

COVID-19 Strategic Intelligence Group

2pm 4 May 2020 Zoom Video Conference

Present:

Professor Ian Young	Chief Scientific Officer, DOH
Dr Michael McBride	Chief Medical Officer, DOH
Dr Lourda Geoghegan	DCMO, DOH
Professor Fiona Alderdice	Prof in Perinatal Health and Wellbeing, Queen's University
Professor Frank Kee	Queen's University
Dr Gerry Waldron	Assistant Director of Public Health (Health Protection) PHA
Professor Hugo Van Woerden	PHA
Dan West	Chief Digital Information Officer
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Professor Cathy Gormley-Heenan	Deputy Vice-Chancellor (Research and External Affairs)
Professor Diarmuid O'Donovan	Professor Public Health, Queens/PHA
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences
Norah Miles	DOH

Welcome

1. Prof Young welcomed the group to the third meeting of the Strategic Intelligence Group. He reminded them that a note would be taken of all meetings. Notes of all meetings that have taken place to date will be circulated. These would reflect the discussion, and any actions agreed and would not attribute points to individuals. These notes, and any papers which are not shared on a confidential basis would be published. He asked that if anyone did not want their names to be released, they should let him know.

Opening of Schools

2. Prof Young advised that the paper which had been shared in advance of the meeting was not currently in the public domain and should not be shared outside the group. The paper explores the modelling outcomes and behavioural science aspects of 7 school closure scenarios identified by DfE (England) in comparison with schools either staying shut (Baseline 1) or remaining fully open (Baseline 7). DE in Northern Ireland is not currently involved.
3. Prof Young welcomed discussion and summarised the scientific evidence as follows:
 - Science of Infection and Children:** in general children experience less severe symptoms than adults

- **Children and Susceptibility to the Virus:** evidence is based on International studies and shows generally low levels of susceptibility among children

-**Likelihood of Children to Transmit the Virus if Infected:** evidence is stronger in the under 11 age group than in the over 11 age group. Allowing younger children back to school has less impact than allowing older children back.

4. Prof Young reminded the Group that the R_0 is currently 0.8 and that if we moved to Scenario 9 we would move to a R_0 of 1.4 - 1.5. Allowing less children back has less impact than allowing more children back. There was no disagreement with Prof Young's summary of the infectiousness of children.
5. The Model assumes children going home to their families after school and subsequent contact within families only. Other assumptions relate to teachers being socially distant while recognising that children cannot be kept socially distant from one another- particularly younger children. It also assumes no wearing of face masks and good hand hygiene.
6. It was agreed that clarity in messages and advice given to schools, parents etc. would be very important as well as including information on the science and behavioural science. Definitive advice should be given to all relevant parties.
7. Options and potential implications were discussed around sending back children to school on a phased basis- such as sending certain sub-sets back ahead of others e.g. certain Key Year children would go back first.
8. It was agreed that children with certain health conditions and those being looked after by vulnerable adults or those living with grandparents would be at greater risk of infection or bringing home infection and would need special consideration and support.
9. The issue of Timing was discussed. The impact on the school year has to be considered and also the position on re-opening of schools in the Republic of Ireland. There is a need also to factor in the relevant prevalence of upper respiratory tract symptoms e.g. more children may be taking time off school due to other illnesses later in the year. The risk of children returning to school in the summer months is likely to be less. It was suggested that testing of an agreed approach within certain schools could be carried out initially.
10. There was broad agreement with the Options and Rankings outlined in the Paper under discussion. It was suggested that a good starting place may be a combination of Scenarios 2, 3 and 4 targeting Key Early Years with Transition Years. It was agreed it would be useful to re-engage with DE and consult with that Department on the issues in a formal joint meeting.

AOB

11. Testing-Prof Young advised that several proposals were currently under consideration in relation to testing including household swabbing. The next meeting will include an update on further work done on contact testing on which views will be sought.
12. The Group agreed there is a need to consider longer term health and related aspects including health inequalities and trans-generational impacts.

Date of Next Meeting

13. The next meeting will be held on Monday 7 May 2020 at 2pm. Zoom contact details will be shared in due course.