

# COVID-19 Strategic Intelligence Group

06 December 2021 at 12:00 – Zoom Video Conference

## Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DoH
Professor Sir Michael McBride	Chief Medical Officer, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Naresh Chada	DCMO, DoH
Professor Stuart Elborn	Faculty Pro-Vice Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr Nicola Armstrong	Programme Manager, PHA
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Jonathan Norwood	Secretariat, DoH

## Apologies:

Dr Declan Bradley	Deputy Chief Scientific Advisor, DoH
Dr Joanne McClean	Associate DCMO, DoH
Professor Frank McKee	Centre for Public Health, QUB
Dr Gillian Armstrong	Consultant in Health Protection, PHA
Dr Bríd Farrell	Acting Director for Public Health, PHA

## Welcome, Introductions and Apologies

1. Prof Young welcomed all participants back to the meeting.
  - Apologies were as noted above.
  - Minutes from the previous meeting (**Paper 1**) were agreed.

## Update on Disease Status

2. Prof Young provided an update on the current position of the epidemic:

- Case numbers are increasing again and are at the highest level of this wave.
- Testing demand has also increased and is at a very high level.
- Test positivity has decreased slightly.
- ONS data suggests that 1 in 50 people has COVID-19 in Northern Ireland.
- The highest number of cases is in the 0-11 year old group.
- All age groups up to under 50s are increasing. Rates in over 50s is decreasing, which is thought to be due to the booster programme and behaviours.
- Newry, Mourne and Down has increased to over 800 per 100,000 perhaps due to cross border movements.
- A graph of 'Primary Care Consultations' was presented, which shows a large number of face to face consultations and as such primary care is under considerable pressure.
- NI has the highest rate of infection in the UK. RoI has a reduced testing capacity and the infection rate is likely to be substantially greater than NI's. Introduction of restrictions on their hospitality is an attempt to reduce the spread in the run up to Christmas.
- Hospitals data is more positive; admissions of over 50s has reduced, COVID-19 inpatient numbers are decreasing, deaths are decreasing and nosocomial cases is under control and decreasing.
- Community acquired inpatient numbers are also falling.
- ICU numbers is stable at 30.
- Prof Young presented 'Scenario Projections' and the data is following the central scenario closely. The booster programme has helped to drive down the number of community acquired inpatients. Current modelling does not factor in Omicron. Further modelling will be undertaken to explore potential future scenarios this week.
- Covid certification was discussed; there has been an increase in vaccination uptake since the announcement to move to Covid certification in some sectors.

## **NERVTAG: B.1.1.529 Extraordinary Meeting (Paper 2)**

## **SPI-M-O: Consensus Statement (Paper 3)**

## **SAGE 97: Previous Advice (Paper 4)**

3. Professor Young provided a brief overview of the papers:

- Paper 2 highlights the origin and emergence of the Omicron variant.
- There has been a lot of disinformation circulated in the media.
- This variant appears to have emerged mid-October probably in South Africa and likely from an immunocompromised individual with chronic infection. It has a substantial number of mutations: over 50 in total of which 32 are in the spike protein. It appears to be more transmissible and it likely has some vaccine escape particularly of immunity acquire by natural infection. We do not know what severity of disease it causes. In South Africa, it is behaving as an  $R_t$  value twice as high as Delta's. It remains undetected in NI.
- International travel was discussed and Prof Young reminded colleagues of the current guidance. It is expected to become dominant in late January and we will have a lot more data by then.
- Vaccine neutralisation and current studies were discussed.
- Prof McBride sought views from colleagues on reaffirming the current CTA travel advice. Students will be returning to NI soon from GB in the pre-Christmas period. A common UK approach on advice to students would be preferred. Guidance around LFTs was discussed. Dr Geoghegan reflected on the challenges of 24 and 48 hour guidance given the digital reporting of results being date stamped. Using '2 day' in guidance will be less confusing given the current digital journey.
- Travellers entering NI via RoI is a known risk and Ministers are aware of the challenges.
- SIG supports reinforcing the current advice around LFTs to travellers entering NI from the CTA and RoI.
- Dr Geoghegan explained the current process of registering LFT results and receiving a test result.
- Prof McBride reflected on the benefits and risks of 'Vaccination Certification Plus' and would like to explore this more in the coming weeks.
- Current advice to TEO is to reinforce existing guidance to reduce the infection rate to the lowest possible baseline in preparation for the arrival of Omicron.
- Advice around NPIs remains very important; face coverings and Covid certification are important but are two of a number of NPIs that help to reduce transmission.

- What additional measures might we consider based on evidence if further actions were required?
  - i. Consider actively enforcing existing measures such as fines for noncompliance with guidance for individuals and premises;
  - ii. Consider more stringent certification by moving to a requirement of vaccination or previous PCR positive result plus a negative LFT result;
  - iii. Consider extending certification to other sectors;
  - iv. Consider extending to the isolation of vaccinated individuals if a close contact; and/or
  - v. Consider increasing the requirement for testing of individuals regardless of vaccination status if a close contact.
- The last option to consider will be closing of any sectors once all other options have been exhausted.
- Dr Mitchell updated the group on imminent changes to testing of close contacts. She summarised the position for each group.
- Prof McBride challenged colleagues to think of any innovative, different approaches we have not yet considered in NI. Are there any interventions that will have minimal disruption but be effective from a public health point of view to slow spread and break chains of transmission? Are any other nations doing something we think might merit consideration?
- Mandatory vaccination was discussed.
- Prof O'Donovan reflected on the word 'uncertainty' and the challenges with communicating uncertainty to the public. He reflected on vaccine hesitant groups and the extreme difficulties reaching them to encourage them to help us reduce the spread of the disease.
- Dr Armstrong reflected on signage: have signs blended into the background? Should we reinvigorate our signage to grasp people's attention?
- Prof McBride reflected on face coverings and challenging those who do not comply. It is socially unacceptable and we must all take responsibility to help drive compliance upwards. The quality of face coverings and FFP2 masks were discussed. Different countries have different policies and gathering more evidence will be helpful to our understanding. FFP2 masks are likely to be superior and are available. Better communication around 'how to wear face coverings' will be explored.
- Prof Alderdice reflected on hesitant groups and working with them to keep them on board. Communication colleagues are working on ways to better on board hesitant groups.

- Dr Geoghegan reflected on the 'trigger' to introduce stronger interventions. The threat to hospital services will undoubtedly be the indicator that drives our interventions. Hospitals would have to be under extreme threat to recommend stronger restrictions to Ministers. The data does not show this is the case currently but will be kept under constant review.

## **AOB**

4. Professor Young asked the group to raise any further items for discussion and there being no further business, the meeting closed.

## **Date of Next Meeting**

5. The next meeting will be on Monday 10<sup>th</sup> January 2022 at 13:00 via Zoom.