

COVID-19 Strategic Intelligence Group

12.00 pm on 29 June 2020 by Zoom Video Conference

Present:

Professor Ian Young	Chief Scientific Officer, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Naresh Chada	DCMO, DoH
Dr Lourda Geoghegan	DCMO, DoH
Professor Frank Kee	Centre for Public Health, QUB
Professor Diarmuid O'Donovan	Centre for Public Health, QUB
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Tricia Lavery	Secretariat, DoH

Apologies

Apologies were received from the following:

Dr. Gillian Armstrong	Senior Medical Officer, DoH
Dr Jenny Mack	Public Health Registrar ST4, DoH
Dr. Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Cathy Gormley-Heenan	Pro-Vice-Chancellor (Research and Impact), Ulster University
Gerry Waldron	Head of Health Protection, PHA
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences. QUB

Welcome

1. Prof Young welcomed all participants to the meeting and apologised for the last minute rescheduling which was due to a change of time of today's Executive meeting.
 - 1.1. Prof. Young confirmed that all were content with the note of the last meeting as issued
 - 1.2. Under matters arising, Prof. Young referred to paragraph 3.6 which discussed the possibility of a point-prevalence study using one of our hospitals. It was confirmed that this was discussed at the Testing meeting on Friday 26 June. The Testing group plan to set up a surveillance sub-group and are broadly supportive of the concept of a point prevalence study and further updates on this will follow in due course.

Status Update

2. Prof Young provided a status update to the group.
 - 2.1. All NI indicators remain in slow decline. There are currently no COVID patients requiring critical care, and the number of COVID positive (community acquired) patients in hospital has fallen to around 30, split across all NI hospitals. The number of community-acquired hospital admissions has remained fairly constant at 0 – 2 for the past 2-3 weeks, and the number for today is 2. It remains at a low level, indicating that we continue to have a certain amount of community-acquired disease.
 - 2.2. The consequence of this is that the determination of R is becoming problematic. At present R has fallen below 0.5, but this is a transient effect and in all likelihood R will rise to 1 or above. Given the very low level of transmission, consideration should be given to no longer reporting R, as it now does not provide a meaningful indicator of disease status. However it was recognised that this would mean a substantial change in associated messaging.
 - 2.3. The NI modelling group wrote to the SPI-M sub-group of SAGE on Friday 26 June to advise of this, and SPI-M have subsequently advised they were considering a similar approach. SPI-M recognise that NI is ahead of the rest of the UK and are the first of the 4 Nations to have to face this problem.
 - 2.4. R will be reported tomorrow but this will be accompanied by a proposal to stop publishing R, but would move to do so again in the future if certain criteria were met. The modelling group will discuss at their meeting on Tuesday 30 June what such criteria would be. This will need to be accompanied by a clear explanation for the change to Minister and to the Executive, along with detail of what the alternative measures will be. Considerations will also need

to be given around the associated messaging for the general public.

- 2.5. The overall level of the epidemic in England is between 5 and 10 times that of Northern Ireland. There have been some significant flare ups in England, with the outbreak in Leicester attracting most attention prompting the proposal for a local lockdown. Discussions have previously taken place within DoH to try to ensure that we are in a position to recommend local lockdowns in NI if required in the event of any upsurge in the epidemic and assurance was given that this would be possible.
- 2.6. The cause of the outbreak in Leicester remains unclear although it is culturally different to NI in terms of ethnic mix and social behaviours. There is a sense that some of it might be linked to schools as several schools have now been closed and it would be important for NI to know this as it could feed more directly into our own planning. There has also been closure of some factories.
- 2.7. The response has included messaging in multiple languages but there is, as yet, no detailed investigation as to the root cause. The outbreak is not reported to have had any impact on the NHS as yet, and there has been increased testing in high-density areas and workplaces and increased protection in care homes.
- 2.8. Wales continues to deal with the 2 substantial factory-linked outbreaks, one of which is on Anglesey where wider lockdown restrictions have been proposed.
- 2.9. Scotland have reported no deaths for the past 3 days and media reports suggest the aim is to have eliminated the virus in Scotland by the end of the summer.
- 2.10. These regional differences raise very real questions about the relative importance of imported cases of infection and it is proposed to ask the Contact Tracing Service to pay particular attention to, and advise this group of, any particular positive cases that appear to have been outside NI in the preceding 2 weeks.

ACTION: Dr. O'Donovan agreed to ask the Contact Tracing Service to advise the SIG of any positive cases that have been outside NI in the preceding 2 weeks.

- 2.11. An announcement are expected soon around travel bridges etc. for the UK as a whole, including NI. The current advice in ROI is that individuals arriving from England are advised to self-isolate for 14 days but this is not mandatory and is not followed up. There is currently no such advice in NI.
- 2.12. Over the weekend there have been concerns in ROI about an increase of cases in younger people, however there are no statistics available to support or explain this.

COG-UK Medical Informatics Sub-Group - Data Sharing Issues

3. Prof Young invited Dr. Declan Bradley, who sits on the COG-UK Medical Informatics Sub-Group to discuss the issue.
 - 3.1. COG-UK is the UK-wide viral sequencing project that reports to SAGE and is intended to be part of the response to the COVID-19 pandemic. It also produces reports for all 4 Public Health Agencies, all Trusts etc. and is acting on behalf of Government and NHS to provide a health protection service that will help investigate outbreaks and will investigate new imported cases versus local transmission.
 - 3.2. This information is useful for outbreak management and for epidemiology and NI would be keen to have the sequences of the viral isolates that come from NI. However the way the project has been designed makes this quite difficult to achieve. The project has been set up to be led by academics and is funded through research channels. The project data will be stored in an MRC environment which sits outside the NHS.
 - 3.3. The initial understanding was that this would be a surveillance project, as opposed to a research project, and would only be collecting de-personalised data meaning that data sharing should not be problematic once a few data sharing issues were addressed. However the agreement recently drawn up by the University of Cambridge, who are leading on the project, clearly states this is a research project that has been funded as research as opposed to service provision. Moreover, the agreement states that the data, though pseudonomised, is potentially personal data as some of the people working on the project have dual roles and their other role gives them access to the original patient data.
 - 3.4. There are 4 possible options to resolve this situation:
 - Option 1: To get guidance that says that in this case there is a public interest justification for sharing personal data. (This would be open to challenge).
 - Option 2: To progress the Secondary Use of Data Regulations as such data sharing may be allowed under such regulations;
 - Option 3: to take the view that, whilst University of Cambridge classifies the data as personal data, we in NI know that we are not providing anything identifiable and are therefore content that it is not personal data. (This carries a level of risk); and
 - Option 4: to build internal capacity within NI to keep the data in-house.
 - 3.5. It was agreed that the best way forward was to liaise with DoH IG Lead and with DSO in the first instance and to follow this up by seeking further advice from Privacy Advisory Committee (PAC).

ACTION: Dr. Bradley agreed to send a summary of the issues, including a sample of the core data set to be shared, with CMO Office who will then consult with DoH IG Lead and DSO.

3.6. It was also agreed that Option 4 was a very attractive longer term option and that Option 2, when finally complete, would be the ultimate solution to future data sharing issues.

SPI-M-O: Consensus Statement on COVID-19 (Paper 2)

4. Prof Young presented the paper which looks at a number of updates and questions.

4.1. The paper discussed the testing of patients prior to discharge from hospital. This was discussed at the UK Senior Clinicians group which showed little appetite to move forward with at this point in time.

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

AOB

5. Prof. Young invited members to raise any other issues for discussion today.

5.1. There are a series of papers on the agenda for this week, including a paper to address the issue of choirs and instruments, and other papers around hand hygiene.

5.2. There was a question from the meeting asking if there are any papers on the SAGE agenda this week on Care Homes, particularly around repeat testing of staff. It is believed that the Care Home Sub-Group has made some statements in this regard and this would be particularly relevant to NI as we are due to finish our testing programme in Care Homes this week. Prof. Young advised that there is currently nothing on the agenda at present, but this may still appear.

5.3. In response to a question from the meeting about decisions on mandatory wearing of face-coverings on public transport and progress on the NI Proximity App, Prof Young advised that whilst the media is reporting that the move to make face-coverings on public transport mandatory is due to be announced today however we should await official announcements by the Executive. In terms of the NI Proximity App, development is progressing well and is in testing stage, with launch currently scheduled for mid to late July.

5.4. There being no further business the meeting ended.

Date of next meeting

6. Next meeting will be on Monday 6 July at 12pm and will be via Zoom video conference.