

COVID-19 Strategic Intelligence Group

02 November 2020 at Noon – Zoom Video Conference

Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Naresh Chada	DCMO, DoH
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Professor Frank Kee	Centre for Public Health, QUB
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Michael Quinn	Head of Clinical Information, HSCB
Kieran McAteer	COVID-19 Response, DoH
Jonathan Norwood	DoH (Secretariat)

Apologies:

Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr Eugene Mooney	Director of Information and Analysis, DoH

Welcome

1. Prof Young welcomed all participants to the meeting.
 - 1.1. Apologies were as noted.
 - 1.2. The following actions were reviewed:

ACTION: Dr Liz Mitchell to ask Nicola Armstrong, PHA to share Behavioural Change presentation with Group.

Action Ongoing – Dr Nicola Armstrong to present at SIG Meeting next week.

ACTION: Prof Young to establish a subgroup to provide CMO with recommendations around compliance.

Action Ongoing

ACTION: Dr Geoghegan to raise the issue of students having to self-isolate on multiple occasions even after testing positive and subsequently recovering at the Senior Clinicians meeting and report back.

Action Ongoing

ACTION: Publish Scientific Papers and SAGE Papers on DoH website.

Action Complete

Status Update

1. Prof Young provided an update to the group on the current state of the epidemic:

- Many figures have begun to decrease;
- Current estimate of R (hospital inpatients): 1.1 - 1.3 (definitely above 1);
- Current estimate of R (new positive tests): 0.8 - 1.1 (probably below 1);
- Average number of new positive tests per day last 7 days: 1003 (down from 1045);
- 7 day incidence based on new positive tests: 369 / 100k (down from 385);
- 14 day incidence based on new positive tests: 753 / 100k (up from 704);
- 7 day average of total tests (pillar 1 and 2), which are positive – 14.5% (up from 13.0%);
- Tests per 7 days per 1000 population – 26.0 (down from 29.1);
- Number of new positive tests in over 60s in last 7 days – 1148 (up from 1083);
- Proportion of total positive tests occurring in over 60s – 17.6% (up from 15.3%);
- First COVID +ve hospital admission in last week – 258 (up from 231);
- Number of community acquired COVID inpatients – 314 (up from 278); and
- COVID +ve ICU patients – 38 (up from 29).

- Derry and Strabane and Belfast government areas have the lowest value of R, $R < 0.7$.
- There has been significant reduction in testing demand; will this increase when children return to school? To be reviewed in future weeks.
- Test positivity decreasing but remains high, above 10%.
- Community hospital admission is decreasing.
- Inpatients' number has peaked and expect a decrease in the coming days.
- ICU patients' number continues to rise and is expected to pass wave one peak.
- Hospital deaths continue to rise and is expected to pass wave one peak.
- SAGE report second wave hospital mortality is significantly less than wave one across the UK due to use of steroids and ventilation strategy. Wave one mortality was 30% approximately; wave two is 15% approximately. This helps to estimate hospital deaths but is preliminary information and no age specific split is available currently.
- All government district areas continue to decrease and Mid Ulster area has the largest number of COVID cases now. There is less reduction in rural areas of Northern Ireland.
- Contacts per case is reducing.
- Belfast traffic congestion is decreasing, a caveat that schools have been closed for two weeks and will be interesting to review next week as schools return.
- Facebook data comparison of four nations shows Northern Ireland as the worst area in terms of population movement. 15% of Facebook users did not leave their home at the weekend, a caveat that Halloween is perhaps celebrated differently in Northern Ireland than Great Britain.
- Dr McBride highlighted that the urban/rural difference may be as a result of hospitality closure in urban areas and there was consensus that this is the most likely reason.
- Prof Elborn asked about the age profile of people accessing testing in the last two weeks to better understand the impact of schools being closed. The increase in positivity of over 60s may be a result of less under 60s being tested. Increase in demand is expected given schools have reopened.

Care Homes: Scotland – Discharges from NHSScotland Hospitals to Care Homes (Paper 8)

Care Homes: Wales – Risk Factors for Outbreaks of COVID-19 in Care Homes Following Hospital Discharge (Paper 9)

2. Prof Young wanted to begin with the two papers related to care homes to discuss in depth:

- The two main drivers of outbreaks are the size of the care home and the rate of community infection.
- No clear signal that discharge from hospital is a main driver.
- VIVALDI Study (England) contains information on the sequencing of the virus.
- Dr Geoghegan has joined the SAGE Social Care Subgroup and will communicate relevant information with this Group.
- CMO has highlighted the risk of staff working across multiple sites.
- Size is perhaps a proxy measure in relation to numerous other factors such as volume of traffic through the care home.
- Following discussion, there was a consensus that these conclusions are the two main risk factors of outbreaks.
- There being no further comments, the papers were noted.

Delayed Adoption of Steroids (Paper 2)

3. Prof Young asked for comments on the paper:

- Is there merit in considering a letter to trusts regarding use of steroids?
- Pragmatic approach is when oxygen is required, steroids are also administered.
- There is post diabetic complications with this approach where patients are requiring insulin and subsequently hospitals are unable to discharge patients as quickly.
- Dr McBride highlighted that insulin resistance with this illness will be prevalent.

ACTION: Dr Lourda Geoghegan to draft a letter to Trusts regarding appropriate use of steroids.

- CO-CIN has key information and would be beneficial if Northern Ireland can be involved and have access. The Group would like a national audit in Northern Ireland.
- Dr McBride agreed to support Dr Quinn and Dr Bradley in removing any blockage to

accessing key data for Northern Ireland.

ACTION: Dr Michael Quinn to draft a letter for CMO regarding data sharing.

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

SPI-M-O: Possible Scenarios for the Coming Months (Paper 3)

Potential Trajectories for COVID-19 in the Next 6 Months (Paper 4)

Executive Summary – SPI-B: Insights on Celebrations and Observances during COVID-19 (Paper 5)

SPI-B: Insights on Celebrations and Observances during COVID-19 (Paper 6)

Community Engagement for COVID-19 Prevention and Control (Paper 7)

4. Prof Young asked for broad discussions on the various papers:

- Current modelling suggest that following the end of restrictions, there are likely to be >300 inpatients and the number of cases per day to be 300-500.
- If $1.2 < R < 1.5$ in mid-November, hospitals would be stretched by Christmas in terms of admissions and bed occupancy. By early January, they would be in a worse position than today.
- The choice is between periods of relaxation and tightening restrictions or a long term period of significant restrictions.
- $R < 1$ is unlikely with hospitality and schools open.
- TTP is achieving 80% of contacts reached within 48 hours and modelling suggests that this reduces R by 30%.
- Establishing a Compliance Group has been raised as a need and DfC are best placed to lead, focussing on community engagement. Prof Alderdice and Prof Morrow to be involved.
- Dr Mitchell provided an update on TTP. A new approach using text messaging is helping to contact more people more quickly. Going forward, the next step is to develop enhanced contact tracing; trial for four weeks to trace previous seven days and locate 'hot spots'. Discussions ongoing with PHA regarding objectives, namely use of new technology.
- There are asymptomatic pilots planned in Queens and TTP will deal with these as a normal process.
- Community compliance over the Christmas period will be a challenge; this should be a focus of DfC in the coming weeks, with support from DoH.

- Dr McBride outlined the wider plan to be discussed at the Executive this week.
- There is a small group of the population that do not use smartphones and cannot utilise QR codes, which will be a vital paperless tool for hospitality going forward.
- Preference is for people to pre-book and provide contact details in advance of using hospitality sector.
- Community support will be required to avoid people availing of illegal alcohol consumption. Community champions will be key in achieving success by using their established networks.
- Financial support for those required to self-isolate was discussed; should it become a legal requirement or is guidance sufficient?
- How do we address app issue; currently, advice to isolate through the app does not provide contact information and offer support?
- Wales is exploring the legal route and lessons learned from this data will be observed.
- An equally strong enabling work stream should be in place before considering mandatory route. Northern Ireland specific data is required in order to establish how our population may behave. If app usage became enforceable, this may be detrimental to the app uptake.

ACTION: Prof Young to discuss app modification to deliver messages and direct users to guidance and/or sources of support.

- It is currently a legal requirement to self-isolate following return from specific countries; this could be an extension of this process.
- Dr McBride commented that it must be a balanced approach in line with community engagement work. Enforcement/Fines will work for some people but for others it will have the reverse affect and will requires us to be mindful.
- Dr McBride shared ONS data for the UK which suggests that 67% of travellers comply with the 14 day quarantine and is interesting when considered with the 20% figure quoted by a Welsh study.
- Early release from self-isolation remains under active discussion and should remain a four nation approach. CMO is keen that evidence is considered and proposals are agreed on a four nation basis.
- International comparisons were discussed; Australia and New Zealand have focussed on an enforcement strategy with mandatory quarantine.
- Strong desire exists to have a four nations approach to Christmas celebrations.
- Dr Bradley raised concern over the media reporting of increasing hospital capacity,

which the Group agreed it strongly does not recommend and is unfeasible.

- Other respiratory support available can be more effective than ventilation.
- Prof Van Woerden commented on the high number of staff self-isolating currently.
- There being no further comments, the papers were noted.

AOB

5. Prof Young invited members to raise any further items for discussion.

- There being no further business, the meeting closed.

Date of Next Meeting

6. The next meeting will be on Monday 09 November 2020 at noon via Zoom.