COVID-19 Strategic Intelligence Group

01 March 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 Declan Bradley	Deputy Chief Scientific Advisor, DoH
Dr Eugene Mooney	Director of Information and Analysis, DoH
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
Dr Stephen Bergin	Director Public Health (Interim), PHA
Dr Michael Quinn	Head of Clinical Information, HSCB
Jonathan Norwood	DoH (Secretariat)

Apologies:

Professor Ian Young	Chief Scientific Advisor, DoH
Dr Naresh Chada	DCMO, DoH
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Kieran McAteer	COVID-19 Response, DoH

Welcome, Introductions and Apologies

1. Prof Elborn welcomed all participants back to the meeting.

- Apologies were as noted.
- The previous minutes were accepted.

Status Update

SPI-M-O: Consensus Statement (Paper 2)

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

Current estimate of Rt (new positive tests): 0.80-1.05 (7 days previous 0.70-0.80)

Current estimate of Rt (hospital admissions): 0.50-0.80 (7 days previous 0.45-0.65)

Current estimate of Rt (ICU): 0.80-1.00 (7 days previous 0.80-1.00)

Average number of new positive tests per day last 7 days: 298 (7 days previous 300)

7 day incidence based on new positive tests: 110 / 100k (7 days previous 111)

14 day incidence based on new positive tests: 221 / 100k (7 days previous 263)

7 day average of total positive individuals (pillar 1 and 2): 6% (7 days previous 9%)

7 day average tests per day per 1000 population: 3.5 (7 days previous 3.4)

Number of new positive tests in over 60s in last 7 days: 308 (7 days previous 397)

Proportion of total positive tests occurring in over 60s: 16.0% (7 day previous 19.2%)

First COVID +ve hospital admission in last week: 109 (7 days previous 114)

Number of community acquired COVID inpatients: 269 (7 days previous 321)

COVID +ve ICU patients: 48 (7 days previous 55)

- 7 day incidence rate has flattened.
- Hospital admissions continue to decrease.
- Positivity continues to decrease.
- 7 day incidence rate in Armagh, Banbridge and Craigavon remains the highest LGD

but continues to decrease.

- 7 day incidence rate in Antrim increased.

- Hospital acquired infection decreased.

- Northern Ireland has moved down to third (below RoI now) on the ‘7 day cumulative cases / 100k’ chart compared to England, RoI, Wales and Scotland.

- Dr Bradley shared local mobility data, which shows a larger average activity compared to the rest of the United Kingdom in retail, recreation, transport, workplace, supermarket, pharmacy and residential. The only area Northern Ireland is less active in is parks.

- Flattening of incidence and admissions is not unique to Northern Ireland.

- The social network structure of society was discussed. Homogenous mixing was discussed and how a CoMix study showed that older people are not mixing homogenously with younger people. This requires modelling.

SARS-CoV-2 Testing and the Workplace (Paper 3)

Lancet: Clarifying the Evidence on SARS-CoV-2 Antigen Rapid Tests (Paper 4)

3. Prof Elborn asked for comments on the two papers relating to LFDs in the workplace:

- This could also be applied to public sector settings.

- There will be significant challenges to deploying in workplaces.

- Paper 3 is a helpful narrative of different tests, sensitivities, specificities and result times.

- Paper 4 outlines the importance of using the correct test in the correct setting. Infectiousness versus infection was discussed.

- England has deployed LFDs significantly in schools already.

- LFD strategy for Northern Ireland was discussed. Private workplaces are using this technology already.

- There are concerns around behaviour change with a negative LFD result.

- Dr McBride summarised the structured programme of testing. LFD testing will be increased and in a targeted way. Links with TTP and confirmatory PCR will be worked through by policy colleagues. Industry can buy these privately albeit the preference is to engage with DoH and follow agreed SOPs. DoH will not fund this indefinitely and businesses must realise that this is an investment into the longevity of their business.

- Dr Geoghegan explained that the asymptomatic PCR programme is expanding also and outlined where the programme will be targeted going forward.

- There are outbreaks in workplaces but this is expected as everywhere else is closed currently.

- Testing in Moy Park has discovered asymptomatic people and has removed them from the workplace, reducing the likelihood of outbreaks occurring.

- There being no further comments, the papers were noted.

ISARIC CO-CIN: Long Covid (Paper 5)

Long Covid (Paper 6)

4. Prof Elborn asked for comments on the papers relating to 'Long Covid':

- This is a multiplicity of issues. Nomenclature has been discussed at SAGE and may be better named 'Post COVID Syndrome'.

- There are three clusters of symptomatology:

  i. Fatigue and breathlessness;

  ii. musculoskeletal; and

  iii. taste, smell, appetite and urinary issues.

- Note caution that these are survey results and further work is required.

- The number of people with symptoms lasting beyond 12 weeks is high and clearly shows a female preponderance; five times higher in females under 60.

- Data suggests this is going to be a strain for the health service, particularly in primary care and may require support in case definition and intervention.

- NICE have suggested definitions and early interventions but are largely rehabilitation related.

- The level in Northern Ireland is unclear and is needed to determine what response is required.

- Is this a post viral syndrome and thus, does not warrant creating another disease?

- There being no further comments, the papers were noted.

AOB

Unintended Consequences Complex Interventions (Paper 7)

5. Prof Elborn asked for comments on the paper:

   - Professor Kee summarised the paper for the group. He highlighted categories of unintended consequences and the importance of stakeholder engagement. All consequences cannot be predicted but collecting the correct data is key to success.

6. Prof Elborn invited members to raise any further items for discussion:

   - Dr McBride gave an overview of the testing plans for schools and explained that strategies vary between countries because the epidemic is different in every country.

   - Dr McBride thanked colleagues in Queen's for their efforts in supporting LAMP testing in special needs schools.

   - The group discussed feasibility of testing Year 12-14 children before returning to school and the challenging logistics associated. This is the age group that is thought to socialise more than other age groups.

   - SAGE is moving to fortnightly meetings.

ACTION: SIG meetings to be rescheduled to fortnightly from 14 March onwards and kept under review.

   - Wastewater testing and surveillance to be added to future agenda and discuss further. There is 70% coverage in England and it is linked with TTP. This will be important work going forward for early detection of new variants. Informing wider public health complex risk assessment will be key in future.

   - There being no further business, the meeting closed.

Date of Next Meeting

7. The next meeting will be on Monday 15 March 2021 at 12:00 via Zoom.