

COVID-19 Strategic Intelligence Group

26 April 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
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Stephen Bergin	Director Public Health (Interim), PHA
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Dr Michael Quinn	Head of Clinical Information, HSCB
Jonathan Norwood	DoH (Secretariat)

Apologies:

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.
- All actions are complete.

Status Update

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

Current estimate of R_t (new positive tests): 0.70-1.05 (7 days previous 0.95-1.40)

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

Average number of new positive tests per day last 7 days: 111 (7 days previous 102)

7 day incidence based on new positive tests: 41 / 100k (7 days previous 38)

14 day incidence based on new positive tests: 78 / 100k (7 days previous 73)

7 day average of total positive individuals (pillar 1 and 2): 1.5% (7 days previous 2%)

7 day daily average tests completed: 9,880 (7 days previous 7,699)

Number of new positive tests in over 60s in last 7 days: 95 (7 days previous 68)

Proportion of total positive tests occurring in over 60s: 12.2% (7 day previous 9.5%)

First COVID +ve hospital admission in last week: 15 (7 days previous 24)

Number of community acquired COVID inpatients: 43 (7 days previous 59)

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

- Hospital pressures continue to decline.
- A graph of 7-day rolling average of cases by age group shows a decline in every age group except for an uptick in 0-11 year olds, principally as a result of an increase in case numbers of primary school aged children. This is probably associated with the return of schools.
- All LGDs are below 100/100k for 7-day total cases and border areas continue to show greater transmission. Derry City and Strabane was the highest rate in the UK when

peaking at 110/100k this week. Fermanagh and Omagh has increased significantly and PHA colleagues will monitor. Mid Ulster cases have plateaued.

- Dr Mitchell provided the group with an overview of clusters in Fermanagh and Omagh.
- Testing has increased, largely due to schools and close contacts testing.
- ONS data shows that 0.14% of the NI population (1 in 710 people) has COVID-19.
- Prof Young shared a graph comparing prevalence across the common travel area. Northern Ireland has lower 7-day cumulative total cases than RoI but higher than all other UK countries.
- Hospital admissions continue to decrease; ICU occupancy and number of deaths remain at a low level.
- R_t increased post-Easter and declined last week. $R_t > 1$ in school aged children but below 1 in all other age groups.

NERVTAG: Growth Rate of SARS-CoV-2 B.1.1.7 (Paper 2)

3. Prof Young asked for comments on the group of papers:

- There are reports that the B.1.1.7 variant is one of the variants in India and there being no further comments, the group noted the paper.

Places of Enduring Prevalence (Paper 3a)

Defining Enduring Prevalence (Paper 3b)

4. Prof Young asked for comments on the two papers:

- SAGE had a discussion around regions with recurring outbreaks, primarily focussed on England. This will be useful information to apply to Northern Ireland border regions. Deprivation is a standout factor and perhaps neighbouring regions with lower vaccination is applicable to Northern Ireland regions bordering with RoI regions.
- Is there an occupational factor such as the high levels of continuing workforces in Mid Ulster unable to work from home due to the nature of the business?
- The group discussed outbreaks in ethnic minority groups.
- There being no further comments, the group noted the papers.

CO-CIN: Hospitalised Patients Stratified by Vaccination Tier in Second Wave (Paper 4a)

Hospitalised Vaccinated Patients during the Second Wave (Paper 4b)

5. Prof Young asked for comments on the two papers:

- The main points are that once you are beyond 21 days post-vaccination, there is clear evidence that the risk of hospitalisation is reduced. Although if you are ill enough to be hospitalised post-vaccination, the outcomes are largely unchanged.
- There is early evidence that there is reduced admissions in Northern Ireland hospitals, which is to be expected given the success of the vaccination programme. The potential for a number of deaths in those hospitalised is still to be expected.
- There being no further comments, the group noted the papers.

SPI-B: Sustaining Behaviours to Reduce SARS-CoV-2 Transmission (Paper 5)

6. Prof Young asked for comments on the paper:

ACTION: Prof Young to forward paper to Adherence group.

- The group discussed long term NPIs.
- Prof Alderdice reflected on the need to invest in structural changes and that Governments will need to lead on these challenging societal changes.
- Dr McBride commented on industries adapting to these changes; this has to be a multidisciplinary and multiagency approach.
- Dr Chada reflected on health improvement and its importance going forward.
- There being no further comments, the group noted the paper.

The Population Attributable Fraction (PAF) of Cases due to Gatherings and Groups - COVID-19 Mitigation Strategies (Paper 6)

7. Prof Young asked for comments on the paper:

- The group discussed the risks associated with gatherings. Funerals are generating more cases. PHA have prepared posters for places of worship and videos showing best practice with respect to funerals.
- Guidance for funeral directors has been extensive; the Department has corresponded

with funeral directors throughout the pandemic continuously. Regulation of funeral directors was discussed and engagement with faith leaders has been constructive.

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

SAGE: Prisons' Report (Slides 7)

8. Prof Young asked for comments on the slides:

- These slides are based on prisons in England. JCVI are considering advice following the conclusions in this report.
- Dr McBride reflected that Northern Ireland prisons have had no significant outbreaks in prisons. The group discussed testing policy in prisons. Vaccination in prisons is progressing in line with JCVI guidance.
- There being no further comments, the group noted the slides.

AOB

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

- There was a discussion around travelling throughout the common travel area. More data is required although the risk remains of introducing new variants into Northern Ireland. The policy for travellers to Northern Ireland to isolate has to be weighed against the consequences to the economy and society.
- There being no further business, the meeting closed.

Date of Next Meeting

10. The next meeting will be on Monday 10 May 2021 at Noon via Zoom.