

COVID-19 Strategic Intelligence Group

26 October 2020 at Noon – Zoom Video Conference

Present:

Dr Lourda Geoghegan (Chair)	DCMO, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Naresh Chada	DCMO, DoH
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Dr Declan Bradley	Consultant Public Health Medicine, PHA
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 Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Jonathan Norwood	DoH (Secretariat)

Apologies:

Professor Ian Young	Chief Scientific Advisor, DoH
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Michael Quinn	Head of Clinical Information, HSCB
Dr Eugene Mooney	Director of Information and Analysis, DoH
Kieran McAteer	COVID-19 Response, DoH

Welcome

1. Dr Geoghegan welcomed all participants to the meeting.
 - 1.1. Apologies were as noted.
 - 1.2. The following actions were reviewed:

ACTION: Prof Young to establish a subgroup to provide CMO with recommendations around compliance.

Action Ongoing

ACTION: Dr Geoghegan to raise the issue of students having to self-isolate on multiple occasions even after testing positive and subsequently recovering at the Senior Clinicians meeting and report back.

Action Ongoing

ACTION: Publish Scientific Papers and SAGE Papers on DoH website.

Action Ongoing

Status Update

1. Dr Geoghegan provided an update to the group on the current state of the epidemic:

- Most figures have begun to plateau;
- The rate of increase has slowed;
- Current estimate of R (new positive tests): 1.0 - 1.3 (definitely above 1);
- Average number of new positive tests per day last 7 days: 1045 (up from 866);
- 7 day incidence based on new positive tests: 385 / 100k (up from 319);
- 14 day incidence based on new positive tests: 704 / 100k (up from 507);
- 7 day average of total tests (pillar 1 and 2), which are positive – 13.0% (up from 11.2%);
- Tests per 7 days per 1000 population – 29.1 (down from 29.2);
- Number of new positive tests in over 60s in last 7 days – 1083 (up from 790);
- Proportion of total positive tests occurring in over 60s – 15.3% (up from 12.8%);
- First COVID +ve hospital admission in last week – 231 (up from 164);
- Number of community acquired COVID inpatients – 278 (up from 189);
- COVID +ve ICU patients – 29 (up from 24);
- Derry and Strabane Government District continues to decrease;
- COVID +ve inpatients – above 300 and higher than first wave peak;

- R is on a downward trajectory from beginning of October;
 - R for Derry and Strabane continues to decline;
 - TTP shows a downward trend from 20th October;
 - Traffic Congestion data needs clarity – Prof Young to interpret next week; and
 - Facebook data shows a reduction in travel.
- Dr Geoghegan asked for comments on the information:
 - ICU bed occupancy was discussed and numbers are on DoH dashboard.
 - Prof Alderdice questioned which information will be released to the media as it is important that positive messages are released. Discussions with Minister will take place to decide which messages to release this week. The Derry and Strabane data shows the most positive results. There is a rise in deaths but that is expected to lag a few weeks given the pattern observed in the first wave.

The Impact of Nosocomial Infections to the First Wave (Paper 2)

2. Dr Geoghegan asked for comments on the paper:

- There was discussion around modelling and specifically the statistic that 5% of all cases were hospitalised.
- Hospital acquired COVID is prevalent and is rising across all hospital sites. Infection control is the responsibility of each Trust and this is to be discussed with Chief Executives today. Lessons learned were also agreed to be discussed with Chief Executives. Definitions in this paper are the same as those used across the system.
- Trust policy was discussed; testing on admission in casualty and again at Day 5-7 is the current protocol. Patients discharged to care homes are tested 48 hours before discharge.
- There being no further comments, the paper was noted.

SARS-CoV-2 Transmission Routes and Environments (Paper 3)

3. Dr Geoghegan asked for comments on the paper:

- There was general consensus that the paper was clear at laying out the journey thus far. The paper will eventually go into the public domain. The evidence in the paper supports enhanced contact tracing and that super spreading events are extremely important. There was emphasis and agreement in that routine collection of the

correct data is important to accelerate the production of new evidence.

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

Seasonality and its Impact on COVID-19 (Paper 4)

4. Dr Geoghegan asked for comments on the paper:

- This is a reassuring paper and will go to SAGE to be scrutinised. There was a general consensus that this is helpful and should be coupled with the previous paper. Dr Chada commented that the non-pharmaceutical interventions being implemented currently have a high chance of success.
- There being no further comments, the paper was noted.

Role of Children in Transmission of SARS-CoV-2 (Paper 5)

5. Dr Geoghegan asked for comments on the paper:

- Data from ONS has been used as opposed to symptomatology data. Revisiting articulation around children's infection message is required. There are age related issues with children and they play a significant role in introducing infection into the household. What does this mean for schools? There is work to do on the symptom profile and relative contribution of various age groups of children to the pandemic, to the progression of the disease and to testing strategy. R reduces with schools closed because of reduced activity around the school primarily. This paper aligns with PHA work that primary schools have less infection than secondary schools and particularly among adolescents. This paper fits with what is seen locally.
- Different testing strategies within different countries was discussed.
- Asymptomatic testing of adolescent groups was discussed and one of the mass testing pilots being considered by PHA is the lateral flow test within schools. Do schools overlap with super spreaders particularly within the adolescent group? Contact tracing in schools needs revisiting as schools are managing their data separately. Schools are influenced by local community infection rates.
- Dr McBride commented that it will not be possible to keep $R < 1$ with schools and hospitality both open. Advice needs framed in such a way to help people understand the impact that schools and hospitality have on R. Blended learning in schools was also discussed.
- Queens has a continuing reduction in the 7 day rolling average and is now very low. Queens is moving forward with the lateral flow testing of asymptomatic students. Discussions ongoing with Ulster University to be involved and to ensure the correct

use cases have been identified.

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

Positive Strategies for Sustaining Adherence to Infection Control Behaviours (Paper 6)

Increasing Adherence to COVID-19 Preventative Behaviours among Young People (Paper 7)

The Role of Community Champions Networks to Increase Engagement in the Context of COVID-19 (Paper 8)

6. Dr Geoghegan grouped paper 6, 7 and 8 in unison, and asked for discussion:

- There was discussion around how to take forward recommendations. There is a lot of useful local information and networks that can be used. Prof Alderdice asked for feedback from behavioural group.

ACTION: Dr Liz Mitchell to ask Nicola Armstrong, PHA to share Behavioural Change presentation with Group.

- Dr McBride has asked DfC colleagues to lead a work group with input from DoH. Prof Alderdice and Prof Morrow are keen to be involved and to engage with Northern Ireland's well established community networks to better share information.
- There being no further comments, the paper was noted.

COVID-19 – Scotland's Strategic Framework (Paper 9)

7. Dr Geoghegan asked for comments on the paper:

- Scotland has a four tier approach whereas Ireland use a grid. Scotland has published a testing strategy – 'FACTS'.
- Prof Alderdice asked for an update on track and trace. Dr Mitchell outlined the process of the digital platform and how contact tracers contact people. Work is ongoing to promote the use of the digital platform; in England there is 30-40% uptake. Enhanced contact tracing work is ongoing. PHA is providing a paper for DoH to outline best way forward to aid planning.
- 800 calls / day is manageable. More focus is required on early identification of clusters and the early interventions.
- There were no further comments, the paper was noted.

AOB

8. Dr Geoghegan invited members to raise any further items for discussion.

- There being no further business, the meeting closed.

Date of Next Meeting

9. The next meeting will be on Monday 02 November 2020 at noon via Zoom.