with plans for publication in a peer-reviewed journal. Interim data has been presented at the National Measles Incident Management Team (IMT) meetings and the National Immunisation Advisory Committee (NIAC) meeting on May 27th. The Measles IMT is utilising this data to identify clinics for targeted vaccination catch-up campaigns. The SEU is reviewing all available surveillance data when evaluating results, including vaccine update data. A discussion took place regarding point prevalence estimates and the confidence intervals, with the observation that as more results come in, the confidence intervals will narrow. **Decision:** SEU team to circulate draft manuscript to steering committee members for contribution	**SEU to circulate Draft Paediatric measles report to be shared with NSP steering committee**
7. Review of actions, signoff of minutes 21st March and matters arising	The actions from the previous NSP Steering Committee meeting on March 21, 2024, as detailed in the pre-circulated agenda, were reviewed. It was noted that the NSP strategy work is currently on hold. The draft minutes from the March 21st meeting were confirmed as an accurate record of the discussions. It was decided that, in the future, NSP Steering Committee minutes will be uploaded to the website. Given that several committee members sent their apologies, the final minutes for March 2024 will be circulated to all members, along with a notice about the decision to post minutes on the NSP website. **Decision** Decisions were made to upload NSP Steering Committee minutes from March 2024 onwards to the NSP website. Since several committee members sent their apologies, the finalised minutes for March 2024 will be circulated to all members, along with a notice about the decision to post minutes on the website.	**SEU to circulate finalised minutes from March 2024 meeting to members** **SEU team to upload minutes to NSP website going forward.**

8. Next Steering Committee Meeting 19th Sept	The next Steering Committee will be an in-person meeting on September 19th, in Dr Steeven's Boardroom.	
9. AOB **- conflict of interest forms** **- committee member alternates**	Since the March Steering Committee meeting, the SEU team was approached regarding two potential pathogens for consideration: Parvovirus and Q Fever. The SEU team provided the committee with an overview of these discussions and the reasons for not advancing with these pathogens. The milestone of transitioning beyond SARS-CoV-2 serosurveillance was highlighted. The steering committee, along with all partners and stakeholders, were acknowledged and thanked for their contributions.	