

## COVID-19 Strategic Intelligence Group

07 June 2021 at 12:00 – Zoom Video Conference

### Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Naresh Chada	DCMO, DoH
Dr Joanne McClean	DCMO, DoH
Dr Declan Bradley	Deputy Chief Scientific Advisor, DoH
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Dr Eugene Mooney	Director of Information and Analysis, DoH
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr Stephen Bergin	Director Public Health (Interim), PHA
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Dr Nicola Armstrong	Programme Manager, PHA
Professor John McGrath	Professor of Environmental Microbiology, School of Biological Sciences, QUB
Jonathan Norwood	DoH (Secretariat)

### Apologies:

Dr Lourda Geoghegan	DCMO, DoH
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Professor Frank Kee	Centre for Public Health, QUB
Kieran McAteer	COVID-19 Response, DoH

## Welcome, Introductions and Apologies

1. Prof Young welcomed all participants back to the meeting.

- Apologies were as noted.
- 'Paper 1 - Minutes of SIG Meeting of 24 May' were accepted.
- The following actions are complete:

**ACTION: Select a Northern Ireland nominee to join the Expert Advisory Group.**

*Prof Elborn has been nominated to join the Expert Advisory Group.*

**ACTION: Dr Bergin to organise a presentation from Queen's University Belfast regarding wastewater surveillance.**

*Completed, see below:*

## Wastewater Surveillance

2. Prof McGrath presented slides detailing an overview of wastewater surveillance and included information such as:

- Challenges;
- Implementation;
- Research Project – QUB, UCD and Trinity from November 2020 – April 2021;
- Protocol Development;
- Phase 1 Surveillance – 14 sites across NI covering 35% of the population;
- Phase 2 Surveillance – 40 sites across NI covering 65% of the population;
- Emergency Surveillance – Newry case study; and
- Further Work.
- Prof McGrath provided detail on the team structure and the work they are carrying out currently.
- There are numerous benefits to wastewater sampling; it captures both symptomatic and asymptomatic infections. It is efficient, cost effective and independent of testing access.
- Challenges include faecal shedding continues post recovery and methodologies are under development. Faecal shedding continues for up to 28 days post infection.

- Sampling techniques and an overview of the processes were presented.
- Monitoring of every wastewater treatment site would account for 72% of the population due to the rural nature of the NI community and the use of septic tanks. 65% and 40 treatment sites is the optimum coverage with the current NI infrastructure.
- Kilkeel and Newcastle are not currently being monitored.
- Prof McGrath presented the current dashboard and the group discussed the information it displays. Dr McBride asked for further interrogation of the information and how peaks relate to peaks in testing; further analysis is required to gauge its utility as an 'early warning' signal.
- Flow monitoring was discussed and the differences between NI and Britain.
- A case study in Newry was presented and how levels changed over time in wastewater from 08 May - 21 May following an outbreak in a factory.
- Further work such as assessing viral activity, sequencing and other pathogen detection such as AMR, drug residues and hormones were highlighted.
- Prof Young thanked Prof McGrath for his presentation and colleagues for the informative discussions.

## Status Update

3. Prof Young provided an update on the current position:

**Current estimate of  $R_t$  (new positive tests): 0.8-1.0 (7 days previous 0.8-1.1)**

**Current estimate of  $R_t$  (hospital admissions): too low for reliable estimate**

**Average number of new positive tests per day last 7 days: 70 (7 days previous 91)**

**7 day incidence based on new positive tests: 26 / 100k (7 days previous 34)**

**14 day incidence based on new positive tests: 58 / 100k (7 days previous 67)**

**7 day average of total positive individuals (pillar 1 & 2): 0.9% (7 days previous 1.0%)**

**7 day daily average tests completed: 9,236 (7 days previous 10,159)**

**Number of new positive tests in over 60s in last 7 days: 31 (7 days previous 30)**

**Proportion of total positive tests occurring in over 60s: 6.7% (7 day previous 4.9%)**

**First COVID +ve hospital admission in last week: 9 (7 days previous 12)**

**Number of community acquired COVID inpatients: 23 (7 days previous 33)**

**COVID +ve ICU patients: 2 (7 days previous 2)**

- The number of 7 day rolling average new cases continues to decline.
- The over 60s and 50-60s age groups are at a low level of daily case numbers. The 30-40s is declining as vaccination takes effect. We still see higher levels in younger age groups. There is a decline in 11-18s likely due to school finishing for GCSE age groups.
- No areas of concern currently in any LGD.
- Test positivity remains stable.
- Comparisons within the CTA show that NI remains lower than Scotland and England; Scotland has had a significant increase in case numbers due to the delta variant becoming dominant. Wales's case numbers are increasing too.
- 0.12% of the NI population has COVID-19 according to the ONS Infection Survey.
- Hospital pressures continue to decline.
- Prof Young shared slides that show 'Daily Cases: Scenario Projections'. NI is tracking the central scenario very closely. Further modelling is required to include the delta variant now. Data from Scotland indicates an increase in hospital admissions and reduced vaccine protection. Prof Young gave an overview of AZ and Pfizer protection against delta variant and the potential impacts if it becomes dominant in NI. Currently <5% of cases in NI are the delta variant. There is enhanced tracing ongoing in the Kilkeel area due to detected delta variant.
- Modelling will be updated to include vaccination of teenagers once JCVI provides decisions and recommendations.

## **SAGE: DRAFT SPI-M-O Consensus Statement (Paper 2)**

4. Prof Young asked for comments on the paper:

- The paper highlights the benefits of delaying relaxations and how a delay will reduce the peak of another wave. There being no further comments, the group noted the paper.

### **NERVTAG: Immunity Following Natural Infection (Paper 3)**

5. Prof Young asked for comments on the paper:

- Waning immunity has not been included in any UK modelling yet.
- Waning immunity after natural infection will not be the same as that following vaccination. Antibody levels and T cell responses was discussed. This is an area where there is much to learn from the science, which will evolve with further data. Reinfection is happening and we know that individuals get COVID-19 despite two vaccine doses.

### **SAGE: CO<sub>2</sub> Paper (Paper 4)**

6. Prof Young asked for comments on the paper:

- Fresh air ventilation is the best measure in reducing the risk of indoor transmission.
- CO<sub>2</sub> advantages and disadvantages are outlined in this paper and SAGE has passed to relevant departments.

**ACTION: Prof Young to share with Ministers of relevant departments.**

- The hierarchy of mitigations is social distancing, then good ventilation and then face coverings when the first two are not possible.

### **SCWG: Post Vaccination Mitigations (Paper 5)**

7. Prof Young asked for comments on the paper:

- Care homes are considered in this paper.

**ACTION: Dr McBride to share with Care Home Task and Finish Group.**

- It is still older and vulnerable people most likely to become ill despite being vaccinated. There have been outbreaks in Scottish Nursing Homes where the delta variant is dominant and deaths have occurred. Note that care homes have been vaccinated with the AZ vaccine.
- Dr McBride reflected on testing fatigue having crept into the care home sector and additional effort is required to reinvigorate.

## **AOB**

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

## **Date of Next Meeting**

9. The next meeting will be on Monday 05 July 2021 at Noon via Zoom.