

COVID-19 Strategic Intelligence Group

08 February 2021 at 12:00 – Zoom Video Conference

Present:

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

Apologies:

Professor Ian Young	Chief Scientific Advisor, DoH
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Kieran McAteer	COVID-19 Response, DoH
Dr Eugene Mooney	Director of Information and Analysis, DoH

Welcome, Introductions and Apologies

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

- Apologies were as noted.
- The previous minutes were accepted.
- The following action was discussed:

ACTION: Dr McBride to write to Peter May, Chair of the Adherence Group to clarify the Group's objectives.

Action Ongoing.

Status Update

2. Dr Bradley provided an update on the current position:

Current estimate of R_t (new positive tests): 0.75 - 0.85 (previously 0.65 - 0.8)

Current estimate of R_t (hospital admissions): 0.75 - 0.85 (previously 0.8 - 0.9)

Current estimate of R_t (ICU): 0.85 - 1.05 (previously 0.95 - 1.15)

Average number of new positive tests per day last 7 days: 540 (down from 701)

7 day incidence based on new positive tests: 200 / 100k (down from 259)

14 day incidence based on new positive tests: 459 / 100k (down from 605)

7 day average of total tests (pillar 1 & 2) which are positive: 10% (down from 15%)

7 day average number of tests per day per 1000 population: 3.9 (down from 4.0)

Number of new positive tests in over 60s in last 7 days: 818 (down from 1108)

Proportion of total positive tests occurring in over 60s: 21.2% (down from 21.9%)

First COVID +ve hospital admission in last week: 277 (down from 337)

Number of community acquired COVID inpatients: 518 (down from 613)

COVID +ve ICU patients: 69 (down from 74)

- 7 and 14 day incidence rates have both decreased.
- Hospital admissions continue to decrease.
- Positivity continues to decrease.
- Causeway Coast and Glens is the only LGD to increase and Craigavon remains at a high level.
- ICU has passed its peak.
- Northern Ireland has the second highest '7 day cumulative cases / 100k' compared to England, RoI, Wales and Scotland.
- Dr Bradley shared local mobility data, which shows a larger average of retail and recreation activity compared to the rest of the United Kingdom. Also, supermarket and pharmacy activity is higher here than the rest of the UK.
- In summary, Northern Ireland is heading in the right direction, there is still significant distances to go with regard to hospital capacity.
- Dr McBride reflected that R_t has remained below 1 for admissions for a significant period of time and TEO will undoubtedly be discussing relaxations. Data shows that new variants are much more transmissible. SAGE are beginning to discuss different criterion rather than R_t only. 'Number of COVID-19 inpatients' and/or 'ICU capacity' may give a more rounded view of the situation. The vaccination programme and seasonality will increase the degree of uncertainty.

Modelling Discussion to Advise Modelling Group

3. Dr Bradley presented modelling data, which included vaccination projections of patients and ICU patients.

NERVTAG Immune Certification Update (Paper 2)

4. Prof Elborn asked for comments on the paper:
 - Half-life of immunity is estimated at 120 days; more data is due from VIVALDI and SIREN.
 - There is consensus that it is too early to consider immunity passports. Challenges around forgery are problematic. Ebola in West Africa presented challenges with fake certificates.
 - There being no further the paper was noted.

Warwick University Relaxation of NPI as Vaccination Proceeds (Paper 3)

SPI-M Strategies for Gradually Lifting NPIs in Parallel to COVID-19 Vaccine (Paper 4)

5. Prof Elborn asked for comments on the two papers relating to NPIs:

- Relaxing NPIs would result in a surge of cases and add unacceptable pressures on the HSC System.
- Dr Bradley updated the group on modelling projections.
- Data sharing with DE would be helpful. Dr Quinn to draft a data request from DE.
- Most LGDs have not moved significantly; all remain above the goal of <80 / 100k. Is this related to new variants?
- Approximately 60% of new cases in Northern Ireland now are the B.1.1.7 variant.
- There being no further comments, the papers were noted.

NERVTAG Update on Variants under Investigation (Paper 5)

6. Prof Elborn asked for comments on the paper:

- 'R_t per variant' is being considered albeit confusion may arise.
- There have been reports that the AZ vaccination is less effective against the 'South African' variant.
- Vaccine cover of new variants was discussed.
- The group reflected that the current situation is extremely fragile and there is a need for caution by everyone. Pressures on the HSC System are still too high and any relaxation now would be premature. Vaccination in Northern Ireland is progressing well compared to the rest of the UK but relaxing too soon may be detrimental to potential gains.
- Home Office data is being shared with PHA off all international passengers with a final travel destination of Northern Ireland. 14 passengers arrived from Africa and all have been contacted and testing organised through Pillar 1; all (if any) positives will have genome sequencing arranged.
- There being no further comments, the paper was noted.

Update on Long COVID Prevalence Estimate (Paper 6)

Post-COVID Complications Following Hospitalisation (Paper 7)

7. Prof Elborn asked for comments on the two papers relating to post COVID-19 complications:

- Readmissions and long COVID were discussed; what is the level in Northern Ireland?
- 300k people in the UK report cough/headache as a main symptom.
- NICE has defined long COVID; a community study is required.
- Is long COVID spread equally through all age groups?
- Long COVID funding was discussed – what rehabilitation will be required for 10-15% affected?
- HSCB will provide specification on a long COVID service and will take NICE guidance into account.
- R+D will be crucially important for the potential services required.
- Northern Ireland data will be important; so too will be encouraging access to services for everyone and not increasing inequalities.
- There being no further comments, the papers were noted.

AOB

8. Prof Elborn invited members 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 22 February 2021 at 12:00 via Zoom.