

## COVID-19 Strategic Intelligence Group

12.00 pm on 6 July 2020 by Zoom Video Conference

### Present:

Professor Ian Young	Chief Scientific Officer, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Naresh Chada	DCMO, DoH
Dr Lourda Geoghegan	DCMO, DoH
Professor Frank Kee	Centre for Public Health, QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr. Eugene Mooney	Senior Statistician, DOH
Dr Jenny Mack	Public Health Registrar ST4, DoH
Dr. Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Cathy Gormley-Heenan	Pro-Vice-Chancellor (Research and Impact), Ulster University
Gerry Waldron	Head of Health Protection, PHA
Joe Pett	PHA
Jillian Johnston	PHA
Tricia Lavery	Secretariat, DoH

### Apologies

Apologies were received from the following:

Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences. QUB
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Dr. Michael Quinn	Head of Clinical Information, HSCB
Professor Diarmuid O'Donovan	Centre for Public Health, QUB

## Welcome, introductions and apologies

1. Prof Young welcomed all participants to the meeting and in particular welcomed Joe Pett and Jillian Johnston who will present Paper 3 under Agenda Item 5 today.
  - 1.1. Apologies were received as noted.

## Minutes of Previous Meeting and Actions (Paper 1)

2. Prof. Young confirmed that all were content with the note of the last meeting as issued.
  - 2.1. There were 2 actions from the previous meeting:
    - *ACTION: Dr. O'Donovan agreed to ask the Contact Tracing Service to advise the SIG of any positive cases that have been outside NI in the preceding 2 weeks.*  
**Action completed.** This has been flagged with the Contact Tracing Service
    - *ACTION: Dr. Bradley agreed to send a summary of the issues, including a sample of the core data set to be shared, with CMO Office who will then consult with DoH IG Lead and DSO.*  
**Action completed.** Summary of issues and sample data set sent and Prof. Young is progressing this.

## Status Update

3. Prof Young provided a status update to the group.
  - 3.1. The situation remains stable with numbers of cases averaging 3-4 per day and not falling.
  - 3.2. The number of patients in critical care has remained at zero for the past week. The number of hospital inpatients (as of midnight on 5 July) sits between 15-20 and essentially steady at that range.
  - 3.3. R was reported last week as between 0.3 – 0.8. The Modelling Group will meet tomorrow (Tues 7 July) and will report R at a somewhat higher level, but still below 1. However, based on forward-look projections, next week R will be around or above 1. This is due to numbers having plateaued at a very low level and because the numbers are not falling then R becomes 1 or higher.
  - 3.4. The view remains as discussed last week i.e. that when the numbers are so small, R is not useful to inform public policy, and SAGE have also expressed

that view. The possibility of stopping the publication of R will be presented to Minister and the Executive this week, as R will probably be above 1 next week. Given the huge emphasis that has been placed on R to date there will be a requirement for messaging to explain what is happening.

### **Primary Care COVID Weekly Report (Paper 2a and 2b)**

4. Prof Young presented the paper which is tabled primarily for information.
  - 4.1. This shows details of one of the feeds considered by the Modelling Group and shows current levels of activity in Primary Care in terms of people presenting predominantly with COVID symptoms.
  - 4.2. Whilst it is known that very few of these people actually have the virus at the moment, there is uncertainty around how many of them are getting tested. It shows there are still a relatively large number of people presenting to Primary Care settings with symptoms, although this has been declining.
  - 4.3. This is an example of one of the early signals that are used and will continue to be received on a weekly basis. This shows current levels are around 1100 symptomatic people presenting to Primary Care with symptoms which is expected to increase as the cold and flu season approaches, but is not a signal of concern at present.
  - 4.4. This report will be tabled again in future if any there is a significant change in terms of numbers or any suggestion of an upward inflexion.

### **PHA analysis of the first cases of Covid-19 in NI (Joe Pett, PHA) (Paper 3)**

5. Prof Young invited Joe Pett, an epidemiologist with PHA, to present a summary of his analysis of the first 39 COVID cases in Northern Ireland.
  - 5.1. The presentation was a summary of the analysis of the first 39 COVID cases in Northern Ireland. An electronic enhanced surveillance system for contact tracing was established in January 2020 with the objectives of enabling rapid identification of cases and contacts, identifying individual level risk factors for infection, illness and mortality and factors influencing transmission.
  - 5.2. A total of 39 cases were identified between 26 February and 13 March 2020 ,with contact data collected from 27 of these (70%) which led to the identification and tracing of 392 contacts up to 30 March at which point contact tracing was suspended when the UK declared the contain phase to be over.

5.3. Joe Pett will be finalising his analysis of the paper at which point it will be shared with members, but at this stage remains not for wider circulation.

### **Quarantine short of 14 days and Serial Testing (Papers 4a, 4b & 4c)**

6. Prof Young presented the papers which looks at serial testing and the possibility of a reduced period of isolation for inbound travellers to NI.
  - 6.1. These papers have been circulated before but are presented today with a new focus particularly in the current context where there is very low incidence of community transmission and new cases per day. We have also reached a point where the risk of travel-related introduction of cases becomes more significant and which has become a major focus more recently across the UK and ROI
  - 6.2. England have published a proposal to categorise a range of countries as being green or amber. This is based on a complex assessment by the Joint Biosecurity Centre (JBC), which in essence looks at whether prevalence and incidence are similar to the UK, and the level of confidence that JBC and PHE have in the data emerging from the countries concerned.
  - 6.3. Scotland, Wales and Northern Ireland have reserved their positions on this at present and we await a view from the NI Executive. It is apparent that the level of prevalence of COVID in England is around 10 times that of NI, based on current estimates, and it is estimated that about 1 in 2000 people coming from England or the UK as a whole would be symptomatic.
  - 6.4. The total number of people arriving in NI (via our airports only) in May was just over 5000. This implies that, at current prevalence levels, we would only have imported 2-3 cases in that period. Looking at the same figures for February, which was pre-lockdown, the total number of people arriving in NI via our airports (mostly from UK but some international arrivals) was around 450,000 and at current prevalence rates we would be importing 200 cases in a month, a much greater level.
  - 6.5. Clearly our risk of importing cases depends both on the prevalence and on the volume of travellers coming into NI from different countries. The green list of countries proposed by England have an incidence prevalence similar to that of NI at the moment so the risk would be small. The amber list, which includes a number of major European countries (including Spain, Italy and France), have an incidence between that of NI and that of England. We have not reached an NI decision on that in terms of recommendations at this stage.
  - 6.6. If we were to wish at any point for any countries to require a period of self-isolation, based on current recommendations this would be for 14 days. Papers 4a, 4b and 4c look at what the impact would be of offering testing to inbound travellers on arrival into NI.

6.7. In summary if people were tested on Day 0 and Day 5 (and assuming a test turnaround time of 48 hours) we would be requiring inbound travellers to self-isolate for 7 days. This testing regime would pick up 85% of any imported cases. Moving to a higher detection rate would involve a testing strategy involving 2 or 3 testing around day 5, 6 and 7 and would require self-isolation for 9-10 days which is not much different to the current 14 day position.

6.8. Following discussion from the meeting, the consensus opinion of the group is summarised as considering a testing strategy of testing at Day 0 and Day 5 would pick up approximately 85% of any imported cases.

6.9. There being no further comments the papers were noted.

### **Virus Sequencing (Papers 5 & 8)**

7. Prof Young presented the papers which relate to virus sequencing, a topic that has previously been discussed by this group.

7.1. Prof. Young highlighted 2 main points from these papers today.

7.2. Firstly, there is evidence that there are at least 2 variant forms of the virus which differ significantly in their transmissibility, and the predominant variant in the UK (around 80%) is the variant showing higher transmissibility. This may contribute to the fact that the epidemic has been relatively worse in the UK than in some other countries where the less-transmissible form of the virus seems to predominate. There is no evidence that the more transmissible variant causes more severe disease.

7.3. Secondly, there is a clear value in knowing the virus sequence in terms of investigating potential outbreaks. The case study discussed in the paper from Wales shows how knowledge of the virus sequence was used to understand the substantial outbreak in North Wales.

7.4. Prof. Young agreed to discuss this further with Dr. Derek Fairley, PHA to try and further understand how the sequencing being carried out is being used and linked in to both investigation of clusters and possibly for other uses.

**ACTION: Prof. Young to discuss viral sequencing with Dr. Derek Fairley, to further understand how it is being used in managing the epidemic.**

7.5. There being no further comments the papers were noted.

### **Hand Hygiene (Paper 6)**

8. Prof Young presented the paper which is predominantly for information.

- 8.1. The paper demonstrates that hand hygiene is very important. It emphasises that a strategy that involves hand hygiene after having touched a shared contact surface is possibly more effective and this may be something to consider in terms of messaging and public awareness.
- 8.2. In reference to mitigation, many places currently encourage people to clean their hands before they touch something, but this evidence would suggest that there is probably more benefit if you clean your hands after you touch something.
- 8.3. There being no further comments the paper was noted.

### **High Connectivity situations outside the occupational context (Paper 7)**

9. Prof Young presented the paper which is a brief paper from SAGE and is shared for information only.
  - 9.1. There is good awareness of the risks associated with the occupations discussed and considerable efforts being given to putting mitigations in place.
  - 9.2. There being no further comments the paper was noted.

### **Heating, Ventilation and Air-Con Systems (Paper 9)**

10. Prof Young presented the paper which is ECDC guidance on ventilation of indoor spaces.
  - 10.1. The paper shows that generally ventilation via air-con systems is beneficial but still carries a level of risk. It is important that such systems are maintained properly and used effectively.
  - 10.2. Air-con systems have internal filters and therefore will remove a significant number of particles whereas fans, which tend to just move air around are believed to be less beneficial. Having windows and door open to increase ventilation should be encouraged.
  - 10.3. There being no further comments the paper was noted.

### **AOB**

11. Prof. Young invited members to raise any other issues for discussion today.
  - 11.1. There being no further business the meeting ended.

## **Date of next meeting**

12. Next meeting will be on Thursday 16 July at 3pm due to Monday 13<sup>th</sup> being a public holiday and will be via Zoom video conference.