

COVID-19 Strategic Intelligence Group

22 February 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 Michael McBride	Chief Medical Officer, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Naresh Chada	DCMO, DoH
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Frank Kee	Centre for Public Health, QUB
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr Stephen Bergin	Director Public Health (Interim), PHA
Kieran McAteer	COVID-19 Response, DoH
Matt Wills	COVID-19 Response, DoH
Jonathan Norwood	DoH (Secretariat)

Apologies:

Professor Ian Young	Chief Scientific Advisor, DoH
Dr Declan Bradley	Deputy Chief Scientific Advisor, DoH
Dr Michael Quinn	Head of Clinical Information, HSCB
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Dr Eugene Mooney	Director of Information and Analysis, DoH

Welcome, Introductions and Apologies

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

- Apologies were as noted.
- The previous minutes were accepted.
- The following action was discussed:

ACTION: Dr McBride to write to Peter May, Chair of the Adherence Group to clarify the Group's objectives.

Action Ongoing.

Modelling Update Slides (Slides 1)

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

Current estimate of Rt (new positive tests): 0.70-0.80 (7 days previous 0.75-0.85)

Current estimate of Rt (hospital admissions): 0.45-0.65 (7 days previous 0.70-0.90)

Current estimate of Rt (ICU): 0.80-1.00 (7 days previous 0.85-1.05)

Average number of new positive tests per day last 7 days: 304 (7 days previous 414)

7 day incidence based on new positive tests: 112 / 100k (7 days previous 153)

14 day incidence based on new positive tests: 266 / 100k (7 days previous 350)

7 day average of total positive individuals (pillar 1 and 2): 7% (7 days previous 10%)

7 day average tests per day per 1000 population: 3.4 (7 days previous 3.7)

Number of new positive tests in over 60s in last 7 days: 425 (7 days previous 623)

Proportion of total positive tests occurring in over 60s: 19.6% (7 day previous 20.7%)

First COVID +ve hospital admission in last week: 106 (7 days previous 192)

Number of community acquired COVID inpatients: 278 (7 days previous 418)

COVID +ve ICU patients: 58 (7 days previous 66)

- 7 and 14 day incidence rates have both decreased.
- Hospital admissions continue to decrease.
- Positivity continues to decrease.
- ONS data shows 1.33% of 'Northern Ireland population that had COVID-19'.
- Northern Ireland remains the second highest '7 day cumulative cases / 100k' compared to England, RoI, Wales and Scotland.
- Dr McBride shared local mobility data, which shows a larger average of retail and recreation activity compared to the rest of the United Kingdom. Also, supermarket and pharmacy activity remains higher here than the rest of the UK.
- Dr Mitchell reflected on the rural/urban split in relation to mobility. More people in Belfast are not going to work, retail or recreation activity than in rural communities. More people in Mid Ulster continue to go to work compared to other LGDs. Dr McBride commented on socioeconomic deprivation in some areas and the types of jobs people are employed in in some areas of Northern Ireland. Industrial and agricultural jobs cannot work from home as advised by government.
- Lockdown fatigue was discussed.

COVID-19 Area Plan in Higher Prevalence LGDs (Paper 2)

MEA 21st February 2021 (Paper 3)

SPI-M-O: Consensus Statement (Paper 4)

Occupational Risks (Paper 5)

3. PHA colleagues presented information of LGDs using papers 2 to 5:
 - Dr Bergin shared slides on LGDs showing trends over time of incidence rates.
 - Weekly incidence rates stratified by age was shared as traffic light charts.
 - All LGDs had decreasing incidence over the last 7 days. This information can be viewed at postcode granularity.
 - Dr Mitchell discussed clusters; there are several clusters in Mid Ulster and in preponderance in towns.
 - Clusters driven by occupational settings was discussed. Many large food manufacturers in this area have a high proportion of ethnic minorities. There is a lot of ongoing work by PHA colleagues to translate information for ethnic minorities.

- Community champions are a key connection within these communities. Empowering NGOs will continue to be a vital part of the response. Age and gender also continue to be important factors to consider when delivering messaging.
- Financial impacts of self-isolation was discussed.
- Uptake of support packages from DfC has been sought to help inform understanding.
- Kieran McAteer provided an update on wider testing strategies being considered by DoH.
- Vaccination of non-health occupational groups will be offered soon. Vaccine hesitancy remains a concern within Ireland.
- Dr Geoghegan summarised the many, complex factors that are associated with the varied prevalence across LGDs.
- Asymptomatic testing positives disaggregated from symptomatic testing positives will be important intelligence to better understand trends. The correct granularity of live data is vital to inform policy direction.
- LGD and SOA boundaries were discussed; wastewater detection of viral load may be crucial in giving early warning when infection in an area has started to rise.
- There being no further the papers were noted.

Moving Forward Discussion:

Lancet Emerging (Paper 6)

Indirect Acute Effects of the COVID-19 Pandemic (Paper 7)

ICJU: International Responses (Paper 8)

WEF: The Global Risks Report (Paper 9)

UN: Building Resilient Societies after the COVID-19 Pandemic (Paper 10)

OECD: Building Back Better (Paper 11)

4. Prof Elborn asked for comments on the papers related to moving from pandemic to endemic:
 - There will be many consequences in the long term for the health service of this pandemic.
 - Future pandemics are inevitable and learning will be crucial to health protection success going forward.

- Data access and behaviour changes will be important going forward. Behaviours that will need to be maintained in the longer term must be communicated in the correct way.
- Dr McBride reflected on the future preparedness of society for future pandemics. The WEF paper summarises future consequences and the scale of work that is required. Are governments thinking about how to step forward as opposed to step out of this situation? How does a resilient public health structure look? The business sector must accelerate towards online as do many sectors including education. Futureproofing society is a huge piece of important work that must be taken forward perhaps by Universities initially.
- There being no further comments, the papers were noted.

AOB

5. Prof Elborn invited members to raise any further items for discussion and there being no further business, the meeting closed.

Date of Next Meeting

6. The next meeting will be on Monday 01 March 2021 at 12:00 via Zoom.