

COVID-19 Strategic Intelligence Group

23 November 2020 at Noon – Zoom Video Conference

Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Naresh Chada	DCMO, DoH
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
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 Frank Kee	Centre for Public Health, QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr Stephen Bergin	Assistant Director Public Health – Population Screening, PHA
Jonathan Norwood	DoH (Secretariat)

Apologies:

Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Michael Quinn	Head of Clinical Information, HSCB
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Dr Eugene Mooney	Director of Information and Analysis, DoH
Kieran McAteer	COVID-19 Response, DoH

Welcome, Introductions and Apologies

1. Prof Young welcomed all participants back to the meeting and Dr Stephen Bergin replaces Professor Hugo Van Woerden.
 - Apologies were as noted.

- The following action was reviewed:

ACTION: Dr Bradley to circulate nosocomial variance across Trusts to Group.

Action Ongoing.

Status Update

1. Prof Young updated the Group on the current state of the epidemic:

Current estimate of R (ICU patients): 0.9 - 1.2 (definitely above 1)

Current estimate of R (hospital admissions): 0.8 - 1.0 (probably below 1)

Current estimate of R (new positive tests): 0.6 - 0.9 (definitely below 1)

Average number of new positive tests per day last 7 days: 582 (down from 790)

7 day incidence based on new positive tests: 215 / 100k (down from 291)

14 day incidence based on new positive tests: 492 / 100k (up from 663)

7 day average of total tests (pillar 1 & 2) which are positive: 11.3% (down from 13.9%)

Tests per 7 days per 1000 population: 19.7 (down from 21.8)

Number of new positive tests in over 60s in last 7 days: 944 (down from 1044)

Proportion of total positive tests occurring in over 60s: 24.1% (up from 21.1%)

First COVID +ve hospital admission in last week: 235 (down from 242)

Number of community acquired COVID inpatients: 392 (up from 377)

COVID +ve ICU patients: 55 (up from 52)

- 7 day rolling average has stabilised, reflecting the impact of schools opening.
- ONS survey results continue to show decline in percentage of people testing positive.
- Hospital admissions have stabilised at a reasonably high level.
- Inpatients also remains high; >400 per day.
- ICU occupancy is declining slowly and remains high.
- Hospital deaths remain at a stable 40-50 per week.

- $R = 1$ (inpatients) and the decline is slow.
- Local Government Districts all show a declining trend.
- Mobility data was presented and will be interesting to review next week with cafes and non-essential retail open this week.
- Message is clear – ‘**Stay at Home**’
- CMO commented that it is essential to adhere to this message to get the maximum benefit for society.
- Modelling of R scenarios were presented:
 - January will be a difficult period as there is a lot of multigenerational mixing over Christmas period.
 - $R = 0.7$ following two weeks of further restrictions if there are good behaviours and people adhere to ‘**Stay at Home**’ message.
- There are lower case numbers and the public are struggling with the reason for restrictions, however, hospital inpatients are not declining.
- Cases of over 60s are declining much slower than in wave one.
- Behaviours of people from 11 December – 25 December are a concern and may result in a significantly difficult period in January.
- Positivity remains high at 9-10%.
- Student testing at Queen’s was discussed and the process outlined for the first 200 students in the pilot.
- ONS data indicates population prevalence is 1% approximately; using a LFD with 70% sensitivity will locate 7 cases per 1000 people tested.

Rapid Testing Strategies for Traced Contacts (Paper 2)

SPI-B: Testing for Initiation of Quarantine in Contacts (Paper 3)

Testing of Traced Contacts (Paper 4)

Potential Behavioural Effects of Reducing the Duration of Quarantine for Contacts (Paper 5)

2. Prof Young asked for comments on the four papers related to quarantine:

- There is a desire to reduce the duration of quarantine of 14 days.
- There are a number of options requiring pilots and evaluation.
- Consensus that UK wide pilots are preferred prior to any rollout.
- Queen's lateral flow facility is operational and content to facilitate further pilots if required.
- There being no further comments, the papers were noted.

The UK's Four Nations' Autumn Interventions (Paper 6)

3. Prof Young highlighted that Northern Ireland's timeline of restrictions has received positive feedback from other nations and many lessons have been shared.

- There being no further comments, the papers were noted.

DHSC ONS: Direct and Indirect Health Impacts (Paper 7)

4. Prof Young asked for comments on the paper:

- The difficulty of balancing harm related to restrictions and harm related to COVID-19 was noted. The consequences of this period will be felt for many years.
- There being no comments, the paper was noted.

Investigation of High Risk Exposure Settings for COVID-19 in England (Paper 8)

5. Prof Young asked for comments on the paper:

- There are reservations with figures and extent to which it could be extrapolated to Northern Ireland.

- There are methodological issues and some exposures give counterintuitive results; such as crowded settings have a lower risk than non-crowded settings.
- Better understanding of this evidence is required before being added to DoH evidence bank. There are a low number of events which produce fragile conclusions and requires further review before being published.
- There being no further comments, the paper was noted.

SPI-M: Notes on Festive Period (Paper 9)

6. Prof Young asked for comments on the paper:

- Multigenerational mixing of households over the Christmas period will lead to more infections, more hospital admissions and more deaths. 'Christmas is safe to mix' is **not** the message.
- Prof Alderdice asked about a four nation's response. It will be similar but not identical due to slight differences between nations, for example, Hogmanay.
- Relaxation decisions are the responsibility of Ministers.
- There being no further comments, the paper was noted.

In NERVTAG: Certifying COVID Immunity (Paper 10)

7. Prof Young asked for comments on the paper:

- More data is required and there are significant behavioural concerns around certification.
- Immunity may not reduce the carriage of virus.
- There being no further comments, the paper was noted.

Wastewater COVID-19 Monitoring in the UK (Paper 11)

8. Prof Elborn updated the Group on a recent grant received to work with ROI on wastewater studies across Ireland.

- There being no further comments, the paper was noted.

AOB

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

- Prof Alderdice raised commissioning of behavioural surveys and the rapid reporting process. Timeliness is important and it will be required on an ongoing basis.
- CMO passed on Minister's recognition to everyone involved with the Queen's pilot following his recent visit to QUB.
- There being no further business, the meeting closed.

Date of Next Meeting

10. The next meeting will be on Monday 07 December 2020 at noon via Zoom.