

COVID-19 Strategic Intelligence Group

12.00 pm – 24 August 2020 - Zoom Video Conference

Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DOH
Dr Michael McBride	Chief Medical Officer, DOH
Dr Naresh Chada	DCMO, DOH
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Gerry Waldron	Asst. Director of Public Health (Health Protection) 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
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr. Michael Quinn	Head of Clinical Information, HSCB
Tricia Lavery	DOH (Secretariat)

Apologies

Dr Lourda Geoghegan	DCMO, DOH
Dr. Eugene Mooney	Senior Statistician, DOH
Dr. Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Cathy Gormley-Heenan	Pro-Vice-Chancellor (Research and Impact), Ulster University
Dr Declan Bradley	Consultant Public Health Medicine, PHA

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 and

minutes were agreed without amendment.

1.2. Actions from the previous meeting were reviewed:

ACTION: Further investigation be undertaken to establish if there is a governance issue preventing the sharing of HSC numbers with the CTS and if there is, to see how this can be resolved.

Action Ongoing: It is understood that the HSC numbers are available in a slightly patchy way, mainly for cases and less so for contacts. It is not clear if this is an IT issue or a governance issue. **Prof. O'Donovan thought this may be a governance issue which he felt was now resolved and he agreed to check this.**

ACTION: The paper on Singing, Wind Instruments and Performance Activities, when finalised, is to be shared with the Entertainment Forum, the Churches Forum and also the Educational sector in terms of schools and universities.

Action Ongoing: The final version of the paper has not yet been received but is expected this week, and this paper will be shared once this happens.

ACTION: Mitigations of a 2m social distance to be considered between members of a choir and also its conductor and also between different household groups in a church congregation where singing will occur.

Action Ongoing: This will be actioned once the paper above is received later this week.

Status Update

1. Prof Young provided an update to the group on the current state of the epidemic.

1.1. There have been quite a large number of positive cases reported over the weekend. Looking at the incidence per 100K of the population over a 7 day period, by Local Government District (LGD), the figure for Mid & East Antrim reached 73 by 23 August. This is the site of the cluster reported in the media last week and there was a considerable amount of testing carried out there over the weekend amongst the workforce, and this figure may go up further when today's figures are received. This figure is now approaching the level where local restrictions were imposed in other areas of the UK.

1.2. Towards the end of last week, thanks to some excellent work by PHA and the Test, Trace, Protect programme, figures were identified for the levels of community incidence by disaggregating the cases associated with the cluster. This was around 30, a level that was considered to be tolerable given that it was possible

that some more cases would become linked to the cluster. However the numbers have risen quite a bit and a careful check will need to be kept on this.

- 1.3. Numbers across the remaining LGDs remain below 30. Antrim & Newtownabbey previously had an outbreak in a social club in Whiteabbey, and now has a PSNI-related outbreak which has been reported in the media over the weekend. There is currently no sense that these are related, and in fact it would require whole genome sequencing of the organism to determine this, and there are currently ongoing discussions on the use of this technology.
- 1.4. The levels for Fermanagh & Omagh are the lowest and remain low, but numbers across the remaining 7 LGDs are rising. The main area of concern amongst these is Belfast as it has the biggest population and has been rising progressively, reaching 24 on 23 August, with no known clusters reported. This will be another area that will require close monitoring, however this is not surprising given the pattern of urban outbreaks in other areas.
- 1.5. Dr. McBride asked if PHA colleagues have any information in terms of a potential cluster or outbreak in the Derry & Strabane LGD area, given there has been a sharp rise between Saturday and Sunday from 7.3 to 20.6. Dr. Waldron agreed to look into this and report back to CMO.
- 1.6. It is clear is that there is an increase in cases everywhere over the weekend, and the situation is quite worrying. The additional restrictions agreed by the Executive last week are brought in today, and consideration is being given to what measures are taken to enforce restrictions.
- 1.7. In terms of hospital admissions, the numbers remain stable up to today, and although it has risen since mid-July it has plateaued throughout August. The total number of beds occupied by COVID-positive inpatients reached around 300 during wave 1 and whilst it has risen since early August it remains low at around 15 and appears to have plateaued also. This could still be due to a lag phase but there is now an increasing train of thought that we are now detecting a different range of cases than in wave 1 because of the more widespread testing at present.
- 1.8. The value of R at the moment is settling between 1.1 and 1.2 for the last week, measured by hospital inpatients. This is a level that we felt we could tolerate pretty well previously and explains why there is no significant rise in the number of inpatients. The value of R measured by the number of positive cases shows bigger rises with the current value between 1.3 and 1.6.
- 1.9. There was a discussion around the value of the multiplier used to estimate levels of community prevalence. The most recent research published uses a multiplier of 2.3. The modelling Group are currently using two approaches, one which uses a multiplier of 2.3 from the number of positive tests and a second which is based on an assumption that the number of positive cases is equal to the number of symptomatic individuals, and then assumes that the extent of symptomatics in the population ranges from 15 to 80%. Prof. Young agreed to share the latest research paper on estimating levels of prevalence in the population with the members of the

group.

ACTION: Prof. Young to share the latest research paper on estimating levels of prevalence in the population with the members of the group.

Large events and gatherings (Papers 2 and 3)

2. Prof Young presented the papers which relate to large gatherings.

2.1. This is a subject of ongoing work at SAGE and further papers on this topic are anticipated. From a societal and economic perspective it would be highly desirable to be able to facilitate larger gatherings. It was noted that Germany was carrying out a piece of work over the weekend on an indoor concert, with audiences configured in various ways and all individually tracked etc. The results of this piece of work, which SAGE are very interested in, should be available in September.

2.2. The 2 papers may not contain much new information and discussions have previously been had with local event organisers to explain that much of the risk may not relate to the event and the venue itself, but the informal interactions before, after and around the venue. There are also clearly some bottlenecks which include entrance and exit points and facilities such as lavatories etc. which must be taken into consideration. In addition, some of the aspects of associated activity should be considered, such as loud singing, shouting, cheering and alcohol consumption etc. which are likely to increase the risk and which are difficult to mitigate because of the nature of certain events.

2.3. There also needs to be a venue-specific assessment that takes account of ventilation etc. and in general all-seated events where people can be spread out and ticketed and tracked are likely to be lower risk than venues where people mill around in large groups and/or are standing. Whilst there is not an inclination to allow such events at present, there may be increasing pressure to do so over the coming months.

2.4. It was agreed to pass the papers on to Karen Pearson, TEO and ask her to subsequently share them with the appropriate sectors.

ACTION: Prof. Young to forward the 2 papers on large events and gatherings to Karen Pearson, TEO and ask her to subsequently share them with the appropriate sectors.

2.5. It was commented that the messaging issued last week from Prof. Young, Dr. McBride and Minister was very clear and very informative. A priority to explore around the messaging now is to shift to the idea of personal responsibility and encouraging the population to take ownership of their behaviours. This needs to extend to encouraging the owners of premises who should take responsibility for all events held on those premises.

2.6. Consideration will need to be given to what restrictions need to be in regulation as opposed to guidance and it was commented that when face-coverings were strongly encouraged there was little anecdotal evidence of an increase in compliance, however as soon as it became a rule there was a clear shift in levels of compliance. Although it may be more difficult in this sector, if some definitive rules could be set it may become easier for the public to understand. It was agreed that there is a need for a balanced approach between regulation and encouragement and this is a topic that will be discussed at the Executive again this week. Scotland have now chosen to make hospitality guidance statutory and the representatives of the hospitality sector there have said that being able to clearly say “you can” and “you cannot” is much more powerful than “saying “you should consider”. Here in NI we cannot use that language unless it is in statute therefore that may be the desired approach going forward to improve compliance.

In summary, the general direction of travel will be more towards regulation than making behaviours mandatory and in general this group felt that this was a reasonable approach.

2.7. There being no further comments the papers were noted.

UK CMOs consensus statement on schools and childcare (Paper 4)

3. Prof Young presented the paper which was extremely helpful and very clear in terms of setting the context for the reopening of schools.

3.1. Getting children back to school is very important as is keeping them there as much as possible. The paper provides a helpful summary of both national and international evidence, and was written in an attempt to provide as balanced an assessment of the relative risks and benefits as possible. It is based on the clear understanding that children will be damaged in the longer-term by remaining away from school and that impact will be disproportionately greater than the risk of COVID.

3.2. There being no further comments the paper was noted.

Opening HE and FE settings in September (Paper 5)

4. Prof Young presented the paper noting that SAGE have now set up a new working group to look of this, which met for the first time last week and again this morning, both of which he attended.

4.1. There was not much in the way of new information that both UU and QUB have not at least already considered, however a second paper is expected later this week.

4.2. The main concern is not the impact on the students, but the impact on broader

society of the students returning. There is particular concern around the way students will mix with other sectors of society both in the hospitality and entertainment settings and the retail sector around universities, and there are substantial concerns around students returning home at weekends etc. and the potential for scattering infection across the community in that way.

- 4.3. There was a substantial discussion at the meeting this morning around the regular testing of students, possibly weekly or more frequently, as a way to trying to keep things under control as we move through the year and testing capacity increases. Thinking of our Further Education Sector and it was agreed to pass the paper on via Karen Pearson, TEO to ensure they are sighted on the latest thinking.
- 4.4. It was commented that the content of the paper has been discussed at some length by both Universities and some mitigations are planned, e.g. QUB may not plan to reopen the Student's Union Bar on the Lisburn Road, given the associated space constraints, and instead may plan to have a series of marquees for both teaching purposes and to facilitate some social interaction. This is being looked at in consultation with Student Union Reps.
- 4.5. Both universities carried out feasibility testing 2 weeks ago, which tested 400 students across Belfast, Magee and Coleraine campuses. No student tested positive, and positive antibodies were detected in around 6% of those tested. There is a degree of concern and nervousness looking at what has happened in the USA with Notre Dame and UNC and others reporting problems around the return of their students. Considering the success of the feasibility study combined with the emerging situation in the USA, discussions are planned this week with PHA through Dr. Farrell around setting up a walk-in test centre in South Belfast that would cover not just QUB but also the Holylands which has a large number of student HMOs and also the Lower Ormeau area in general which has a high degree of diversity. It is hoped to progress this quickly this week as this would also shape decisions on how to track the QUB students. Similar discussions are ongoing with UU, who were also part of the feasibility study.
- 4.6. The student population are a group that will likely be high transmitters because of the nature of some of their activities, both educational and social, and NI has a particular challenge with the students returning home at weekends as a high proportion of students would tend to do this. This could result in a high proportion of transmission being seeded back into the towns and villages across NI.
- 4.7. The papers will be helpful as a benchmark and a check for what is already being done, and there are a few additional useful pieces on information. QUB have already co-produced a "Commitment for Students" with the Student's Union that will be used to ensure both staff and students have a sense of co-ownership of some of the issues mentioned previously in the meeting today across the hospitality sector. It is hoped that this will generate proper co-ownership and encourage a challenge of unacceptable behaviours in a courteous and kindly but effective way.
- 4.8. Prof. Young stated that it may be useful to have some communication to students to encourage them not to return home at weekends, particular if there is a

vulnerable or elderly person in the household at home. This is definitely a bigger issue in NI than in other parts of the UK. It may be worth consideration being given to offering students a test on the Thursday or Friday before they returned home, when there is improved testing technology available that would produce a quick result. Whilst this would not completely remove the risk, it would certainly reduce it.

4.9. This topic will be revisited when the further SAGE paper is available and in the meantime the paper will be forward to the FE leads via Karen Pearson.

ACTION: Professor Young to be forward the Paper on FE and HE settings reopening to the FE sector leads via Karen Pearson. TEO.

4.10. There being no further comments the paper was noted.

Impact of testing strategies on COVID-19 (Paper 6)

5. Prof Young presented the paper which comes from Imperial and looks at testing.

5.1. The paper provides a good lead into an area of interest that sees a push for much improved and widely accessible testing using new the new technologies that are emerging. This is considered to be a way to increase public confidence about engaging in various activities and as a way of trying to get people to isolate appropriately. It is thought the general approach will be to offer frequent testing in due course to asymptomatic individuals, particularly those in somewhat higher risk settings, and this may include, for example, all university students.

5.2. The paper begins to tease out the implications of this approach, talking particularly about Healthcare workers. To get to this point new technologies for testing will be required and a fuller understanding of the specificity and sensitivity of testing. The focus of this paper is around sensitivity, whilst specificity is more around false positives. The second aspect to be considered would be availability of a saliva test as opposed to a swab test, which is quite unpleasant and would cause people to become tired of such a method of repeat testing.

5.3. The paper is presented today mainly for information, but it is useful to open the topic up for awareness and discussion. It was commented that the paper also discusses the idea of immunity passports, which has associated inequalities and ethical issues, and which would therefore require an Equality Impact Assessment. There may also be civil rights aspects to be considered.

5.4. Dr. McBride commented that, in terms of a more broad-based testing regime, it would be helpful to consider what use could be made of having access to a limitless supply of diagnostic tests with a turnaround time of less than 90 minutes and how you might use such capacity and technology in the absence of a vaccine over the next 1-2 years, and in a way that would allow the sacrifice of some degree of accuracy in favour of providing some level of assurances to allow certain activities

to continue. Consideration would also need to be given to augmenting tests in certain situations with a PCR test following an initial positive test in certain environments, and also to which tests you would use in which environments. It will require bold and different thinking around how we can live with this virus as testing capacity ramps up and new technologies come online. This could be useful, for example, to offer tests to all students wanting to return home at weekends, those working in meat plants, those working in hospital or care settings, family members of hospital workers etc.

5.5. There being no further comments the paper was noted.

AOB

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

6.1. There being no further business the meeting closed.

Date of next meeting

7. There will be no meeting next week (31 August) as it is a Bank Holiday, therefore the next meeting will be on Monday 7 September at 12pm and will be via Zoom video conference.