

# COVID-19 Strategic Intelligence Group

12.00 pm – 21 September 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. 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	Centre for Public Health, QUB
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences. QUB
Dr. Michael Quinn	Head of Clinical Information, HSCB
Tricia Lavery	DOH (Secretariat)

## Apologies

Dr. Eugene Mooney	Senior Statistician, DOH
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford

## Welcome

1. Prof Young welcomed all participants to the meeting.
  - 1.1. Prof. Young confirmed that all were content with the note of the last meeting.
2. The actions from previous the previous meeting were reviewed and updates provided as follows:

*ACTION: Prof. Elborn to ask colleagues to produce a short paper on this for consideration*

by members of this group.

**Action Complete:** Prof. Elborn has shared a short paper on the use of Mass Spectrometry for detecting COVID with Prof. Young. The conclusion from this is that it is currently not ready for actions at the moment. The British Mass Spec Consortium are also doing some work on this and Prof. Young will make enquiries about having someone from NI joining the Consortium or at least being kept in the loop on progress. Prof. Elborn that Prof. Chris Elliott from QUB would be their Mass Spec contact.

*ACTION: Prof. Young to pass the paper on re-use of PPE on to Rodney Morton, Director of Nursing in the PHA who previously chaired a group around the availability of PPE across NI.*

**Action Complete:** Prof. Young has sent the paper to Rodney Morton.

2.1. There were no further outstanding actions to be reviewed.

## Status Update

1. Prof Young provided an update to the group on the current state of the epidemic.
  - 1.1. There has been a substantial rise of cases towards the end of last week with 222 new cases reported on Saturday and 176 on Sunday. Although these are by far the largest numbers seen in terms of positive test results per day since the start of the epidemic, these are not directly comparable with wave 1 as the volume of testing has increased and the testing strategy is very different. However this rise in case numbers has been accompanied by a significant increase in the percentage of tests which are positive.
  - 1.2. The 7 day rolling average of cases per day, having been around 90 last week, rose to 110 by Friday and will have increased significantly when today's figures are received.. The number of cases per day is increasing substantially which is bringing pressures onto Test, Trace, Protect.
  - 1.3. The 14 day cases per 100K of population was around 75 on Friday, up from around 60 last week, and again will be significantly higher today. The 7 day cases per 100K of population was over 40 on Friday and will be significantly higher when today's figures are received. In terms of the 7 day test positivity rate, having been running around 1.8, this had risen to 2.7 on Friday and indeed on Friday alone 4.7% of tests were positive. Whilst these figures may fall again the general trend is upwards. This is not a matter of testing driving cases, there is a genuine increase in the number of cases.
  - 1.4. Within the hospital settings, the number of community-acquired COVID inpatients on Sunday was 30, with ICU occupancy rising to 4 having been at zero for a few days. There is a definite rise in hospital admissions, and the level has returned to where it

was at the start of July, and is trending upwards.

- 1.5. In terms of the incidence level in Local Government Districts (LGDs), 3 of the LGDs, namely Belfast, Armagh City, Banbridge & Craigavon and Derry City & Strabane are all high and sitting close to 70 per 100K of population or above. In the case of Derry City & Strabane, this had an incidence of 17 on 12 September and had reached 76 by 19 September, a period of just 1 week, indicating a dramatic rise in cases.
- 1.6. Looking at individual postcodes areas there are a range of postcodes which are not currently under local restrictions where the incidence levels have now risen above the threshold of 80 cases per 100K of population. There is an emerging pattern of rising level in postcodes all along border with RoI (eg. Newry, South Armagh, parts of Fermanagh, West Tyrone and Derry) which have historically had very low incidence and are now shifting very rapidly into high incidence. Some of the RoI counties along the border, Co. Louth and Co. Donegal in particular, have flagged up rising incidence levels. It is therefore hard to conclude anything other than this increase in these postcode areas is likely to be due to spread in RoI and cross-border movements into the NI border counties. Other areas where hotspots are being detected are postcodes around Craigavon (BT25-Dromore, BT62 Craigavon, BT60-Armagh), with BT60 being included in local restrictions today. There is also some bleeding out from Belfast to the area of Lisburn not yet in restriction, Newtownabbey (mainly around Mallusk) and Bangor.
- 1.7. Looking at an international comparison with France and Spain gives a sense that there can be quite a long lag between cases rising and increased pressure on hospitals, ultimately translating into fatalities. Currently the hospital levels in NI remain low and the SAGE view is that intervention is needed now before the hospital numbers begin to rise any further. Dr. McBride reported that the 4 UK CMOs have been considering the position also and are of the opinion that there is a general increase in the epidemic and that it is only a matter of time before there are increased hospitalisations and if the current rate of increase in disease activity is maintained then NI would be under significant pressure by mid-October at the latest, as cases are currently doubling every 10-14 days.

## Consideration of Advice for the Executive

2. Prof. Young commented that some of the papers presented today will inform the discussions today with the others being considered at a later date as the group needs to consider some questions around advice to be given to the Executive at an emergency meeting this afternoon that both he and CMO will attend.
  - 2.1. The first question to consider is around the introduction of further local restrictions, given that there are currently local restrictions in a number of postcode areas. Given the speed at which the position has changed and following discussions over the weekend the 3 options for this group to consider now are:
    - Option 1: Extend local restrictions to postcodes that are now over 80 cases per

100K population, but there will be more to add tomorrow and more the day after etc. so the picture would be changing rapidly.

- Option 2: Extend local restrictions to postcodes that are now over 60 cases per 100K population, which would include most of the border counties, the area around Craigavon and extend further outward from Belfast. However there are a number of postcodes in the 50s which will most likely move into the 60s tomorrow or the day after.
- Option 3: Apply the local restrictions across the whole of NI. This would have the advantage of simplicity of messaging and the view of both CSA and CMO is that this is what they would be minded to advise to the Executive. However they can only advise, all decisions lie with the Executive.

2.2. In terms of whether or not this action will be sufficient to bring R down to less than 1, the answer is almost certainly no, and the view of SAGE from the modelling would be the same. Whilst this action would have a moderate effect, this will only be the case if people adhere to it, and there will always be an adherence issue. Therefore there needs to be some consideration of what else can be done.

2.3. The next point for consideration is, if these NI-wide restrictions do not have the desired effect and R is continuing to increase, what next? Today's SAGE papers discuss this and there are a number of options to be considered. It is expected that the roll out of an effective vaccine will not happen until after this winter. To try and live with this virus for the next 6 – 8 months the following options were considered:

- Option 1: Find a balanced set of restrictions that will reduce R to around 1, a level that we can live with.
- Option 2: Accept that we cannot reduce R to around 1 and use a series of mini lockdowns or circuit breakers for 2-3 weeks at a time, before returning to some degree of relaxation again
- Option 3: Make serious efforts to segment the population (the older and the vulnerable – which need to be defined) and ask them to separate from the rest of the population (children & grand-children etc.), to minimise interactions outside the home and to continue to do so until they can be vaccinated. This will be in order to allow younger people to go about their lives more easily.

2.4. CMO commented that there is a need for a major reset with a circuit-breaker type approach for 2 weeks, hard, deep and impactful. The advice from this group that reducing household contacts on its own isn't going to cut it and there is also a need to introduce other measures to reduce social interactions in a variety of other settings is most helpful and can be supported by the evidence base from SAGE in relation to hospitality, personal services and those that are going to have the greatest impact. Some combination of an alternation of the operation of these in some form going forward may be an effective option.

2.5. There was a discussion around potential measures for use in the hospitality sector and

the SAGE papers presented today also discuss some possible measures. There was also some discussion on the educational sector, and the fact that measures in this sector would have a similar impact to that of the hospitality sector. Intervening in either sector is an option for the Executive to consider. As part of a broader set of restrictions, closure of cinemas, indoor gyms, personal services etc. would need to also be considered.

2.6. In terms of the opening of the wet pubs on Wednesday 23rd September, NI has lagged behind the rest of the UK and there have been clusters associated with these settings. Rol will open the wet pubs today (21 September) with the exception of Dublin which is under further restriction. The group needs to consider the impact on the virus and the impact on messaging if the wet pubs are permitted to open. Consideration needs to be given to whether the risk is just as great in settings where people are eating and drinking indoors as in the wet pubs, but this will be a decision for the Executive to take. The option of introducing a curfew to hospitality settings was discussed, and the SAGE papers conclude that a curfew will have minimal effect on transmission risk. Whilst a curfew sounds attractive, there is no evidence that it will have a positive effect.

2.7. In considering any further measures there also needs to be consideration given to how restrictions are subsequently lifted and the SAGE paper on "Batting Order" included in today's papers touches on this. Whilst this will feed into broader Government discussions on measures, it considers the likely impact of these measures on R, but does not include a proper assessment of the economic impacts or the societal impacts and harms of the measures discussed. SAGE does not shape policy, and all such decisions remain ones for (a) the NI Executive and (b) UK Government level.

**In summary this group would give general support to household restrictions across the whole of NI but are of the general opinion that household restrictions on their own would be unlikely to be enough to keep the virus under control. Therefore there is recognition within the group that some other measures are likely to be required. There is considerable uncertainty about what measures are likely to be necessary, but there is a sense that one approach would be to have a strict lockdown for a couple of weeks to help reset things. This would need to be followed by a reset to a new position which is likely to include household restrictions, some restrictions on the hospitality sector and some consideration, perhaps, of restrictions in other areas which could include Further and Higher Education and possibly also personal services (hairdresser, barber, beautician etc.). There is no doubt that this will be a difficult path to navigate and clearly communication with the general public will be critical. To avoid confusion the group are of the opinion it may be better not to open the wet pubs at this time but if this goes ahead the messaging will be nuanced to help fuller understanding of the messaging. It is also the opinion of the group that the option of people working from home where they can should be pushed again in those areas where this has ceased.**

### **Date of next meeting**

3. The next meeting will be on Monday 28 September at 12pm and will be via Zoom.