

# COVID-19 Strategic Intelligence Group

07 December 2020 at Noon – Zoom Video Conference

## Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Naresh Chada	DCMO, DoH
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Professor Frank Kee	Centre for Public Health, QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Stephen Bergin	Assistant Director Public Health – Population Screening, PHA
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Dr Michael Quinn	Head of Clinical Information, HSCB
Jonathan Norwood	DoH (Secretariat)

## Apologies:

Dr Eugene Mooney	Director of Information and Analysis, DoH
Kieran McAteer	COVID-19 Response, DoH

## Welcome, Introductions and Apologies

1. Prof Young welcomed all participants back to the meeting.
  - Apologies were as noted.
  - The following action was reviewed:

*ACTION: Dr Mitchell to share slides from Behavioural Insight Team on 'Public Understanding of Coronavirus Risk'.*

**Action Complete.**

*ACTION: Prof Young to send papers on to TEO to share with taskforce to help with messaging.*

**Action Ongoing – taskforce is not operational currently.**

## Status Update

2. Prof Young updated the Group on the current state of the epidemic:

**Current estimate of  $R_t$  (ICU patients): 0.8 - 1.1** (around 1)

**Current estimate of  $R_t$  (hospital admissions): 0.7 - 0.9** (below 1)

**Current estimate of  $R_t$  (new positive tests): 0.9 - 1.1** (around 1)

**Average number of new positive tests per day last 7 days: 358** (down from 462)

**7 day incidence based on new positive tests: 132 / 100k** (down from 170)

**14 day incidence based on new positive tests: 290 / 100k** (down from 383)

**7 day average of total tests (pillar 1 & 2) which are positive: 7.8%** (down from 8.7%)

**Tests per 7 days per 1000 population: 18.5** (down from 20.8)

**Number of new positive tests in over 60s in last 7 days: 660** (down from 816)

**Proportion of total positive tests occurring in over 60s: 26.5%** (up from 26.7%)

**First COVID +ve hospital admission in last week: 151** (down from 193)

**Number of community acquired COVID inpatients: 338** (down from 386)

**COVID +ve ICU patients: 38** (up from 37)

- 7 day rolling average new cases has increased.
- $R_t$  (new positive tests) = 1.2.
- $R_t$  (over 60s) = 1.1.
- Expect  $R_t < 1$  this week but it remains a concern at this high level.

- $R_t = 1.2$  represents  $R_{t \text{ baseline}}$  (retail and close contact). Hospitality is to be added also.  $R_t > 1.4$  is likely and modelling group think that  $R_t > 1.8$  is more realistic.
- Local Government Districts had the following observations in the previous week:
  - 4 areas had significant rises; the largest in Antrim and Newtownabbey. Enhanced contact tracing reports that 25% of cases had visited The Abbey Centre in the previous 7 days.
  - There was a cluster linked to a church in Mid and East Antrim.
  - A cluster in Methodist College may explain the rise in the Lisburn area.
- Testing is stable.
- Test positivity has plateaued.
- Hospital admissions has plateaued.
- COVID +ve inpatients are falling slowly; nosocomial cases are rising and account for 30% of total hospital inpatients approximately. The PHA has established a new nosocomial cell, which is specifically trying to address this high level.
- COVID +ve inpatients in ICU is falling.
- Numbers of deaths are variable and remain at a significantly high level.
- $R_t$  admissions = 0.8.
- It is expected that  $R_t > 1$  for new cases, reflecting the fragility of the situation.
- Mobility data was presented and there is a consensus that the 'Stay at Home' message is failing. The effort to close retail has been unsuccessful as 'Click and Collect' services have resulted in long queues outside many shops. This will result in  $R_t$  rising in the two weeks leading to Christmas and will probably require advising intervention in early January due to hospital pressures.
- Dr McBride queried engagement with councils and other stakeholders regarding the emerging issue of The Abbey Centre cluster discovered through enhanced contact tracing.
- Modelling will be updated this week in more detail and help to update TEO.
- There was discussion on how to use the information from the one week relaxation to deliver a message demonstrating how numbers can rise rapidly and the fragility of the situation.

## **Comparing Sequential and Alternative Testing in Care Home Staff (Paper 2)**

### **Impact of Interventions to Reduce Risk of Outbreak Occurrence in Care Homes (Paper 3)**

3. Prof Young asked for comments on the two papers relating to care homes:
  - Dr Geoghegan summarised the main points in the papers. The papers outline testing interventions, LFD performance and enabling visits in care homes.
  - There is a pilot planned to begin in 15 selected care homes.
  - Modelling shows that volume of visitors has little impact on the cumulative number of infections of residents. Visitors should adhere to mitigations of PPE, distancing and good hand hygiene measures.
  - Single LFD tests should be discouraged and there were queries around who will perform tests as it requires skill and training to achieve better accuracy. The group discussed reporting procedures of positive and negatives to PHA.
  - Prof Alderdice raised that messaging is important to care home visitors and engagement will be important.
  - There being no further comments, the papers were noted.

### **Environmental Monitoring of Viral Presence, Infectivity and Transmission of SARS-CoV-2 (Paper 4)**

4. Prof Elborn summarised the paper: Northern Ireland is involved in a cross border wastewater project. Two areas have been identified locally; one in Craigavon and one in Belfast. It is hoped that there will be data available in the next few weeks. There being no further comments, the paper was noted.

### **Quarantine and Testing Strategies to Prevent Onwards Infection from Travellers Returning to the UK (Paper 5)**

5. Prof Young asked for comments on the paper:
  - Position remains that most countries are on the red list and individuals returning must quarantine for 14 days. There has been discussions around how to reduce this timeframe.
  - Dr McBride updated the group that there is an imminent change to reduce to 10 days with daily testing to avoid quarantining. There will be a pilot before rollout.

- Prof Elborn raised concern over the PCR versus LFD graphs, specifically the wider distribution of the LFDs.
- There being no further comments, the papers were noted.

### **Factors Contributing to Risk of SARS-CoV2 Transmission in Various Settings (Paper 6)**

6. Prof Young summarised the paper as it is an update to previous papers discussed. It highlights the socioeconomic differences in terms of risk and behaviours. It tends to reinforce mass testing and that there would be merit in focussing on areas of socioeconomic deprivation. There being no further comments, the paper was noted.

### **Estimating Detection of Infection among Household Gathering Attendees (Paper 7)**

7. Prof Young asked for comments on the paper:
  - There was discussions around LFD testing and Christmas bubbling. Prof Elborn highlighted that LFDs require repeat testing and at least two tests; single LFD tests should be discouraged in most settings.
  - There are very complex communication issues, which were discussed in detail.
  - There being no further comments, the paper was noted.

### **How important is Symptom Recognition in Leading People to Seek a Test for COVID-19? (Paper 8)**

8. Prof Young asked for comments on the paper:
  - There are complex messaging around symptoms: how high is an elevated temperature, for example? How frequent is a continuous cough?
  - Can anything be done to encourage people to get tested, even with more mild symptoms?
  - An ONS survey suggests that there are 10,000 cases per week and only 2,000 are picked up; 70-80% of people are asymptomatic approximately.
  - Asymptomatic contact cases are not tested currently.
  - There being no further comments, the paper was noted.

## **AOB**

9. Prof Young invited members to raise any further items for discussion:

- Prof Alderdice raised that a consequence to keeping distance will be loneliness over the Christmas period. There is work to do around messaging, specifically how resources are available for people who have lost loved ones and are alone this Christmas for the first time.
- Dr McBride has raised mental health and loneliness with TEO and resources are developing for people to avail of services.
- Minimising contacts in the next two weeks will be essential to safer multigenerational mixing at Christmas.
- The group discussed early closure of schools, which is a decision for the Department of Education.
- There being no further business, the meeting closed.

## **Date of Next Meeting**

10. The next meeting will be on Monday 14 December 2020 at noon via Zoom.