

# COVID-19 Strategic Intelligence Group

24 May 2021 at 12:00 – 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 Declan Bradley	Deputy Chief Scientific Advisor, DoH
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Frank Kee	Centre for Public Health, QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr Stephen Bergin	Director Public Health (Interim), PHA
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Jonathan Norwood	DoH (Secretariat)

## Apologies:

Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Dr Eugene Mooney	Director of Information and Analysis, DoH
Dr Nicola Armstrong	Programme Manager, PHA
Kieran McAteer	COVID-19 Response, DoH

## Welcome, Introductions and Apologies

1. Prof Young welcomed all participants back to the meeting.
  - Apologies were as noted.

- The previous minutes were accepted.
- The following actions were reviewed:

**ACTION: Select a Northern Ireland nominee to join the Expert Advisory Group.**

*In progress – Prof Young and Dr McBride to send nomination to Prof Holgate this week.*

**ACTION: Dr Bergin to organise a presentation from Queen’s University Belfast regarding wastewater surveillance.**

*In progress – Dr Bergin to organise presentation for the next SIG meeting.*

## Status Update

**SAGE: SARS-CoV-2 Variant Data Update, England (Paper 2)**

**NERVTAG: Preliminary Assessment of the Competitive Growth Advantage of the B.1.617.2 Variant (Paper 3)**

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

**Current estimate of  $R_t$  (new positive tests): 0.80-1.10 (7 days previous 0.80-1.10)**

**Current estimate of  $R_t$  (hospital admissions): too low for reliable estimate**

**Average number of new positive tests per day last 7 days: 90 (7 days previous 91)**

**7 day incidence based on new positive tests: 33 / 100k (7 days previous 34)**

**14 day incidence based on new positive tests: 66 / 100k (7 days previous 67)**

**7 day average of total positive individuals (pillar 1 & 2): 1.0% (7 days previous 1.1%)**

**7 day daily average tests completed: 10,087 (7 days previous 10,079)**

**Number of new positive tests in over 60s in last 7 days: 41 (7 days previous 40)**

**Proportion of total positive tests occurring in over 60s: 6.6% (7 day previous 6.3%)**

**First COVID +ve hospital admission in last week: 11 (7 days previous 24)**

**Number of community acquired COVID inpatients: 34 (7 days previous 49)**

**COVID +ve ICU patients: 2 (7 days previous 7)**

- The number of 7 day rolling average new cases is declining and in particular, numbers of cases in the over 60s are reaching a low level. This suggests no signal of emerging issues in relation to hospital pressures.
- The age groups 18-30s and 30-40s is where the largest case numbers are, most likely due to being out socialising more and are less likely to be vaccinated at present.
- LGD data shows that Derry City and Strabane case numbers have settled. Mid Ulster and Newry, Mourne and Down numbers have increased to >50/100k. The remainder of Northern Ireland remain very low albeit some border areas remain persistently high. Parts of England are >1000/100k particularly areas where B.1.617.2 variant is prevalent.
- Comparisons within the CTA shows that NI remains higher than other UK countries and significantly lower than the RoI.
- 0.07% of the NI population has COVID-19 according to the ONS Infection Survey.
- Hospital pressures continue to decline.
- Prof Young shared slides that show 'Daily Cases: Scenario Projections'. NI is tracking the central scenario closely. He gave an overview of all assumptions. Warwick and Imperial have shared similar modelling, which Prof Young summarised and both have slight differences between pessimistic models. Modelling was also discussed assuming that the B.1.617.2 becomes the dominant variant and the associated impacts. Close monitoring of real time data will be a key objective going forward.
- Prof Elborn asked about hospital admissions and vaccination status. In a pessimistic model, double vaccinated individuals would make up the majority of admissions.
- Additional opening up will be around largest outdoor and indoor events and in the Community and Arts sector. By 21<sup>st</sup> June, everything will be open subject to any additional impacts of the B.1.617.2 variant.
- Prof Kee asked about QR codes and the group discussed their use in hospitality and their data collection.
- Prof Alderdice raised vaccine hesitancy. The vaccine strategy was discussed; a significant proportion of over 25s have now been vaccinated and >70% of the population has had one vaccine dose in NI.
- Planning of contact tracing was discussed: 200-5000+ range of daily cases is very large and will cause difficulty with regards to recruitment planning. This will be monitored closely and further conversations about flexibility and reactivity are required.
- There being no further comments, the group noted the papers.

## AOB

3. Prof Young asked the group to raise any further items for discussion:

- International travel was discussed and Prof Young summarised the current position. An update on international countries' status will be provided every 3-4 weeks by the JBC and the advice will be reviewed for NI. The Executive will decide upon the status of countries; Green, Amber and Red approach will likely remain.
- The two fundamental factors taken into account are:
  - i. Prevalence; and
  - ii. Extent that variants are present.
- It is important to note what other countries say about the UK as a whole; they do not distinguish NI from the rest of the UK in general. People must be aware that planning summer holidays comes with risks.
- Prof Alderdice suggested that vaccination in deprived areas information be shared with the Adherence Group.
- There being no further business, the meeting closed.

## Date of Next Meeting

4. The next meeting will be on Monday 07 June 2021 at Noon via Zoom.