

**Minutes of Meeting: Thursday 21<sup>st</sup> March @ 2 – 4pm**

| <b>Chair:</b>   | Professor Noel McCarthy (NMC)   |                                   |  |
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| <b>Members</b>  | Ann Leonard (AL), Dr Derval Igoe (DI), Ryan Davey (RD), Dr Niamh O'Flaherty (NOF), Dr Jeff Connell (JC), Dr Greg Martin (GM), Dr Damian Griffin (DG), Margaret O'Sullivan (MOS), Dr Cillian De Gascun (CDG), Dr Lucy Jessop (LJ), Bernadette Jackson (BJ), Dr Shari Srinivasan (SS), Prof Mary Keogan (MK).   |                                   |  |
| <b>Alternates/ Representatives</b>  | Elaine Dobell (ED), on behalf of Dr Siobhan Ni Bhriain  |                                   |  |
| <b>In Attendance</b>  | Fiona Culkin (FC), Dr Michael Carton (MC), Elaine Brabazon (EB), Dr Jane Finucane (JF), Katie O'Brien (KOB), Laura Whitton (LW), Claire Dillon (CD), Miriam Kelly (MK), Ellen Perry (EP), Kate Browne (KB), Lieke Brouwer (LB), Niamh Murphy (NM), Phill Downes (PD)  |                                   |  |
| <b>Apologies</b>  | Majella Forde (MF), Dr Éamonn O'Moore (EOM), Dr Jean Dunne (JD), Prof Rob Cunney (RC), Deirdre Burke (DB), Dr David Kelly (DK), Dr Siobhan Ni Bhriain (SNB), Dr Colette Bonner (CB),  |                                   |  |
| <b>Date/Time of Meeting:</b>  | 21 <sup>st</sup> March 2024, 2-4 pm   | <b>Date/Time of Next Meeting:</b> | 20 <sup>th</sup> June 2024, 2-4 pm.  |
| <b>Prepared by:</b>   | Ellen Perry, SEU HPSC   |                                   |  |
| <b>Agenda Item</b>  | <b>Noted points and actions</b>   |                                   | <b>Agreed Action</b>   |
| <b>1. Welcome and apologies</b>   | The chair welcomed all to the March Steering Committee meeting, and apologies were noted.   |                                   |  |
| <b>2. Hepatitis B Virus (HBV) Proposal Paper (circulated in advance of the meeting)</b> | <p>The hepatitis B virus (HBV) proposal paper slide set outlining the background and proposed serological testing with sample sizes, timelines, and costs was presented. The study's limitations were noted. The ages and populations will be finalised in the next stage of planning.</p> <p><b>Discussion:</b></p> <p>It was agreed that hepatitis B surface antigen (HBsAg) testing is the best option to estimate the current burden of disease, and the logistics of testing were discussed; 0.5 ml to 1 ml is required for testing. It was suggested that the SeroEpidemiology Unit (SEU) could consider additional testing for anti-HB core to provide data on resolved infections.</p> <p>It was highlighted that Seroepidemiology data on HBsAg can be used to monitor the progress in meeting the World Health Organisation (WHO) targets on eliminating hepatitis B in Ireland.</p> <p>The potential addition of anti-HBc testing was discussed.</p> |                                   | <b>SEU will evaluate the additional inclusion of anti-HBc testing and associated costs, finalise logistics, and present them to the next steering committee.</b> |

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|  | <p><b>Decision:</b> The National Serosurveillance Programme (NSP) Steering Committee agreed to a sample size of 8,000.</p> <p>The agreed next steps will be to look at additional literature, finalise logistics (testing) and present at the next steering committee.</p>  |   |
| <b>3. National Serosurveillance Programme (NSP) and Comms update</b> | <p>The NSP Progress report (sent to committee members prior to the meeting) was presented. Using the NSP pipeline as a format, it outlined the current work programme and discussed the next steps. The NSP partners and stakeholders were acknowledged and thanked. The budget allocation for 2024 has yet to be confirmed.</p> <p><b>Decision:</b> The NSP committee agreed to consider reducing the frequency of COVID-19 serosurveillance to facilitate prioritisation of other pathogens and projects.</p> <p>The NSP communications report was presented. An increase in visits to the datahub was seen in December and January; however, this slightly decreased in February. Since the December Steering Committee meeting, there have been steady visits to the website homepage and the SEU page.</p>   |   |
| <b>4. NSP 2024 Priorities</b>  | <p>The NSP prioritisation slides were shared.</p> <p><b>Discussion:</b> The process for new pathogens for consideration and order of prioritisation was discussed. The paediatric measles project is underway, bringing the additional benefit of paediatric COVID-19 testing. Currently, the paediatric measles project is the first priority for the NSP, then SARS-CoV-2. The NSP Steering Committee discussed potentially reducing the COVID-19 collection cycles to biannually/quarterly, which could help facilitate the proposed hepatitis B work. The paediatric measles project highlights how valuable the work of the NSP is. Pertussis and human T-lymphotropic virus (HTLV) were discussed as possible pathogens to include on the prioritisation list. The importance of clear lines of communication between NSP, stakeholders and partners was highlighted.</p> <p><b>Decision:</b> It was agreed that the prioritisation must also include deprioritisation, e.g. the reduction of COVID-19 collection cycles. It was flagged that the National Immunisation Office (NIO) schedules need to be considered when reducing COVID-19 cycles.</p> <p>HTLV is not a notifiable disease, so therefore not a viable pathogen for consideration</p> | <p><b>SEU team to prepare a proposal for the reduction in COVID-19 serosurveillance</b></p> |

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| <b>5. Paediatric Measles Serosurveillance</b>   | <p>Slides on the paediatric measles IgG antibody seroprevalence surveillance study protocol and current project status were shared (the Paediatric Measles Project Protocol document was circulated before the meeting). So far, 674 paediatric samples have been received since February 18<sup>th</sup>. These samples are also being processed for COVID-19.</p> <p>The geographic distribution of samples was flagged; however, it was noted that this issue may change over time as more laboratory partners send samples. So far in the study, the seropositivity is lower than expected. The timeline for the study was originally 6 months; however, due to the quantity of samples being provided by the laboratories and the speed of sample collection, there is potential for the study to finish sample collection earlier. The NSP Steering Committee highlighted the importance of this project.</p> <p><b>Discussion:</b> It was flagged that the North-West of Ireland is known to have a lower uptake of vaccination and that this study could be an overrepresentation of Donegal and an underrepresentation of the general population. The potential of balancing the study by geography was discussed. The committee agreed to continue with the laboratories currently participating as it is important to gather samples as quickly as possible. The committee highlighted the good sample size and how three-quarters of the samples collected can be tested for SARS-CoV-2 antibodies.</p> |  |
| <b>6. FOI Request &amp; Minute taking</b>   | <p><b>Discussion:</b> The NSP committee discussed a recent Freedom of Information (FOI) request.</p> <p><b>Decision:</b> The NSP Steering Committee agreed to publish minutes on the website, as transparency of the serosurveillance model is important.</p>   | <b>NSP Steering Committee minutes to be published on NSP website</b> |
| <b>7. Review of actions, signoff of minutes 7<sup>th</sup> Dec 2023 and matters arising</b> | <p>The actions from the previous NSP Steering Committee meeting, as stated on the meeting agenda circulated to the committee prior to the meeting, were reviewed. The minutes of the meeting held 7<sup>th</sup> December 2023 were reviewed and it was agreed that they were an accurate reflection of the meeting.</p>  |  |
| <b>8. Next Steering Committee Meeting 20<sup>th</sup> June 2024</b>                         | <p>The next Steering Committee will be held on MS Teams on 20<sup>th</sup> June 2024.</p>   |  |



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| 9. AOB | There were no other matters arising. |  |
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