

COVID-19 Strategic Intelligence Group

15 March 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 Naresh Chada	DCMO, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Frank Kee	Centre for Public Health, QUB
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Stephen Bergin	Director Public Health (Interim), PHA
Dr Michael Quinn	Head of Clinical Information, HSCB
Jonathan Norwood	DoH (Secretariat)

Apologies:

Professor Ian Young	Chief Scientific Advisor, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Declan Bradley	Deputy Chief Scientific Advisor, DoH
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Dr Eugene Mooney	Director of Information and Analysis, DoH
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Kieran McAteer	COVID-19 Response, DoH

Welcome, Introductions and Apologies

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

- Apologies were as noted.
- The previous minutes were accepted.

Status Update

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

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

Current estimate of R_t (new positive tests): 0.75-0.95 (7 days previous 0.65-0.75)

Current estimate of R_t (hospital admissions): 0.65-0.95 (7 days previous 0.90-1.05)

Current estimate of R_t (ICU): 0.80-1.20 (7 days previous 0.50-0.75)

Average number of new positive tests per day last 7 days: 179 (7 days previous 219)

7 day incidence based on new positive tests: 66 / 100k (7 days previous 81)

14 day incidence based on new positive tests: 147 / 100k (7 days previous 188)

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

7 day average tests per day per 1000 population: 3.4 (7 days previous 3.5)

Number of new positive tests in over 60s in last 7 days: 191 (7 days previous 247)

Proportion of total positive tests occurring in over 60s: 15.8% (7 day previous 15.5%)

First COVID +ve hospital admission in last week: 68 (7 days previous 91)

Number of community acquired COVID inpatients: 153 (7 days previous 209)

COVID +ve ICU patients: 33 (7 days previous 34)

- 7 and 14 day incidence rates have decreased.
- R_t (new positives) increased.
- Hospital admissions continue to decrease.
- Positivity continues to decrease and is now below 5%.

- 0.31% of the NI population has COVID-19, which is similar to Scotland and Wales. Dr Geoghegan shared a graph comparing prevalence in all UK regions.
- All LGDs are below 100/100k incidence. Mid Ulster remains relatively unchanged.
- Northern Ireland has moved back up to second (below RoI) on the '7 day cumulative cases / 100k' chart compared to England, RoI, Wales and Scotland.
- Dr Geoghegan shared local mobility data, which shows a larger average activity compared to the rest of the United Kingdom in retail, recreation, transport, workplace, supermarket, pharmacy and residential. Northern Ireland has less activity in parks compared to the UK.
- Prof Kee raised the importance of real time information and the group discussed a cluster in BT13. St. Patrick's Day is approaching and there is a potential for activity in specific areas such as BT7. The group discussed intervention plans and PHA will continue to monitor closely.

CO-CIN: Report on Impact of Vaccination (Paper 3)

3. Prof Elborn asked for comments on the paper:

- The group discussed hospital admissions of those already vaccinated displaying symptoms. The data shows that beyond 14 days post vaccination, there is a high level of protection. The likelihood of acquiring infection increased in the 7 days following vaccination; are people behaving differently? Immunity is minimal in the first few days after vaccination and people must not change behaviours.
- Vaccination centre protocol was discussed; are those delivering the vaccine reminding people about the importance of NPIs? There is also a risk of gatherings at vaccine centres and messaging is required to remind people of the importance of social distancing, hand washing and mask wearing.
- Dr Geoghegan raised the importance of the overall public health risk assessment.
- There being no further comments, the paper was noted.

Masks for Healthcare Workers to Mitigate Airborne Transmission of SARS-CoV-2 (Paper 4)

Prof Elborn asked for comments on the paper:

- There are different risks to HCWs across different trusts and differences across specialties too.

- The largest risk for HCWs is not in the ward but in areas such as transport to work and break areas albeit more data is required.
- The group discussed surgical masks versus FFP3 masks but more data and perhaps a clinical trial is required.
- There being no further comments, the paper was noted.

SPI-M-O: Daily Contact Testing Summary (Paper 5)

Clinical and Economic Effects of Widespread Rapid Testing to Decrease SARS-CoV-2 Transmission (Paper 6)

Lancet: Recommendations for Making Schools Safer (Paper 7)

School Reopening without Robust COVID-19 Mitigation Risks Accelerating the Pandemic (Paper 8)

Home Testing (Slides 1)

4. Prof Elborn asked for comments on the group of papers and Prof Kee began by sharing slides:
 - The slides gave an overview of 'High frequency home based LFT'. Prof Kee gave an overview of the stochastic compartmental modelling, behavioural assumptions, sensitivity analyses, ICER comparisons for varying R_t (\$/Death averted) and values per statistical life.
 - Infectious individuals have lower C_t values, which is associated with a higher viral load; LFTs are effective at detecting those infectious individuals most likely to pass on infection.
 - The group discussed the logistics and operational implementation of LFTs.
 - There are a number of challenges to overcome such as MHRA requirements, implementation, adherence and 'cluster studies'.
 - 'Test to Find' and 'Test to Enable' were discussed.
 - Paper 5 outlines modelling of daily testing of contacts, which shows five days of asymptomatic testing for contacts is as good as quarantining. There is no real data yet and insufficient confidence to recommend this as an alternative to quarantining.
 - Papers 7 and 8 outline school mitigations and asymptomatic testing. Behaviours around schools are important and is reinforced here again.
 - There being no further comments, the papers were noted.

Goldacre Review (Paper 9)

5. Prof Elborn asked for comments on the Goldacre Review:

- Dr Quinn reflected on the primacy of data. Where does the UK go next? Access to data has been complex and overly burdensome during the pandemic. Northern Ireland cannot access all data and teams are finding it difficult to be involved in important studies.
- England responded in an agile way, creating platforms such as OpenSAFELY, which has enabled NHS Digital, ONS and OpenSAFELY to link together. There was consensus that Northern Ireland should be part of this review.
- The group discussed actionable intelligence and the challenge of cultural segregation of data. Belief and trust from agencies concerning how their data is used is required.
- Ideally, sharing data would be the default position and opting out would require justification.
- Dr Geoghegan reflected on cultural issues and the need to be mindful when progressing future work.
- How do we overcome the monopoly of data?
- There being no further comments, the paper was noted.

AOB

Data Linkage

6. There was one item to discuss under AOB and Dr Quinn reiterated that the primacy should be to share data to deliver better healthcare for the Northern Ireland population.
7. Prof Elborn invited members to raise any further items for discussion and there being no further business, the meeting closed.

Date of Next Meeting

8. The next meeting will be on Monday 29 March 2021 at 12:00 via Zoom.