

COVID-19 Strategic Intelligence Group

16 August 2021 at 12:00 – Zoom Video Conference

Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Naresh Chada	DCMO, DoH
Dr Sophie Davidson	Medical Officer, DoH
Dr Declan Bradley	Deputy Chief Scientific Advisor, DoH
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Dr Nicola Armstrong	Programme Manager, PHA
Jonathan Norwood	DoH (Secretariat)

Apologies:

Professor Sir Michael McBride	Chief Medical Officer, DoH
Dr Joanne McClean	Associate DCMO, DoH
Professor Frank McKee	Centre for Public Health, QUB
Dr Eugene Mooney	Director of Information and Analysis, DoH
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Dr Bríd Farrell	Acting Director for Public Health, PHA
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Kieran McAteer	Director Covid Responses Directorate, DoH

Welcome, Introductions and Apologies

1. Prof Young welcomed all participants back to the meeting and welcomed new member Dr Sophie Davidson, DoH.
 - Apologies were as noted above.
 - Minutes from the previous meeting (**Paper 1**) were agreed.

Status Update

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

Current estimate of R_t (new positive tests): 1.0-1.2 (7 days previous 0.85-1.05)

Current estimate of R_t (hospital admissions): 0.85-1.15 (7 days previous 0.85-1.05)

Average number of new positive tests per day last 7days: 1292 (7days previous 1216)

7 day incidence based on new positive tests: 476 / 100k (7 days previous 448)

14 day incidence based on new positive tests: 926 / 100k (7 days previous 964)

7 day average of total positive individuals (pillar 1 & 2): 8.7% (7 days previous 9.0%)

7 day daily average tests completed: 14,766 (7 days previous 14,022)

Number of new positive tests in over 60s in last 7 days: 949 (9 days previous 759)

Proportion of total positive tests occurring in over 60s: 10.6% (9 days previous 9.2%)

First COVID +ve hospital admission in last week: 208 (7 days previous 205)

Number of community acquired COVID inpatients: 273 (7 days previous 224)

COVID +ve ICU patients: 41 (7 days previous 34)

- There was a peak on 22nd July then a drop in numbers coinciding with the very good weather; people were spending more time outdoors and having more windows open. Number of cases are rising again.
- Test positivity fell during the same period and has now stabilised.
- Testing remains very high.
- All age bands are rising. Absolute numbers are highest in the youngest age bands as they are more likely to be unvaccinated and have most contacts.
- Cases in Derry and Strabane and Fermanagh and Omagh rose significantly over the

weekend. This is a familiar trend where NI border areas increase first. Discussions with PHA colleagues are required to better understand this trend.

- Northern Ireland has the highest infection rate of the five nations (UK and RoI).
- Hospital admissions and inpatient numbers have plateaued; these are at 50% of previous wave's peak.
- ICU numbers are approximately 65% of the previous wave's peak reflecting a younger population of inpatients and a different threshold of admission to ICU.
- Prof Young gave an overview of scenario projections and required bed occupancy modelling. He highlighted some key dates for peaks. The group discussed return of schools and the impacts this will have on infection rates. He gave an overview of assumptions of vaccine status.
- Dr Geoghegan reflected on the ICU pressures and the challenging months ahead for everyone.
- Dr Chada reflected on the border areas with intractably high levels of infection and that more work is required in these areas. It is still unknown what exactly is causing the differences in these areas.

ONS: Symptoms in Positives and Negatives over Time (Paper 2)

3. Professor Young provided a brief overview of the paper:

- Symptoms have not changed much over time is the main message in this paper. The main symptoms that trigger a need for testing remain valid even with the presence of delta variant.
- Dr Geoghegan reflected on symptom profile and case definition. There have been many rounds of discussions between the UK Senior Clinicians and a detailed piece of work has been completed. The decision was to not change the formal case definition at present but acknowledge that other symptoms are associated with delta variant.

SPI-M-O: Concerns for Next Few Months (Paper 3)

Waning Immunity Post Vaccination (Paper 4)

Long Term Evolution of SARS-CoV-2 (Paper 5)

4. Professor Young provided a brief overview of the papers relating to looking ahead:

- The papers raise concerns that exist about where we are heading in the next few

months as well as the longer term evolution of COVID-19. These papers will help form advice to Minister and The Executive.

- The group discussed booster vaccines and a decision from JCVI is imminent. Israel is experiencing a substantial increase in cases and increasing hospital pressures. Dr Chada reflected on the long term evolution of COVID-19 and more discussion is required to better understand possible scenarios of the medium and long term. This more strategic paper is very useful. The vaccination programmes will have to evolve too and how this is integrated into public health services needs further consideration.
- Prof Alderdice reflected on research. She highlighted the importance of data and the need to transfer information from other places. Prof Morrow echoed this and reflected on research planning and research cohorts. What are the implications of these measures? The group discussed lockdowns and relaxations and how we might respond to future pandemics.
- Dr Geoghegan reflected on surveillance, oversight, research, modelling and policy over the next number of years and how our health service will operate.
- Dr Bradley gave an overview of the Executive's Roadmap.
- Prof Alderdice reflected on messaging and everyone's personal responsibility.

Factors Influencing Vaccine Uptake

5. Professor Young provided a brief overview of the paper:

ACTION: Dr Bradley to forward to Adherence Group.

- Dr Bradley presented an overview of vaccination uptake. He reflected on intervention strategies. 86% of adults have been vaccinated. Most unvaccinated people are young and healthy. He highlighted differences around deprivation, age, gender, geography, co-morbidity and socioeconomic factors. He presented reasons given for refusing the vaccine. PHA have a list of actions to increase vaccine uptake. He presented a number of strategies to increase uptake.
- Dr Morrow reflected on cohort based messaging and place based access.
- Dr Chada thanked Dr Bradley for the presentation and will look at the detail in greater detail. Targeting key demographics will be a key action for the vaccination teams. Any additional intelligence will be helpful in this area.
- Dr Armstrong offered assistance from the behavioural team within PHA.
- Dr Geoghegan reflected on the difficulty reaching some groups and the delivery programme to make best use of the data available. Feasibility work might be required to understand the delivery required to reach the most unlikely groups to be vaccinated.

- Dr Chada summarised the 'Evergreen Offer'.
- Ingredients of the vaccine were discussed.

AOB

6. Professor Young asked the group to raise any further items for discussion and there being no further business, the meeting closed.

Date of Next Meeting

7. The next meeting will be on Monday 13 September 2021 at Noon via Zoom.