

COVID-19 Strategic Intelligence Group

2.30 pm 7 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
Dr Gillian Armstrong	SMO, DOH
Dr Naresh Chada	DCMO,DOH
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Professor Frank Kee	Centre for Public Health, QUB
Dr Eugene Mooney	Director of Information & Analysis, DOH
Dan West	Chief Digital Information Officer for Health and Care NI
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Professor Cathy Gormley-Heenan	Pro-Vice-Chancellor (Research and Impact), Ulster University
Hugo Van Woerden	Director of Public Health PHA
Professor Diarmuid O'Donovan	Centre for Public Health, QUB
Dr Declan Bradley	Consultant, Public Health Medicine, PHA
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences. QUB
Norah Miles	DOH

Welcome

1. Prof Young welcomed the group to the fourth meeting of the Strategic Intelligence Group. He asked that members if they would like to request any changes to the Notes of meetings that are circulated to get in touch with him or Norah Miles who is taking the Note of Meeting.

Update from SAGE Meeting

2. Prof Young updated the Group on discussions from the last SAGE meeting including discussion around the different approaches used to model the course of the epidemic and determine the value of Rt. The variation in the Rt across the different areas of the UK was discussed. There is significant variation across the UK regions-varying from 0.5 to slightly over 1. The Republic of Ireland and NI have around the same R value at present. The modelling group have confidence in the model developed and being used in NI. Work is being carried out on separating hospital and care home transmission. Public behaviour seems to be changing in expectation of the relaxation of restrictions across the UK this weekend. It was agreed that careful monitoring and testing is required in terms of maintaining control.

Purpose of the Group

3. The role of the Group is to consider and summarise the evidence available and set out relevant principles which might be applied. It is for Departments to develop their policies taking account of this.

Paper on Environmental Influence on Transmission

4. Prof Young advised that this Paper can be shared with other Government Departments but that members should check with him if they wish to share more widely.
5. He wished to ensure that the Group was comfortable with the background information in the paper as it would inform discussions around the relaxation of restrictions. It was agreed it would be useful to distribute the paper to other Departments.
6. In relation to the 2 metre rule in terms of virus transmission it was agreed this was now generally understood by the public and that it was a recognisable rule which can be reinforced by consistent public messaging.
7. Prof Young advised that SAGE has been looking at virus persistence on hard surfaces. The virus is extremely light sensitive and survival time in a relatively dark environment is much longer. Any relaxation favouring outdoor activities is significantly lower risk.
8. Wearing of Masks-Some countries have mandated mask wearing –while it alleviates the risk it does not remove it. **In Confidence** advice has been presented to the NI Executive and the Executive has now adopted a policy position on the wearing of masks which is similar to that in Scotland.
9. Decisions on the need for self-quarantine of inbound travellers will be taken at a UK and Republic of Ireland level.
10. The role of temperature screening in different settings was questioned and also the role of cleaning agents on surfaces. Prof Young will bring these issues back to the group for future discussion.

Information on Data endorsed by Sage

11. The Group felt it was important to consider and be in a position to contribute to and endorse the work being done on the impact of COVID-19 on other aspects of health and social care e.g. those with other diseases and conditions such as cardiac conditions and cancer and also to consider the impact of ethnicity and deprivation. Work already underway through the COVID-19 Genetics Group and the NI Institute of Public Health looking at the wider socio-economic impacts was discussed and also the detailed information on vulnerable groups available in DoH already. The Group gave a strong endorsement to explore the above work and the linkages.

12. Prof Young will pursue with NISRA the linking of Census Data with Health Data –there is currently a legislative barrier in NI and work to overcome this needs to be pressed for. Declan Bradley of PHA will report back to the Group on progress at regular intervals.

13. Contact Tracing App-England and Wales are looking at implementation from 18 May following a pilot in the Isle of Wight. Scotland is waiting for the result of the IOW pilot and Republic of Ireland is designing their own App. The NI policy on the use of an App is not in place yet. It was acknowledged that there may be different views within NI on whether a UK model is used or an ROI one and that engagement with the Public may have to be considered. Use of an App .is considered to be a useful adjunct to contact tracing but will not replace it.

14. Prof Young will forward information on behavioural aspects of the App such as concerns which may be expressed about the location of individual members of the public being able to be traced.

AOB

Where possible information will be put in the public domain in order to assist keeping Universities etc. informed.

Prof Young will aim to bring another paper on Risk Assessment to a future meeting.

DONM

Monday 11 May at 2pm. Zoom contact details will be shared in due course.

