

COVID-19 Strategic Intelligence Group

12.00 pm – 12 October 2020 - Zoom Video Conference

Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DOH
Dr Michael McBride	Chief Medical Officer, DOH
Dr Lourda Geoghegan	DCMO, DOH
Kieran McAteer	COVID-19 Response, DoH
Dr. Eugene Mooney	Director of Information and Analysis, DOH
Dr. Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Professor Frank Kee	Centre for Public Health, QUB
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 Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr. Michael Quinn	Head of Clinical Information, HSCB
Tricia Lavery	DoH (Secretariat)

Apologies

Dr Naresh Chada	DCMO, DOH
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Welcome

1. Prof Young welcomed all participants to the meeting.
 - 1.1. Apologies were as noted.
 - 1.2. The following actions were reviewed:

ACTION: Prof. Young to raise the issue of students having to self-isolate on multiple occasions even after testing positive and subsequently recovering at SAGE and report back.

Action ongoing

ACTION: Dr. Geoghegan to raise the issue of students having to self-isolate on multiple occasions even after testing positive and subsequently recovering at the Senior Clinicians meeting and report back.

Action ongoing

1.3. There were no other outstanding actions to be reviewed.

1.4. Following a discussion around publication of scientific evidence and advice and minutes of this meeting, the following clarification was provided on the role of the Strategic Intelligence Group from the Terms of Reference:

The group will support CMO and the Department of Health to:

- interpret SAGE, SPI-M and SPI-B outputs and other emerging scientific and epidemiological evidence in the context of Northern Ireland*
- provide information to support decision making regarding step-down of social distancing measures*
- provide a two way flow of relevant information and questions between the Department of Health and SAGE/SPI-M/SPI-B*
- advise the Modelling cell, and Data Analysis and Insights workstream on strategic approach to identifying, accessing and using data to support our understanding and response to Covid-19 in Northern Ireland*

Objectives

The COVID-19 strategic intelligence group will consider the scientific and technical concepts and processes that are key to understanding the evolving COVID-19 situation and potential impacts in Northern Ireland, and mitigating these.

The group will apply the advice coming to the four nations from the Scientific Advisory Group on Emergencies (SAGE) and other appropriate sources of evidence and information, including from ROI, and use it to inform the CMO and MoH to aid with decision making in Northern Ireland during the pandemic.

ACTION: It was agreed to circulate the Terms of Reference document to all group members for clarification and information.

Status Update

1. Prof Young provided an update to the group on the current state of the epidemic.

- The value of R is around 1.6 at present, slightly up on last week's figure of 1.5.
- The 7-day rolling average number of new positive tests per day is doubling roughly every 7 days, with today's figure sitting in the high 800s with no evidence of the rate of increase slowing.
- The 7 day incidence based on new positive tests per 100K of population is also doubling roughly every 7 days and is well above 300. This would put NI at a higher level than the rest of Europe apart from the Czech Republic.
- The 14-day incidence based on new positive tests per 100K of population is over 500.
- The 7-day average of test positivity has continued to rise and has been over 12% on some recent days. WHO describe an out of control epidemic as having a positivity rate of greater than 5%.
- The 7-day average number of tests is currently 25 per 1000 of population. This did plateau in late September but is once again rising with no evidence of the rate of increase slowing
- The proportion of total positive tests occurring in the over 60s has more than doubled in the last 7 days and is currently between 500 and 1000.
- The 7-day rolling average of COVID positive hospital inpatients continues to double every 8 days and is currently over 150. On the current trajectory we will exceed the wave 1 peak of 280 inpatients in 8 day's time.
- The hospital system have indicated they will be overwhelmed when the level of inpatients reaches 320, and we will exceed that level in 10-12 days at most and could indeed exceed 500 if significant action is not made this week. In wave 1 there was a lag time of 10 days from lockdown before the peak of bed occupancy was reached. This would suggest we are already committed to a further 10 days of growth even if action was taken today.
- In terms of LGD level of 7-day incidence per 100K of population, Derry & Strabane will most likely exceed 1000 today and which may be the highest in the UK. Even the lowest LGD of Mid & East Antrim is now above the 80 threshold were previous in.

1.1. There was a lengthy discussion on some early modelling which is confidential at this time. This looked at considerations of a range of scenarios for the application of a circuit breaker that will form the basis of advice to the Executive and as always all associated decisions will be for the Executive to take.

1.2. In terms of what is known to work this was summarised as:

- R must be less than 1 to reduce the course of the epidemic;
- The wave 1 lockdown reduced R_t to approximately 0.7;
- Anything less than the wave 1 lockdown will have less effect (R_t will be higher);
- R_t is currently around 1.6, with current restrictions and levels of behaviour; and
- Impact of schools open is estimated to increase R_t by 0.2.

1.3. Alternative approached to a circuit breaker could be:

- Improved compliance
- Extensive shielding for 6 months;
- Increased secondary care capacity; or
- Accept COVID deaths.

1.4. There was a consensus of opinion within the group that any intervention would need to be at least of at least four weeks duration to at least reset the current situation.

SPI-M-O Consensus Statement (Paper 2)

2. Prof Young presented the paper which estimates R in the UK to currently be between 1.2 and 1.5.

2.1. SPI-M-O's national and regional estimates suggest R is almost certainly above 1 in England, Scotland, Wales, Northern Ireland, and all regions of England. There is substantial variation in epidemiology within the UK estimate and R is an average rather than a description of the epidemic state in every location.

2.2. There being no further comments the paper was noted.

CO-CIN Time from symptom onset until death (Paper 3)

3. Prof Young presented the paper which looks at the time from symptom onset through to death.

3.1. This paper was prepared on the basis that there was train of thought that the various

time intervals being seen at present differed from those in wave 1. The overall consensus is that the timelines we are seeing now are similar to that seen in wave 1 in terms of individual experiences of the disease compared to wave 1.

3.2. There being no further comments the paper was noted.

Non-Pharmaceutical Interventions (Paper 4)

4. Prof Young presented the paper which comes from the Foreign and Commonwealth Office (FCO) and looks at comparators. This paper is confidential and is not to be shared outside of this group.

4.1. The paper contains a lot of detail and centres on international practice. It is presented as a way to assess what the UK can learn from other countries approaches towards encouraging, monitoring, and improving compliance with Covid-19 non-pharmaceutical interventions.

4.2. There being no further comments the paper was noted.

ACTION: Prof. Young to circulate the Cognisence Survey for next week's meeting.

Superspreader profiles (Paper 5)

4.3. Prof Young presented the paper which Prof Young presented the paper which comes from the Foreign and Commonwealth Office (FCO) and looks at the profile of superspreader events. This paper is confidential and is not to be shared outside of this group.

4.4. •A superspreading event is when one first-generation case infects five or more second-generation cases. It is highly likely that a minority of infected individuals are responsible for the majority of Covid-19 transmission via superspreading events when stringent countermeasures are not in place.

4.5. There being no further comments the paper was noted.

Face Masks (Paper 6)

5. Prof Young presented the paper which is an article published in Nature.

5.1. It provides an interesting public/scientific discourse around face-coverings and where the evidence currently lies.

5.2. It is a useful article that people could be directed to in response to queries on the value of face-coverings.

5.3. There being no further comments the paper was noted.

AOB

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

6.1. There being no further business the meeting closed.

Date of next meeting

7. The next meeting will be on Monday 19 October 2020 at noon and will be via Zoom.