

COVID-19 Strategic Intelligence Group

12 April 2021 at 12:00 – 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 Declan Bradley	Deputy Chief Scientific Advisor, DoH
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
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	Director Public Health (Interim), PHA
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Dr Michael Quinn	Head of Clinical Information, HSCB
Dr Eugene Mooney	Director of Information and Analysis, DoH
Jonathan Norwood	DoH (Secretariat)

Apologies:

Dr Naresh Chada	DCMO, DoH
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
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 previous minutes were accepted.
 - All actions are complete.
 - The group agreed to keep meetings to a fortnightly schedule unless a specific need to meet more frequently arises.

Status Update

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

Current estimate of R_t (new positive tests): 0.40-0.60 (7 days previous 0.90-1.05)

Current estimate of R_t (hospital admissions): 0.90-1.05 (7 days previous 0.75-0.95)

Average number of new positive tests per day last 7 days: 84 (7 days previous 144)

7 day incidence based on new positive tests: 31 / 100k (7 days previous 53)

14 day incidence based on new positive tests: 84 / 100k (7 days previous 109)

7 day average of total positive individuals (pillar 1 and 2): 2% (7 days previous 4%)

7 day daily average tests completed: 7,779 (7 days previous 7,459)

Number of new positive tests in over 60s in last 7 days: 76 (7 days previous 103)

Proportion of total positive tests occurring in over 60s: 11.3% (7 day previous 9.9%)

First COVID +ve hospital admission in last week: 36 (7 days previous 48)

Number of community acquired COVID inpatients: 64 (7 days previous 88)

COVID +ve ICU patients: 11 (7 days previous 17)

- 14-day incidence rates continue to decrease.
- $R_t < 0.5$, which is the lowest it has been recorded.
- A graph of 7-day rolling average of cases by age group shows a decline in every age group. There was an uptick in 0-19 year olds and 40-59 year olds coinciding with the

return of schools. $R_t > 1.5$ for 0-19 year olds when schools closed for Easter. As schools return, this uptick is expected to be repeated in these age groups.

- All LGDs are below 50 /100k for 7-day total cases now and border areas continue to show greater transmission.
- Positivity continues to decrease and remains below 5%.
- ONS data shows that 0.45% of the NI population (1 in 222 people) has COVID-19, which is the highest in the UK.
- Prof Young shared a graph comparing prevalence across the common travel area. Northern Ireland has lower 7-day cumulative total cases than RoI and Scotland.
- Hospital admissions continue to decrease and one day last week had zero COVID-19 hospital admissions reported.
- ICU admissions continue to decrease.
- R_t (hospital admissions) value is low so from now on, a number only will be reported; the only R_t value reported will be for cases.

SPI-M-O: Consensus Statement (Paper 2a)

SPI-M-O: Medium Term Projections to SAGE (Paper 2b)

SPI-M-O: Summary of Further Modelling of Easing Restrictions (Paper 2c)

SPI-M-O: Summary of Modelling of Easing Restrictions - Roadmap Step 2 (Paper 2d)

COVID-19 Reckoners with Vaccination Update (Paper 3)

PHE: Ready Reckoners under Vaccination based on POLYMOD Contact Surveys (Paper 4)

3. Prof Young asked for comments on the group of papers:

- The group discussed the rate of relaxation and vaccination. The pace of relaxation in Northern Ireland appears slower than the rest of the UK. There will undoubtedly be public pressure to accelerate the rate of relaxation in Northern Ireland. Numbers are similar to the rest of the UK and there appears to be fatigue with the current level of restrictions.
- Easing of restrictions carries risk; there is potential for an additional wave between now and summer. Autumn and winter pose additional risks. Strategically, the group should focus on the period between now and summer. Beyond summer when there

is more data available, the focus will be on autumn and winter.

- Easing restrictions now will give a significant rise in case numbers, which will translate to an increase in hospital admissions. Number of deaths will follow the same trend. There will be a proportion of younger people still requiring hospital treatment.
- There will still be a significant number of vaccinated, older and vulnerable people susceptible to the virus. They will become ill and require hospitalisation. SAGE modelling suggests that the majority of admissions will be older and vulnerable people despite the success of the vaccination programme to date.
- Until vaccination is down to the 20-40 year old group, there remains a potential for a further wave. The goal is to vaccinate all adults to minimise the likelihood of additional waves.
- The vaccine effectiveness range is large and there remains many unknowns with a wide range of impacts.
- There was consensus that facilitating further relaxation is desirable albeit there are many risks. The group reflected on the population's mental health and the potential further consequences to health from ongoing economic damage. The message should be to encourage outdoor activity in the first instance.
- There was discussion around methodological issues, population attributable fractions and limitations of the papers. Prof Young emphasised that he wants to present papers to the group from a broad range of sources to better inform everyone and generate better discussion.
- The group reflected on technology advancements in the past year and the next year will bring additional technological advancements, for example, wastewater surveillance coverage across Northern Ireland.
- Prof Young emphasised that the group must focus on the health impacts of relaxation. Trade-offs with economy and other areas is for Ministers within the Executive to debate.
- International comparisons were discussed such as with Chile and Israel; these have worse and better vaccination programmes than Northern Ireland respectively. The modelling suggests that when population vaccination >70%, there are lower risks.
- PCR and LFD testing and the reporting processes in schools was discussed. Efficacy of LFDs and testing fatigue was also discussed. England is progressing with granting LFD access to everyone.
- Prof Alderdice recommended that emphasis on basic mitigations be communicated with the Executive's Adherence Group and particular emphasis around outdoor activities.
- There being no further comments, the group noted the papers.

EMG: Transmission in Hospitality, Retail and Leisure Sector (Paper 5)

JAMA: Mask Mandates, On-Premises Dining and COVID-19 (Paper 7)

4. Prof Young asked for comments on the two paper together:

- Prof Young suggested sharing Paper 5 with the Adherence Group and the group agreed.
- The paper reinforced the reduced risk associated with outdoor activity, ventilation, social distancing and wearing face coverings. It is not the sector nor the setting at fault, the risks increase due to people's behaviours in that setting.
- It is important not to discriminate if people require time off from work due to COVID-19
- There being no further comments, the group noted the papers.

Science Framework for Opening up Group Events (Paper 6)

5. Prof Young asked for comments on the paper:

- The paper outlines the design of large group events in England. Prof Young suggested piloting a similar event in Northern Ireland.
- MHRA have corresponded with DHSA detailing considerable caveats with the testing strategy especially in a low prevalence population.
- Dr McBride is eager to be proactive in this area. He welcomed efforts from colleagues to engage and begin planning with stakeholders around this large logistical exercise.
- There being no further comments, the group noted the paper.

Assessment of Protection against Reinfection with SARS-CoV-2 in Denmark (Paper 8)

6. Prof Young asked for comments on the paper:

- The paper shows the potential for reinfection; if you had COVID-19, you can get it again. If you have been vaccinated, you can get COVID-19. There are people who have tested positive three weeks after vaccination albeit in relatively low numbers at present. More data is required to help the messaging around natural infection versus vaccination.
- There being no further comments, the group noted the paper.

AOB

7. Prof Young asked the group to raise any further items for discussion:

- The group discussed the data from different strains of the virus. All Pillar 1 tests are sequenced through the Virology Laboratory in the Belfast Trust and shared with PHA. Recently, Pillar 2 tests have begun sequencing as Randox are sending samples to Queen's for sequencing too. Data on variants is published twice weekly on PHA's website.
- There being no further business, the meeting closed.

Date of Next Meeting

8. The next meeting will be on Monday 26 April 2021 at Noon via Zoom.