

# COVID-19 Strategic Intelligence Group

11 January 2021 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 Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
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
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
Kieran McAteer	COVID-19 Response, DoH
Jonathan Norwood	DoH (Secretariat)

## Apologies:

Dr Naresh Chada	DCMO, DoH
Dr Eugene Mooney	Director of Information and Analysis, DoH

## Welcome, Introductions and Apologies

1. Prof Young welcomed all participants back to the meeting.
  - Apologies were as noted.

- Previous minutes were accepted.
- All actions are complete.

## Status Update

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

**Current estimate of  $R_t$  (hospital admissions): 1.2 - 1.4** (above 1)

**Current estimate of  $R_t$  (new positive tests): 1.5 - 1.9** (above 1)

**Average number of new positive tests per day last 7 days: 1820** (up from 812)

**7 day incidence based on new positive tests: 671 / 100k** (up from 299)

**14 day incidence based on new positive tests: 972 / 100k** (up from 519)

**7 day average of total tests (pillar 1 & 2) which are positive: 22.3%** (up from 14.7%)

**Tests per 7 days per 1000 population: 31.0** (up from 22.8)

**Number of new positive tests in over 60s in last 7 days: 1951** (up from 967)

**Proportion of total positive tests occurring in over 60s: 16.5%** (down from 17.0%)

**First COVID +ve hospital admission in last week: 298** (up from 208)

**Number of community acquired COVID inpatients: 458** (up from 390)

**COVID +ve ICU patients: 45** (up from 34)

- 7 day incidence was almost 700/100k (up from 299), which is a huge increase.
- Number of positive tests in the over 60s was almost 2000 (up from 967), which is impacting hospital pressures.
- 7 day rolling average of new cases per day is beyond its peak and is falling.
- Comparisons of local government districts in the previous week shows an increase in the Ards and North Down area. However, Derry and Strabane and Mid Ulster areas have decreased.
- Demand for testing is reducing and there is spare capacity.
- Test positivity had reduced and there is a reduction in transmission.

- $R_t \leq 1$  (new cases).
- Hospital admissions (first +ve COVID) is at the highest level since the epidemic began.
- COVID +ve inpatients' number is at the highest level since the epidemic began.
- COVID +ve ICU patients' number is rising and expected to exceed wave two peak.
- Hospital deaths are the highest level since the epidemic began.
- In summary, case numbers are falling but hospital pressures are rising and will continue to rise for a couple of weeks.
- Modelling was discussed and three uncertainties were highlighted:
  - i. How far will  $R_t$  fall with current restrictions?
  - ii. Can we get  $R_t < 0.7$ ?
  - iii. RoI situation; border areas present a large risk due to concerning situation.
- CMO has been discussing with counterpart in RoI. There was more pre-Christmas mixing in RoI and there is significant prevalence of the 'UK' variant.
- How will we track spread of the 'UK' variant?
- The age profile change in hospitals was discussed. There has been a reduction in percentage of over 60s testing positive although case numbers have increased.
- Almost all nursing home staff and residents have been vaccinated. The next priority group will be over 80s.
- Hospital pressures are driven by 50-60 year olds primarily, particularly in ICU, hence vaccine impact will not help hospital pressures for some time, perhaps March/April.

## **PHE Investigation of Novel SARS-CoV-2 Variant of Concern (Paper 2)**

- Prof Young asked for comments on the paper:
- The 'South African' variant is not present in Northern Ireland at present; there is ongoing work on modification of the vaccine to ensure coverage of the 'South African' variant.
- There being no further comments, the paper was noted.

## SARS-CoV-2 Immunity of Escape Variants (Paper 3)

### 3. Prof Young asked for comments on the paper:

- There is a concern that individuals receiving once dose of the vaccine and a delayed second dose may increase emergence of escape variants.
- The risks must be weighed at a public health level of vaccinating more people initially versus more at risk groups twice quicker.
- Surveillance and sequencing technology were discussed. Data sharing with RoI has good intercommunication at present. Future integration is being considered.
- CMO highlighted that more vaccination will undoubtedly lead to more escape variants emerging and the ability to modify vaccines will be key.
- CMO raised Northern Ireland's Genome Strategy and the group discussed S gene dropout and surveillance.
- Nomenclature of the virus was discussed.
- Reinfection data was discussed; have people been reinfected with a new variant?
- There being no further comments, the paper was noted.

## AOB

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

- TEO COVID-19 Taskforce and its adherence workstream was discussed including:
  - i. Community champions – can be built quickly using established connections;
  - ii. Support to those isolating – financial / social / practical – pharmacy, food and shopping; and
  - iii. Enforcement.
- Behavioural science work in PHA was highlighted and eager that duplication is avoided. CMO reflected that this group advised OFMDFM on 13<sup>th</sup> October 2020 of the importance of progressing this important work. It is positive that this work is progressing but is late in the day.
- Support for the public is key and needs reinforcement.

**ACTION: Prof Young to circulate Taskforce TOR to group to better understand its role.**

- Vulnerable age groups were highlighted, particularly the mental health of younger men.
- Prof Morrow raised a number of points about information: dissemination of what is available; clarification of meaning and interpretation; and intelligence gathering.
- In 6 weeks, there will still be significant infection in Northern Ireland.
- New Zealand's situation was discussed.
- Mitigations associated with the 'UK' variant transmission were discussed; there is limited scope for further restriction.
- CMO raised socioeconomic trends and how they have evolved over time. Have different age groups' behaviours changed?
- Prof Young encouraged discussion around utilisation of testing capacity. Testing is reducing. About one third of positives remain undetected. CMO wants to consider approaches to expanding testing to get the maximum benefit for society.
- Options were debated including school teachers, special schools, supported living staff and those further down the vaccination priority. PCR, LFD, LAMP and other technologies were discussed.
- Dr Mitchell raised close contacts' testing as a potential option.
- Dr Waldron highlighted issues in RoI testing capacity. Vaccine failure and reinfection were raised. Work is ongoing to track post-vaccination positives and genome sequencing. TTP to consider asking if new cases have been vaccinated.
- Changes to the portal for Pillar 2 booking is being considered.
- There being no further business, the meeting closed.

### **Date of Next Meeting**

5. The next meeting will be on Monday 18 January 2021 at 12:30 via Zoom.