

# COVID-19 Strategic Intelligence Group

30 November 2020 at Noon – 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 Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
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 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:

Dr Michael Quinn	Head of Clinical Information, HSCB
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Dr Eugene Mooney	Director of Information and Analysis, DoH
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 following action was reviewed:

ACTION: Dr Bradley to circulate nosocomial variance across Trusts to Group.

**Action Complete.**

## Status Update

2. Prof Young updated the Group on the current state of the epidemic:

**Current estimate of Rt (ICU patients): 0.7 - 0.9** (below 1)

**Current estimate of Rt (hospital admissions): 0.85 - 1.0** (below 1)

**Current estimate of Rt (new positive tests): 0.75 - 0.95** (below 1)

**Average number of new positive tests per day last 7 days: 462** (down from 567)

**7 day incidence based on new positive tests: 170 / 100k** (down from 209)

**14 day incidence based on new positive tests: 383 / 100k** (down from 426)

**7 day average of total tests (pillar 1 & 2) which are positive: 8.7%** (down from 10.4%)

**Tests per 7 days per 1000 population: 20.8** (down from 21.3)

**Number of new positive tests in over 60s in last 7 days: 816** (down from 819)

**Proportion of total positive tests occurring in over 60s: 26.7%** (up from 21.9%)

**First COVID +ve hospital admission in last week: 193** (down from 236)

**Number of community acquired COVID inpatients: 386** (down from 401)

**COVID +ve ICU patients: 37** (down from 45)

- 7 day rolling average new cases continues to decline. The plateau coincided with reopening of schools.
- ONS survey shows 0.7% of population having COVID-19 approximately.
- Local Government Districts shows every area less than 200 cases / 100k, which is reassuring and the majority of districts declined last week.
- Testing continues to increase following schools' reopening.
- Positivity continues to decline progressively.
- UK and RoI comparison shows Northern Ireland third, below England and Wales in 7

day cumulative total cases / 100k population. RoI is significantly lower than all UK countries.

- Hospital admissions continues to decline and is expected to continue declining for 2 more weeks.
- COVID +ve inpatients continues to decline and is expected to continue declining for 2 more weeks.
- ICU patient numbers continue to decline.
- Hospital deaths continue to decline.
- Nosocomial cases remain at peak level and are not declining.
- $R_t = 0.8$  (hospital inpatients).
- $R_t = 1.0$  (new positive cases).
- TomTom traffic congestion data shows continual rise in the five weeks up to the day before restrictions were introduced. Note that the reduction on day one of restrictions is significantly higher than the levels achieved in wave one. This can be explained by non-essential retail and schools remaining open.
- The decline will continue to the 18<sup>th</sup> December where it is expected to plateau and then rise from the 25<sup>th</sup> December. January is expected to see levels where intervention will be required again; the date depends on behaviours over the Christmas period.
- The full impact of the previous week is yet to be observed; there will be a better indication next week.
- 11<sup>th</sup> December will remain a concern if no further restrictions are imposed.
- Vaccination for HSC workers will begin in December. Immunity will not begin until five weeks post vaccination and the impact on the epidemic will not be observed until March.
- A taskforce has been established by TEO to oversee aspects of the COVID-19 response.
- Dr Geoghegan asked for an update on seasonal flu. Flu circulation is very low at approximately 1.8 / 100k compared to 10.7 / 100k in 2019.

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

3. Prof Young summarised the paper; it is an update to a recent paper with corrections from PHE for data error. There being no further comments, the paper was noted.

## The UK's Four Nations' Autumn Interventions V2 (Paper 3)

4. Prof Young summarised the paper: Northern Ireland gives a favourable impression compared to other nations. There being no further comments, the paper was noted.

## Factors Contributing to Risk of SARS-CoV2 Transmission in Various Settings (Paper 4)

## EMG and SPI-B: Mitigating risks of SARS-CoV-2 Transmission Associated with Household Social Interactions (Paper 5)

5. Prof Young asked for comments on the two papers relating to household interactions and transmission:
  - Prof Alderdice raised the importance of house providers and the importance around messaging.
  - Dr Geoghegan reflected on public messaging in Ireland. They have claimed the best reduction response across Europe; there is important messaging to pick up and use this learning in Northern Ireland. Individual responsibilities and behaviours will be key during multigenerational mixing over Christmas to the state of the epidemic in January.

### **ACTION: Dr Mitchell to share slides from Behavioural Insight Team on 'Public Understanding of Coronavirus Risk'**

- There is more important work to do around behaviours. Physical distance between people is important and communicating that masks are not a substitute for distancing requires reinforcement messaging.
- Many students from Great Britain will return to Northern Ireland soon and messaging will help to manage this risk.

### **ACTION: Prof Young to send these papers on to TEO to share with taskforce to help with messaging**

- There is significant good news in the media currently; whilst this is promising and helpful to public morale, there is no space to relax behaviours.
- There being no further comments, the papers were noted.

## Housing, Household Transmission and Ethnicity (Paper 6)

6. Prof Young asked for comments on the paper:

- Segments of the population have differing views on vaccines; there is concern that uptake may be lower in certain ethnic groups. This requires targeted messaging.
- Dr Chada reflected on cultural differences to vaccine attitudes; reassurances will be required to engage many reluctant groups of the population.
- There being no further comments, the paper was noted.

## SPI-M: Mass Testing of the Whole Population (Paper 7)

### Innova Lateral Flow SARS-CoV-2 Antigen Test Accuracy in Liverpool Pilot (Paper 8)

7. Prof Young asked for comments on the two papers related to mass testing:

- Mass testing = 20% reduction in prevalence. R will remain unchanged.
- Repeat mass testing of specific subgroups will be more effective.
- Dr Geoghegan highlighted sensitivity differences of field versus laboratory testing. Repeated use of LFD and the risks associated with the technology was discussed.
- The first 200 students have been tested and PCR results are due; all 200 were LFD negative.
- Ct>25 - will detect RNA but chances of culturing infectious virus decline precipitously.
- Ct>35 - there is almost no chance of culturing infectious virus but may still give a positive PCR result.
- A negative LFD result still carries a risk; messaging towards students will be important.
- Prof Alderdice reflected on the behaviours associated with masks and commented on mass testing, which does not reduce prevalence as much as is being circulated in the media.
- Consensus that mass testing has limited value and repeat testing of higher risk groups is more effective.
- Dr McBride commented that a geographical area with higher prevalence may be the political compromise. The plan will be to gain maximum learning and better target groups/areas going forward. Prof Alderdice raised that the taskforce should find out about community perspective in the geographical area chosen.

- Incentives to encourage testing was discussed. Students have been reluctant to come forward; about 80 per day in the first week. There is a need to support people who test positive. Liverpool had no incentive and uptake was 20% approximately. There may be an opportunity to give financial incentives if people get tested, which requires discussion with TEO.
- Dr Geoghegan summarised the process of support payments in England associated with a positive test result. The reporting of positive results to PHA requires further consideration and to include private companies.
- There being no further comments, the paper was noted.

## **AOB**

8. Prof Young 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 07 December 2020 at noon via Zoom.