

COVID-19 Strategic Intelligence Group

2.00 pm 11 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 Naresh Chada	DCMO, DOH
Dr Gillian Armstrong	SMO, DOH
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Professor Frank Kee	Centre for Public Health, QUB
Professor Diarmuid O'Donovan	Centre for Public Health, QUB
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Gerry Waldron	Asst. Director of Public Health (Health Protection) PHA
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Professor Cathy Gormley-Heenan	Pro-Vice-Chancellor (Research and Impact), Ulster University
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 fifth meeting of the Strategic Intelligence Group and confirmed that members were content with the Note of the last meeting with one addition being requested at point 12.

Status Update

2. Prof Young updated the group showing slides to illustrate what the current data indicates in the NI context i.e.

-Growth rate confirms that new cases of COVID-19 are rising more slowly than they were.

-There is a significant decline in the number of ICU beds occupied by COVID-19 patients and this decline is projected to continue.

-There is a clear decline in Hospital patient deaths among COVID-19 patients however when Care Home deaths are included a slight decline only can be confirmed and predicted.

-Hospital admissions for patients with COVID -19 in NI are expected to decline strongly

-Rt is just under 0.8 in NI generally. When the Rt for Care Homes is determined separately it is probably still above 1.

-The number of actual cases in the community is estimated at around 350 new cases a day

-The number of people with COVID 19 symptoms (i.e. being advised to self-isolate based on their symptoms) in the community is probably around 1000 per day.

3. There is some evidence that the number of infections in Care Homes is flattening. There are a number of Care Homes which are having persistent outbreaks of COVID -19. There is a continuing need to address this and also a need to look at what more can be done to support those Care Homes which have not had outbreaks. Prof Young will forward a paper on Care Homes for discussion at the next meeting of the Group

Paper on the Estimated Effectiveness of Symptom and Risk Screening to prevent the spread of COVID-19

4. The Group considered the likely effectiveness of Thermal Screening or temperature testing in airports and transport hubs, educational establishments and among the workforce.
5. Of those individuals who are symptomatic 80% will have an elevated temperature for some part of the period of their illness but not for the whole period.
6. The risks of false positives as a result of environmental factors, the season of the year and the prevalence of other illnesses needs to be taken into account in considering the accuracy of temperature testing. The evidence is that around 25% of people who are actively secreting a virus will be identified through Thermal Screening.
7. It was acknowledged that temperature testing could pose significant difficulties in some settings and that different methods of temperature screening are likely to be employed e.g. thermal cameras are already in use in airports in some countries and in some settings in NI such as Care Homes digital thermometers are in use.
8. The behavioural aspects of temperature testing were considered including the increase in confidence that may result e.g. among those returning to the workforce. Concerns were expressed in terms of it giving false confidence and reassurance and also concerns around it having a detrimental effect on other behaviours such as social distancing and the risks attached to that.
9. The Group concluded that while temperature testing has the potential to identify a minority of COVID-19 patients it is unlikely to be a useful intervention.

Paper on Impact of Non-Pharmaceutical Interventions against COVID-19 in Europe

10. In relation to a potential relaxation of measures it was acknowledged that there are likely to be different approaches in different parts of our community and taking account of demographics in NI. There may be a need to target particular groups such as young men who were identified in a UJJ study as being less compliant with the measures.
11. Prof Young advised that the SAGE view is that activities undertaken outdoors with social distancing applied will have less impact on raising the Rt figure than activities undertaken indoors with social distancing applied.
12. The Group were agreed on the importance of maintaining the simple effective messages on hand washing and social distancing in NI as the bedrock of our ongoing response to COVID-19.
13. The group considered the issue of allowing people to meet in 'bubbles' which would include people from one other household and it was agreed there were pros and cons with this approach. If one person in a bubble becomes infected everybody in the bubble has to self-isolate however this approach would for example make contact tracing easier.

AOB

Prof Young advised that discussions from the Group feed very strongly into NI Executive policy decisions such as the wearing of masks.

DONM

Thursday 14 May at 2pm. Zoom contact details will be shared in due course.