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REGIONAL OFFICE FOR EUROPE
BUREAU RÉGIONAL DE L'EUROPE
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Our reference:
Notre référence:
Unser Zeichen:
См. наш номер:

Your reference: C039-20
Votre référence:
Ihr Zeichen:
На Ваш номер:

Appendix A

Date: 16 July 2020

Councillor Martin Kearney
Chair of the Mid Ulster District Council
Burn Road
Cookstown BT80 8DT
Northern Ireland
United Kingdom

kearney768@btinternet.com
info@midulstercouncil.org

Dear Councillor Kearney,

Thank you for your kind letter of 26 March and for your appreciation of the work of the World Health Organization. We apologize for our late response, but the mail was delivered only recently.

In reply to your query about mass testing, please note that WHO strongly recommends all countries to undertake active case finding and testing together with timely contact tracing. This is the central strategy that all countries need to undertake to control COVID-19 transmission, as successfully shown in some countries such as in South East Asia. The WHO's case and contact definitions are set out in the WHO Interim guidance of 20 March 2020 (available at <https://www.who.int/docs/default-source/coronaviruse/global-surveillance-for-covid-v-19-final200321-rev.pdf>).

In addition, to monitor the full extent of circulation of the virus in the general population, WHO recommends testing for COVID-19 for persons presenting with acute respiratory illness via existing national sentinel surveillance sites in primary and secondary care. WHO is not recommending widespread testing of the population.

In these challenging times for all of us, WHO is ready to offer every possible support to the United Kingdom commitment to maintain containment alongside mitigation measures, to reduce the scale of transmission, and to safeguard the health care system of your country.

Please accept, Sir, the assurance of my highest consideration.

Yours sincerely,


Dr Hans Henri P. Kluge
Regional Director

Encls:

Global surveillance for COVID-19 caused by human infection with COVID-19 virus. Interim guidance. 20 March 2020

Copy for information to:

Ms Nicky Shipton-Yates, WHO Policy Manager, EU & Multilateral Team, International Branch, Department of Health, 39 Victoria Street, 5th Floor South, 79 Whitehall, London SW1A 0EU, United Kingdom, E-mail: nicky.Shipton@dhsc.gov.uk

Global surveillance for COVID-19 caused by human infection with COVID-19 virus

Interim guidance
20 March 2020



Background

This document summarises current WHO guidance on global surveillance for COVID-19 in humans, caused by infection with COVID-19 virus. This guidance should be read in conjunction with WHO's guidance on [preparedness, readiness and response activities](#), which strongly recommends active case finding and testing as well as contact tracing in all transmission scenarios. Aggregate reporting should be considered a temporary stop-gap measure only when individual case reporting is not possible. WHO will continue to update this guidance as new information about COVID-19 becomes available.

Updated information and other guidance on COVID-19 can be found on the WHO [COVID-19 website](#).

What is new:

- Updated case definition for a probable case
- Definition of transmission pattern
- Revision of the definition of a contact
- Update on global surveillance with aggregated data reporting

Purpose of this document

This document provides guidance to Member States on implementation of global surveillance for COVID-19.

Objectives of the surveillance

The objectives of the global surveillance are to:

1. Monitor trends in COVID-19 disease at national and global levels.
2. Rapidly detect new cases in countries where the virus is not circulating, and monitor cases in countries where the virus has started to circulate.
3. Provide epidemiological information to conduct risk assessments at the national, regional and global level.
4. Provide epidemiological information to guide preparedness and response measures.

Case definitions for surveillance

Case and contact definitions are based on the current available information and are regularly revised as new information accumulates. Countries may need to adapt case definitions depending on their local epidemiological situation and other factors. All countries are encouraged to publish definitions used online and in regular situation reports, and to document periodic updates to definitions which may affect the interpretation of surveillance data.

Suspect case

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable case

A. A suspect case for whom testing for the COVID-19 virus is inconclusive.¹

OR

B. A suspect case for whom testing could not be performed for any reason.

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

See laboratory guidance for details: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance>

Contact

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; ²OR
4. Other situations as indicated by local risk assessments.

Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the *date on which the sample was taken* which led to confirmation.

Classification of transmission scenarios

WHO recommends using the following categories to describe transmission patterns at national and sub-national levels (wherever possible) to guide decisions for [preparedness, readiness and response activities](#).

Table 1: Definition of the categories for transmission pattern

Category number	Category name	Definition
1	No cases	Countries/territories/areas with no cases
2	Sporadic cases	Countries/territories/areas with one or more cases, imported or locally detected
3	Clusters of cases	Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures
4	Community transmission	Countries/area/territories experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: <ul style="list-style-type: none"> - Large numbers of cases not linkable to transmission chains - Large numbers of cases from sentinel lab surveillance - Multiple unrelated clusters in several areas of the country/territory/area

Recommendations for laboratory testing

Any persons meeting the criteria for testing should be tested for COVID-19 infection using [available molecular tests](#). However, depending on the intensity of the transmission, the number of cases and the laboratory capacity, only a subset of the suspect cases may be prioritized for testing.

¹ Inconclusive being the result of the test reported by the laboratory.

² World Health Organization. Infection prevention and control during health care when COVID-19 is suspected

During community transmission WHO recommends prioritizing persons to be tested as indicated in the WHO [global testing strategy for COVID-19](#).

To monitor the full extent of the circulation of the virus in the general population, WHO recommends implementing testing for COVID-19 via existing national sentinel surveillance sites for influenza-like illness (ILI) and severe acute respiratory infection (SARI). Guidance will be made available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/surveillance-and-case-definitions>

Recommendations for reporting surveillance data to WHO

National authorities may use either case-based reporting or aggregate reporting. In some circumstances, such as countries with areas experiencing different transmission patterns, a combination of both case-based and aggregate reporting could be considered. The decision to use case-based or aggregate reporting should be based on the capacity of health authorities and the number of cases. National authorities may move from case-based to aggregate reporting as the number of cases increases, and then back to case-based as the number of cases decreases.

Case-based reporting:

WHO requests that national authorities report probable and confirmed cases of COVID-19 infection within 48 hours of identification, by providing the minimum data set outlined in the “Revised case reporting form for 2019 Novel Coronavirus of confirmed and probable cases” through the National Focal Point and the Regional Contact Point for International Health Regulations at the appropriate WHO regional office. A template for the revised line listing in Excel format with a data dictionary is available. If the outcome of the patient is not yet available at first reporting, an update of the line list should be provided as soon as outcome data becomes available, within 30 days of the first report.

Reporting of case-based data through the case report form is requested while the Ministry of Health is maintaining a case-based surveillance. When it is no longer feasible to report case-based data, countries are requested to provide aggregated data for surveillance.

Aggregated reporting

For all countries to understand the epidemiology and trends of COVID-19, all Member States are requested to provide the following minimum set of aggregate counts, once weekly.

At national level:

- Weekly number of new confirmed cases
- Weekly number of new confirmed case deaths from COVID-19
- Weekly number of new confirmed cases hospitalised due to COVID-19 disease
- Weekly number of confirmed cases discharged
- Weekly number of persons tested for COVID-19
- Weekly number of new confirmed cases by age-group in years (using: 0-<5, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85 and above, age missing)
- Proportion of males among the new confirmed cases – calculated as the number of new confirmed cases in males, divided by the total new confirmed cases for which sex is known
- Weekly number of new confirmed case deaths by age-group in years (using: 0-<5, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85 and above, age missing)
- Proportion of males among the new confirmed case deaths – calculated as the number of new confirmed case deaths in males, divided by the total new confirmed case deaths for which sex is known

At subnational level:

- Transmission pattern by administrative level 1 as self-assessed by the Member State

Note: if it is not possible to assess transmission classification at administrative level 1, Member States should assign their highest level of transmission classification in any one area to the entire country.

Country meta-data:

Member States are encouraged to provide two types of meta-data:

1. Case definitions used by the country, provided once at start of reporting. Countries are further requested to notify any changes to case definitions, and the date these definitions came into effect.
2. The Epidemiological reporting week used by the country (i.e. Monday to Sunday, Sunday to Saturday, or Sunday to Thursday).

Countries are additionally requested to share national situation reports at whatever frequency they are produced.

Member State Self-Reporting Platform

The designated national authority is asked to provide data directly to the self-reporting platform, which will be publicly available without editing or filtering by WHO. Aggregate data will be made available to all Member States and the wider general public through the WHO website, may be pooled with other data to inform international response operations, and periodically published in WHO situation updates and other formats for the benefit of all Member States. Member states can self-report their data in two ways:

- Upload an Excel file directly into the system
- Manually enter data using the submission platform provided

All tools and further instructions for data submission are available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/surveillance-and-case-definitions>

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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WHO reference number: WHO/2019-nCoV/SurveillanceGuidance/2020.6



Our Ref: TJ

10 July 2020

Mr Anthony Tohill
Chief Executive
Mid Ulster District Council
Dungannon Office
Circular Road
Dungannon
BT71 6DT

RECEIVED

17 JUL 2020

CHIEF EXECUTIVE

Dear Mr Tohill

At a Meeting of Derry City and Strabane District Council held on 28 May 2020, the following Motions were passed:

That Council believes that care homes and the organisation and operation of domiciliary care services across the North should be brought back into the public ownership as part of the National Health Service.

That the COVID-19 crisis presents an unprecedented threat to public health. The scale of the crisis clearly demonstrates the critical role of a fully funded and protected public health service.

Council agrees that two divergent public health strategies to deal with a pandemic on the island of Ireland, North and South, is irrational, impractical and dangerous. Council calls for a fully integrated all-Ireland public health strategy.

Council supports the campaign for an all-Ireland health service free at the point of delivery from the cradle to the grave.

Council agrees to invite representatives from the all-Ireland health service campaign to make a presentation to Council.

I would appreciate your consideration in this important matter would be grateful for a response in relation thereto.

Yours sincerely

Derry

C/o Council Offices
98 Strand Road
Derry
BT48 7NN

Strabane

C/o Council Offices
47 Derry Road
Strabane
BT82 8DY

**John Kelpie MEng., CEng., MStructE.,
MIEI**

Chief Executive
Derry City and Strabane District Council

+44 (0) 2871 253 253
chiefexecutive@derrystrabane.com
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f Derry City & Strabane District Council
@dcsdcouncil

A handwritten signature in black ink, appearing to read "John Kelpie". The signature is fluid and cursive, with a large initial "J" and a trailing flourish.

John Kelpie
Chief Executive



11th August, 2020

TO: Each Local Authority

RE: Notice of Motion

A Chara,

I write to inform you that the members of Donegal County Council at their recent meeting adopted the following resolution:-

“That this Council calls on the new Government to address regional inequality, recognising that the Northwest of Ireland is the only region in Ireland without access to rail or motorway, and commits to funding the A5 as a priority - an essential infrastructural project for the people of Donegal”.

Members asked that it be circulated to all local authorities along the A5 route.

Yours faithfully,

P.P. Joe Peoples
Meetings Administrator



Rathgael House
43 Balloo Road
Rathgill
Bangor
BT19 7PR
attendance@education-ni.gov.uk

To: Education Stakeholders

11 August 2020

Dear Sir / Madam,

ENGAGE PROGRAMME

I am writing to update you on proposals for the new Engage programme.

Minister Weir announced plans to deliver the programme on 30 June 2020, following agreement by the Executive, to help to address the impact that schools closures may have had on pupils in terms of lost learning.

Around £11.25 million has been set aside for the programme. It will enable schools to provide additional teaching support for pupils in both primary and post-primary schools, particularly for those from disadvantaged backgrounds. The programme will be open to all schools, with the level of funding available to each school weighted according to the number of pupils and the proportion entitled to free school meals.

I have attached a summary paper which sets out the proposed aims and objectives of the programme. It explains that the programme will complement and enhance the existing work of schools in providing support for pupils to help them engage with learning following the period of lockdown. It will do this by enabling schools to provide child centred one to one, small group or team teaching support by qualified teachers to pupils the school identifies as most benefiting from additional support to engage with learning. The teaching programme will focus on supporting pupils to be motivated and engaged to learn and will be delivered by the school, linked to the curriculum, and focused on the areas where pupils would most benefit from additional teaching, practice and feedback.

I trust you will find the attached information helpful.

Yours faithfully,

A handwritten signature in black ink that reads "AlChambers". The signature is written in a cursive style with a period at the end.

Alison Chambers
Promoting Collaboration Tackling Disadvantage Directorate
alison.chambers@education-ni.gov.uk

Enc:

Annex: Summary - Overview of the Engage Programme

Summary - Overview of the Engage Programme

What is the Engage Programme?

- Given the unique circumstances of the COVID-19 pandemic, **all** primary and post primary schools in Northern Ireland will receive funding to provide additional teaching resources.
- The Programme will provide child centred one to one, small group or team teaching support within school by qualified teachers to those pupils identified by schools as most benefiting from additional support to engage with learning following the COVID-19 period of lockdown.
- There is extensive evidence of the positive impact of high quality one to one and small group teaching as a support strategy for learning, particularly after a period of missed schooling. Support delivered by qualified teachers is likely to have the highest impact.
- The teaching programme will focus on supporting pupils to be motivated and engaged to learn and will be guided by the school, linked to the curriculum and focused on the areas where pupils would most benefit from additional teaching, practice and feedback.
- Schools can supplement the funding provided to deliver the programme with other funding available to schools for example from the Extended Schools Programme or via the Common Funding Formula in order to increase the level of support provided.

Programme Aim

- To limit any long-term adverse impact of the COVID-19 lockdown on educational standards by supporting pupils' learning and engagement on their return to school through provision of high quality one to one, small group or team teaching support in every school in Northern Ireland

Programme Objectives

- To provide an appropriately differentiated programme of child centred one to one, small group and/or team teaching support to pupils of **all** abilities who schools identify as those who would benefit from additional support to engage with learning following the COVID-19 period of lockdown.
- To support pupils to increase their confidence, engagement, motivation to learn and to develop the tools and skills they require to become independent learners.

- To develop and enhance pupils' skills, knowledge and understanding in the key cross-curricular skills of Using Mathematics, Communication and Using ICT.
- To support and enhance pupils' development of the whole curriculum thinking skills and personal capabilities
- To develop pupils' understanding of how they learn (meta-cognition) and their self-knowledge about explicit strategies and behaviours for learning to help build positive mind-sets, coping skills and resilience.
- To complement and enhance the existing work of schools (such as extended schools, special education needs and/or nurture provision) to provide support for pupils to engage with learning following the COVID-19 period of lockdown.

Which schools can access the programme?

- Given the unique circumstances of the COVID-19 pandemic, **all** primary and post-primary schools in Northern Ireland will be provided with varying levels of funding to provide additional teaching resource.
- Research indicates that there is a risk that the gains made in closing our attainment gap could be significantly impacted by the lockdown period. Most agree the consequences of the pandemic will be far reaching—for all children, but particularly for those from socially disadvantaged families.
- Consequently, **circa 400 schools with approximately average levels of Free School Meal entitlement** (a minimum of 28% of pupils) or higher will, dependent on number of pupils, be provided with funding to support either 0.2, 0.5, one or two additional teachers during the 2020/21 academic year providing **over 300 additional teachers across the system**.
- School closures and COVID-19 have nonetheless affected the whole community. In particular, it is clear that key workers may not have had the time or opportunity to provide as much learning support for their children as they would have wished.
- In recognition of this context, **all other primary and post-primary schools**, with Free School Meal Entitlement below 28%, will also receive funding to provide (depending on their size) 30, 45 or 60 substitute days during the 2020/21 school year in order to deliver a programme to support pupils to engage with learning.
- In this way the Programme is both targeted at those schools with concentrations of disadvantage but also provides universal support across all primary and post-primary schools.

Which pupils can access the programme?

- Schools know their pupils best and will have autonomy and flexibility to use their professional judgement to decide which of their pupils and year groups will participate in the programme. They will also structure the programme within their school based on their own unique circumstances.
- The programme is aimed at pupils of **all** abilities identified by school as those who would most benefit from additional support to engage with learning following the COVID-19 lockdown period.
- Normal formative assessment approaches within the classroom setting will be the most useful way of identifying individual pupil learning needs and those pupils who will benefit from support from the programme to engage with learning. That approach will retain an emphasis on making pupils feel confident and secure in what they already know while supporting engagement with learning.

How will recruitment be carried out?

- Schools will decide themselves whether to employ additional staff either on a temporary basis or via NISTR to deliver the programme or use the funding available from the programme to backfill and allow an existing staff member(s) to deliver the Engage Programme.

What are the targets for the Engage Programme and how will it be evaluated?

- The Engage programme will not have specific targets for system wide improvement of Key Stage or examination outcomes, as the focus of the programme is to limit any long-term adverse impact of the COVID-19 lockdown on educational standards by supporting pupils' learning and engagement on their return to school. It will not be exclusively focussed on particular year groups.
- Rather schools will identify their intended outcomes and success criteria and will monitor and evaluate the impact of the programme using the Targeting Social Need (TSN) Planner. The emphasis for evaluation will be the impact on pupils' attitudes to and dispositions for learning, as well as their attainment. Evidenced-based judgements of the programme by schools will then inform further development of interventions.
- The [TSN Planner](#) will enable schools to plan for the year ahead, incorporating the Engage programme interventions within their overall plan for 2020/21. It also allows schools to review and report upon progress throughout the year. The TSN Planner must be completed by schools in order to be eligible for funding.
- At system level, a Strategic Oversight Group will be established to monitor the outworking of the Programme. The ETI will provide an overall evaluation of the

quality of the work within the programme and the outcomes for the teachers employed in the programme and the pupils targeted. Outputs from the TSN Planner will provide important information for ETI to draw upon.

Key Deliverables

The key deliverables for the project are:

- Employment of c107 post primary school teachers in schools with 28% or high numbers of pupils entitled to Free School Meals.
- Employment of c216 primary school teachers during the 2020/21 academic year with 28% or higher numbers of pupils entitled to Free School Meals.
- Provision dependent on school size of 30, 45 or 60 days substitute cover during the 2020/21 academic year to support delivery of the programme in all primary and post-primary schools with less than 28% of pupils entitled to Free School Meals.



Cllr Cathal Mallaghan
Chair Mid Ulster District Council
Burn Road
Cookstown
BT80 8DT

the voice of local government

19th August 2020

Dear Councillor Mallaghan

For Full Council – Correspondence

On behalf of the President and 11-council membership of NILGA, I write to express sincere thanks and good wishes to your outgoing Chief Executive, Mr. Anthony Tohill.

Anthony's strategic insights, substantial expertise and collective working across the 11 Councils, direction and drive will be missed by all in local government (as a member from the Council myself) Mid Ulster District in particular.

I know that in the future his new role in the local private sector will assist the sustainability and growth of the District.

Please convey the Association's good wishes and appreciation to Anthony and his family.

Yours sincerely

A handwritten signature in black ink that reads 'Frances Burton'. The signature is written in a cursive, flowing style.

Cllr. Frances Burton
NILGA Office Bearer

cc. Cllr Martin Kearney, Mid Ulster District Council / NILGA Office Bearer



From: The Private Secretary

**Level 9
Causeway Exchange
1-7 Bedford Street
Belfast
BT2 7EG**

Telephone: (028) 9082 3320
e-mail: private.office@communities-ni.gov.uk
Our Ref; INV 1188 & INV 1382 2020
Date: 12 August 2020

Cllr. Martin Kearney
Mid Ulster District Council
Cookstown Office
Burn Road
Cookstown
BT80 8DT

Via email: eileen.forde@midulstercouncil.org

Dear Martin,

INITIATIVES IN MID ULSTER

Thank you for your letter dated 27 January 2020 to the then Minister Deirdre Hargey, requesting that she meet with a delegation from Mid Ulster District Council to discuss its strategic priorities. On 5 March 2020 you also kindly invited her to visit the Coalisland Public Realm Scheme.

Minister Ní Chuilín would be delighted to accept your invitation and would like to propose 28 October 2020 for this visit. I would be grateful if you could contact the Diary Team either by email at private.office@communities-ni.gov.uk or by calling 028 9051 2692 to advise if this date is acceptable, your availability on that day and a suitable location for this meeting.

As I'm sure you will appreciate, numbers of attendees will need to be limited and social distancing observed at all times.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Rosheen Thompson", with a long horizontal flourish extending to the right.

**ROSHEEN THOMPSON
PRIVATE SECRETARY**

Marie Ward
Chief Executive

RECEIVED
14 AUG 2020
CHIEF EXECUTIVE



Comhairle Ceantair
an Iúir, Mhúrn
agus an Dúin
Newry, Mourne
and Down
District Council

Our ref: C/098/2020

4 August 2020

Mr Anthony Tohill
CEO
Mid Ulster District Council
Council Offices
Circular Road
Dungannon
BT71 DT

Dear Mr Tohill

Re: Information regarding Localised outbreaks of COVID Cases

At a Meeting of Newry Mourne & Down District Council held on Monday 3 August 2020, the following Notice of Motion was agreed:

"That this Council supports the need for greater localised information from the Department of Health regarding localised outbreaks of COVID positive cases in the area. In the wake of the suspected localised outbreak in the Rowallane area, had local representatives' access to more specific information, a downturn in footfall and containment of anxiety in non-affected regions may have been prevented.

Therefore, this Council calls on the Department of Health and Public Health Agency to provide DEA specific information or to provide a helpline for Councillors to reduce this from happening to other areas going forward".

During discussion Members expressed concern at misinformation, rumour and speculation regarding recent localised outbreaks of positive COVID cases within the District and the effect this was having on people and local businesses in hampering recovery and economic growth due to fear.

Members agreed it was essential that as elected representatives they needed to know exactly where clusters were occurring to prevent uncertainty and fear within communities.

Newry, Mourne and Down District Council have asked that the Department of Health and the Public Health Agency enable Councils across Northern Ireland to have some way of gaining more localised information.

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O'Hagan House
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Newry BT35 8DJ

Oifig Dhún Pádraig
Downpatrick Office
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0330 137 4000 (Council)
council@nmandd.org
www.newrymournedown.org

Ag freastal ar an Dún
agus Ard Mhacha Theas
Serving Down
and South Armagh



Members of Newry, Mourne and District Council unanimously agreed to this Motion and urge your Council to support it.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marie Ward', is positioned below the 'Yours sincerely' text.

Marie Ward
Chief Executive