

Minutes of the NERVTAG Bird Table 1: 15 May 2020

Date & Location: 11:00 – 12:00, 15 May 2020 - Via telecon only
In attendance: Peter Horby (Chair), [Name Redacted] (Secretariat), [Name Redacted] (admin support), [Name Redacted] (minute taker).
NERVTAG Members: Peter Openshaw (PO), [Name Redacted], Calum Semple (CSm), Wei Shen Lim (WSL), Robert Dingwall (RD), John Edmunds (JE), Wendy Barclay (WB), Ciriad Evans (CE), [Name Redacted], Julian Hiscox (JH), Lisa Ritchie (LR), [Name Redacted] [Name Redacted]
PHE Observers: [Name Redacted], Maria Zambon (MZ), [Name Redacted], [Name Redacted] [Name Redacted]
DHSC Observers: [Name Redacted], [Name Redacted], [Name Redacted]
BEIS: [Name Redacted], [Name Redacted]
DFID: [Name Redacted]
DAs: [Name Redacted], [Name Redacted], [Name Redacted]
Apologies: None recorded

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Minutes of meeting

1 Introduction to Bird Table meetings

- 1.1 The Chair welcomed attendees and noted it was the first meeting for the DA observers. The aim of the bird table meetings is to provide a very catch up on the status of the outbreak and to determine if there are any issues to be brought to the next meeting.

2 Review of surveillance data

a. PHE

- 2.1 **NR** provided an update for members and noted there was not much change. All the indicators are declining. The number of outbreaks in care homes is still high but is approximately half the level recorded for the week 15 peak. RCGP positivity is down to 10% from 14%, although it is remaining higher in the north of England. Hospitalisation levels are down, but with a lower rate of decrease.
- 2.2 Members discussed the rate of decline for death rates vs case numbers, which may be affected by increased non-hospital testing. Members discussed the disparity in the data between the north and south of England and requested that it would be helpful to present more of the data by region, particularly with regards to the easing of lockdown.
[Action B1.1: PHE to include more geographical breakdown in the updates]
- 2.3 Members queried the role of the Biosecurity Centre. It was suggested that NERVTAG request a paper on the function of the Biosecurity Centre and its interaction with advisory committees, from DHSC.
[Action B1.2: Secretariat to request a paper from DHSC on the function of the Biosecurity Centre]
- 2.4 The Chair noted that there will be weekly ONS updates provided. Members discussed the numbers of positive tests linked with symptoms. It was agreed that having CT data for positive tests would be helpful. Members agreed that ONS should be approached with a request for an analysis of sensitivity and specificity of case definitions. AH agreed to liaise with Ian Diamond on this.
[Action B1.3: AH to write to Ian Diamond with a sensitivity and specificity analysis request of the ONS data]

b. CO-CIN

- 2.5 CSm noted that the level of hospital acquired infections is decreasing. There are fewer patients in ongoing care; however, there is an increase in the length of stay for older age groups.

3 Thematic Updates

a. Antibody response / Immunity

- 3.1 The Chair advised members of a study from the Netherlands that followed 129 hospitalised

patients over a period time and provided data on CT values, cultured virus and neutralising antibody levels. The culturable virus levels correlated with PCR values, time after symptom onset and neutralising antibody titres. Members agreed that similar data was required for community settings. Current and future studies in the UK were discussed, particularly regarding what samples are collected and the timing of the collections. It was suggested that studies could be conducted with health care workers.

- 3.2 WB noted a paper on the first non-human primate study of the Oxford vaccine. Members discussed vaccines giving protection against disease but not giving immunity. The issue of infection in household pets (cats & dogs) was discussed. Members also considered antibody-dependent enhancement.

b. Virology

- 3.3 CE noted there was nothing new to report.

c. Clinical

- 3.4 WSL noted a phenomenon in patients with different lung compliance levels with regards to ventilation strategies. Members discussed ongoing clinical issues post-COVID and the potential need for a clinical forum. JVT agreed to check with Steve Powis on whether there is a clinical management forum.

[Action B1.4: JVT to check with Steve Powis on whether there is a clinical management forum that is responsible for looking at clinical guidance issues]

d. Therapeutics

- 3.5 The Chair noted that there were now over 10,000 enrolled in the recovery trial, and that Remdesivir has been submitted to MHRA for emergency use.

e. IPC measures

- 3.6 LR noted there was nothing new to report.

4 Horizon scanning

- 4.1 The Chair reminded members of the action from the last meeting to consider the SAGE questions and provide comments to the secretariat. This would be done in via the agreed subgroups. The question relating to vaccines should be covered by JCBI.

[Action B1.5: Members to review the SAGE questions and provide comments to the secretariat via the agreed subgroups]

- 4.2 The Chair noted the work of the subgroup on risk stratification and stated that it would impact on a number of areas. It was hoped that a paper would be presented at the next NERVTAG meeting for review. Once it had been signed off by the committee, it would go to ministers. WSL agreed to join the subgroup.

[Action B1.6: WSL to join the risk stratification subgroup]

5 AOB

- 5.1 No further issues were raised. The Chair thanked members for their attendance and their contributions. The meeting closed at 12.04 pm.