

## COVID-19 Strategic Intelligence Group

01 February 2021 at 12:00 – Zoom Video Conference

### Present:

Professor Stuart Elborn (Chair)	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Dr Michael McBride	Chief Medical Officer, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Naresh Chada	DCMO, DoH
Dr Declan Bradley	Deputy Chief Scientific Advisor, DoH
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Frank Kee	Centre for Public Health, QUB
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Stephen Bergin	Assistant Director Public Health – Population Screening, PHA
Jonathan Norwood	DoH (Secretariat)

### Apologies:

Professor Ian Young	Chief Scientific Advisor, DoH
Dr Michael Quinn	Head of Clinical Information, HSCB
Kieran McAteer	COVID-19 Response, DoH
Dr Eugene Mooney	Director of Information and Analysis, DoH

## Welcome, Introductions and Apologies

1. Prof Elborn welcomed all participants back to the meeting.
  - Apologies were as noted.
  - Previous minutes were accepted.
  - All actions are complete.

## Status Update

2. Dr Bradley provided an update on the current position:

**Current estimate of  $R_t$  (hospital admissions): 0.8 - 0.9**

**Current estimate of  $R_t$  (ICU): 0.95 - 1.15**

**Current estimate of  $R_t$  (new positive tests): 0.65 - 0.85**

**Average number of new positive tests per day last 7 days: 713** (down from 943)

**7 day incidence based on new positive tests: 264 / 100k** (down from 349)

**14 day incidence based on new positive tests: 612 / 100k** (down from 853)

**7 day average of total tests (pillar 1 & 2) which are positive: 12%** (down from 17%)

**Average number of tests per day per 1000 population: 3.2** (up from 2.9)

**Number of new positive tests in over 60s in last 7 days: 1139** (down from 1480)

**Proportion of total positive tests occurring in over 60s: 22.1%** (up from 21.6%)

**First COVID +ve hospital admission in last week: 317** (down from 424)

**Number of community acquired COVID inpatients: 594** (down from 610)

**COVID +ve ICU patients: 74** (up from 67)

- 7 and 14 day incidence rates have both decreased.
- Positivity continues to decrease.
- Hospital admissions have decreased albeit remaining at a high level.
- All LGDs have decreased albeit Craigavon remains at a high level.

- Nosocomial spread has decreased, which is encouraging.
- Dr Bradley shared local mobility data, which shows a larger drop in footfall in parks compared to the rest of the United Kingdom.

### **Modelling Discussion to Advise Modelling Group**

3. Dr Bradley presented modelling data, which included vaccination projections of patients and ICU patients.

### **SPI-M-O: Consensus Statement to SAGE (Paper 2)**

4. Prof Elborn asked for comments on the paper:
  - Dr McBride commented on ONS data with regard to community prevalence. Percentage positivity is different to Pillar 2 data. This is dependent on people presenting for tests and people being symptomatic; is true prevalence falling?
  - Prof Kee reflected on family size and structure differences between Northern Ireland and other nations.
  - There being no further the paper was noted.

### **SPI-M-O Medium Term Projections to SAGE (Paper 3)**

5. Prof Elborn asked for comments on the paper:
  - Prof Morrow questioned whether vaccination data has significant implications for projections in the medium term?
  - Does vaccination prevent transmission or disease? The answer will result in different projections.
  - Has Israel data been shared? The view from SAGE is that it is too early to comment on other countries' vaccines programmes.
  - There being no further comments, the paper was noted.

## Update on Children, Schools and Transmission (Paper 4)

### SPI-M-O: Statement on Relaxation of NPI Scenarios to SAGE (Paper 5)

6. Prof Elborn asked for comments on the two papers relating to schools:

- Transmission within primary versus secondary schools was discussed. The differences between primary and secondary schools are thought to be smaller than previously perceived. The net effect that adults' behaviours have on overall transmission reduces the previously perceived higher impact of secondary schools.
- Positivity of occupations was discussed; teachers' positivity are no higher than other occupations.
- It is important that children return to education. Modelling was discussed and at what point support is given to returning children to schools.
- Schools opening will raise  $R_t > 1$ .
- What other mitigations can be introduced if schools are open to lower  $R_t$  to less than 1? Testing of contacts was discussed.
- Dr Bradley presented charts detailing different scenarios with metrics such as baseline of  $R_t$ , schools open and new variants' impacts with low, mild and high projections.
- Prof Alderdice commented on communication strategies and stakeholder engagement. Timely messaging will be key.
- Can schools implement better operational techniques such as 'points on the ground' to reduce gatherings.
- Dr McBride commented on wider adults' behaviours and the freedoms they have while children are at school. Modelling will be required to advise TEO. Dr Bradley commented on estimates of new variants and projected baseline of  $R_t$ .
- Physical wellbeing and mental health wellbeing effects of children were discussed.
- Genome sequencing sampling and selection bias was raised by Prof Kee. Pillar 2 testing is not a surveillance programme. Testing will be enhanced and bias in areas where there are outbreaks.
- Prof Elborn summarised that schools opening will add strain to the health care system.
- Prof Alderdice asked about the policy on accommodation availability for people unable to isolate in any other way. Dr McBride informed the group that work has been progressing with PHA and DfC colleagues. Going forward, the adherence working group will champion this work.

**ACTION: Dr McBride to write to Peter May, Chair of the Adherence Group to clarify the Group's objectives.**

- There being no further comments, the paper was noted.

## **International COVID-19 Science Issues for SAGE (Paper 6)**

7. Prof Elborn asked for comments on the paper:

- Vaccine demand and supply issues were discussed.
- Maternal and child health is an early signal of a deteriorating situation.
- There was discussion around organised crime and cybercrime infiltrating the vaccine and research programmes.
- Prof Morrow highlighted potential mass migration and extreme poverty and the associated economic impacts globally.
- Prof Alderdice reflected on raising awareness in African nations and the vaccine rollout required internationally.
- Dr McBride praised the NHS for delivering an excellent response to a public health emergency and deployment of vaccine. Other European countries have failed in areas such as logistics and training. Purchasing insufficient vaccines and needles as well as training too few vaccinators. He summarised the role of the WHO and its lack of leadership at a global level. The UK Government has stepped in to this space as a world leader in this response.
- Dr McBride reiterated the significance of targeted and organised disruption attempts of supply, storage and transportation of vaccines.
- Healthcare staff vaccine hesitancy was discussed; concern was raised regarding nursing home staff's hesitancy to vaccination. Dr McBride compared Northern Ireland's care home staff uptake of 80%+ to England's 33%.
- There being no further comments, the paper was noted.

## **SARS-CoV-2 Vaccines and the Growing Threat of Viral Variants (Paper 7)**

8. Prof Elborn asked the group to note this paper.

## **COVID-19 Infection Survey (Paper 8)**

9. Prof Elborn asked the group to note this paper.

## **COVID Recovery Task Force: Rapid Insight - Adherence Messages Informed by Behavioural Science (Paper 9)**

10. Prof Elborn asked the group to note this paper; comments were:

- Positive to see much needed stakeholder engagement beginning.
- 'Micro behaviours' were discussed; how do we deliver on adherence?
- Is the term 'bubble' being misused? Using an extension to your household may be better. Simpler messaging is required.
- PHA constantly engage on social platforms. There are a range of cultural issues; particularly around high profile funerals in recent media.
- Data sharing was discussed and the time lag of local data; more timely data would be more beneficial.
- Funerals are very different across the country and engagement continues with local councils to combat the contacts associated with funerals in particular areas.
- More work is required from other government departments; every issue is not the responsibility of DoH to lead.
- There being no further comments, the paper was noted.

### **AOB**

11. Prof Elborn invited members to raise any further items for discussion and there being no further business, the meeting closed.

### **Date of Next Meeting**

12. The next meeting will be on Monday 08 February 2021 at 12:00 via Zoom.