

COVID-19 Strategic Intelligence Group

25 January 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 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
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Stephen Bergin	Assistant Director Public Health – Population Screening, PHA
Jonathan Norwood	DoH (Secretariat)

Apologies:

Professor Ian Young	Chief Scientific Advisor, DoH
Dr Naresh Chada	DCMO, DoH
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Dr Gerry Waldron	Assistant Director of Public Health – Health Protection, PHA
Dr Michael Quinn	Head of Clinical Information, HSCB
Kieran McAteer	COVID-19 Response, DoH
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.
 - Prof Elborn will chair the meeting for the next 4 weeks.
 - Previous minutes were accepted.
 - All actions are complete.

Status Update

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

Current estimate of R_t (hospital admissions): 1.0 - 1.2 (above 1)

Current estimate of R_t (ICU): 1.2 - 1.3 (above 1)

Current estimate of R_t (new positive tests): 0.65 - 0.85 (below 1)

Average number of new positive tests per day last 7 days: 957 (down from 1378)

7 day incidence based on new positive tests: 354 / 100k (down from 509)

14 day incidence based on new positive tests: 863 / 100k (down from 1170)

7 day average of total tests (pillar 1 & 2) which are positive: 14% (down from 20%)

Tests per 7 days per 1000 population: 3.7 (unchanged from 3.7)

Number of new positive tests in over 60s in last 7 days: 1515 (down from 2052)

Proportion of total positive tests occurring in over 60s: 21.7% (up from 19.8%)

First COVID +ve hospital admission in last week: 397 (down from 421)

Number of community acquired COVID inpatients: 580 (down from 602)

COVID +ve ICU patients: 67 (up from 53)

- 7 and 14 day incidence rates have decreased.
- Positivity has decreased.
- Hospital admissions have decreased albeit remaining at a high level.

- All LGDs have decreased; Armagh, Banbridge and Craigavon remain at a high level.
- Dr McBride presented a comparative graph showing RoI and each UK country's case numbers from October. It is interesting to reflect on each country's different interventions and what they have meant for case numbers over time.
- First COVID positive inpatient numbers have decreased.
- ICU numbers continue to increase and have not peaked.
- >25% of hospital inpatients are hospital acquired COVID positive.
- This is a precarious position; any relaxation will add to the already huge burden on the hospital system.
- Staff/Patient transmissions were discussed – further detail on nosocomial spread is required. Prof Kee reflected on staff behaviour change post vaccination.
- Dr Mitchell gave an overview of testing initiatives in BHSCT using Optigene and SHSCT and NHSCT LFD initiatives. It is concerning that nosocomial spread is increasing when community transmission is reducing.
- PHA, Health Protection team to engage with Trusts regarding nosocomial spread.
- Health professionals must uphold standards regarding PPE and challenge one another by reinforcing the importance of PPE. CMO to reflect and consider communication with trusts regarding the importance of NPIs. IPC audits were discussed.

Modelling Discussion to Advise Modelling Group

3. Prof Elborn asked the group about including this discussion weekly from Monday 01 February to provide input to the modelling group. The group was content and this will be included in the agenda going forward. Projections are required, contingent on policy decisions, such as 'if schools open' or 'if vaccination pace increases'. Iterative communication will be helpful between the Modelling Group and SIG.

SPI-M-O: Consensus Statement to SAGE (Paper 2)

4. Prof Elborn summarised the paper and there being no further comments, the paper was noted.

NERVTAG: Note on B.1.1.7 Severity (Paper 3)

NERVTAG: Update on Variants (Paper 4)

5. Prof Elborn asked for comments on the two NERVTAG papers:

- The 'South American' variant was discussed; NPIs and reinforcing mitigations are as important as ever.
- The group emphasised the importance of all NPIs.
- The paper has not adjusted for comorbidity or frailty. Predilection for older people was discussed but there is no data to support this yet.
- Sequencing was discussed – Dr McBride compared Northern Ireland to other European countries; RVL is performing very well and praised the work of this relatively small team. Transmissibility versus mortality rates were compared.
- There being no further comments, the papers were noted.

Occupational Exposures Associated with Being a COVID-19 Case (Paper 5)

6. Prof Elborn asked for comments of the paper:

- Definitions of occupations need more clarity in the United Kingdom.
- There was discussion around differences in activities between different periods.
- Are there occupations to prioritise for vaccination? JCVI are clear on priority list.
- New, updated evidence regarding retail would be helpful.
- Systematic testing within higher risk occupations may also be helpful.
- Border areas pose an interesting phenomenon; prevalence has been higher in border areas than their respective countries. There are factors that may have been influential such as environmental or cultural or a combination of these and others.
- There being no further comments, the paper was noted.

International Importation and Travel/Border Measures (Paper 6)

7. Prof Elborn asked for comments of the paper:

- Hotel quarantining proposal with a clear testing process was discussed.

- Rol are receiving flights from the Americas and there is a risk to Northern Ireland by those travelling here via Dublin.
- Dr McBride commented that a lot the measures highlighted are policy decisions; there may be merit in temporary closure of borders but these are decisions for Ministers.
- Wider vaccine rollout will be considered alongside larger economic trade-offs by Ministers.
- TTP and advanced contact tracing were discussed. The key message is, '*reduce transmission as much as possible*'.
- Airline operational details were discussed; do airlines display and actively check symptoms of passengers?
- '*Essential travel only*' must be the message.
- There being no further comments, the paper was noted.

JAMA: Change in Reported Adherence to Nonpharmaceutical Interventions during the COVID-19 Pandemic, April-November 2020 (Paper 7)

8. Prof Elborn summarised the paper and there being no further comments, the paper was noted.

AOB

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

Date of Next Meeting

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