

## Attendance

Orford, Rob (HSS - Primary Care & Health Science); Bennee, Fliss (HSS-Technology, Digital & Transformation Directorate); Andrew Fry; Andrew Weightman; Catherine Moore (Public Health Wales - Microbiology); Christopher Williams (Public Health Wales - No. 2 Capital Quarter, Health Protection); Collins, Brendan (HSS - Finance); Cradock, Bethan (ESNR-Skills Higher Education & Lifelong Learning); David Jones; Eleri Davies (Public Health Wales - Microbiology); Giri Shankar (Public Health Wales - No. 2 Capital Quarter); Glossop, Christianne (ESNR-OCVO); Halligan, Peter (ESNR-Science); Hoyle, Robert (ESNR- Science); Hughes-Owen, Natalie (HSS- Office of the Chief Nursing Officer ); Jennifer Morgan (NHS Wales – Delivery Unit); John A.; Jones, Chris (HSS-DPH- Population Healthcare); Jones, Sarah (HSS - DPH - Public Health); Julian Sampson; Kaijaks, Jamie (HSS); Kieran Walshe; Komianos, Athanasios (HSS); **NR** (OFM - WEFO); Lyons, Marion (DHSS - DHP - Public Health); Mike Gravenor (Guest); Morris, Huw (ESNR-Skills Higher Education & Lifelong Learning); Morris, John (KAS); Price, Jonathan (PSG - Welsh Treasury); **NR** (KAS); **NR** (HSS - DHP - R&D); Robin Howe (Public Health Wales - Microbiology); **NR** (ESNR-Science); Solomons, Craiger (KAS); Srdic, Nick (EPS - SED); Stephen Jolles (Guest); Stock, Andrew (ECCW); Thomas Connor

The narrative that strangers are the main source of transmission, rather than household contacts, continues to be dominant in the public discussion. As a result the work around closeness of contacts and data linkage needs to be pushed through at pace. This meeting did not take place this week due to a technical issue but a replacement meeting has been scheduled, supported by TAC **ACTION**. If the hypothesis that infection is spread by close-contacts holds this will allow for a significantly simpler messaging for risk communication; however if this is not the case this needs to be made clear.

On top of the data piece around this a session has been proposed by GarJ to build a solution to integrate some of the genomics data into the contact data and this will help with this issue. Some papers are beginning to come out elsewhere around the attack rate and probability of where people get infected and the role of super-spreading events abroad. This indicates much of it is driven by super-spreaders and close contacts; getting to a point we understand how this fits better in Wales will be very helpful.

## International Insights

The first International Intelligence subgroup meeting took place on Tuesday this week and will take place weekly going forward to keep up with the rapid pace of change in Europe. Terms of reference have been agreed and work is ongoing around what additional information should be reported back to TAG on a weekly or fortnightly basis. A draft dashboard has been developed and was presented to the group, showing new cases, testing rate and test positivity in different countries. The data has shown that for some countries the increased infection rate can be put down to an increasing positivity rate and increase in overall number of tests; what is being seen in several countries such as Spain, Hungary and France are big increases as a result of this. In Spain and France the positivity rate is especially high and the UK is showing a similar pattern where most of the increase in cases is due to increasing the level of testing. The death rate has not followed this increase in positivity, although there are some worrying signs; some data has been received from France showing the death rate is fairly constant. The most recent data has shown that in

Spain incidence per 100k has raised across the country dramatically; France has also changed rapidly in the last fortnight. Indications are the UK is currently travelling down a similar path. In the Balkan states there has been a sudden and very dramatic increase in incidence, with an increase also in parts of Austria and Norway. This data is being used to predict which countries attention should be focused on to consider imposing quarantine; the next countries recommended to add to this list are Chechnya and Romania.

France is having a particular problem in the south east region of Marsailles, where the case incidence has risen to 300 per 100k and the testing positivity rate is also increasing rapidly. In the UK there has been talk around testing capacity- this is an issue that is also being seen in Europe as countries reach the cap of their testing capacity and are forced to bring in rationing for those most at risk, such as care homes and hospital patients. This will be considered further next week, particularly hospital admissions, which should give an indication of severity of outcome and impact on healthcare demand.

TAC is currently considering thresholds for actions - Wales is now at 35 cases per 100k and WHO has suggested 50 per 100k as a threshold for quarantine. Israel has recently become the first country to lockdown for a second time - it was queried if there was information on the thresholds different countries are working to as this needs to be considered in Wales. This is currently not known but will be investigated **ACTION RHoyle to look at thresholds for lockdown/ quarantine in international countries.**

England is currently doubling every 7 days and in the north of England there is evidence of increase hospitalisations in a number of areas. London appears to be less impacted- this may be because London experienced a more severe outbreak during the first wave and there is now a higher immunity or due to London acting differently to other parts of the country in terms of behaviours but this is largely speculation. It was suggested that travel to central London may have reduced as those who usually commute in stop doing so. There was a brief discussion around this in CMOs group and the suggestion was that around 20% of Londoners had been affected in the first wave so any population immunity would likely be short-lived.

Although there are a number of different explanations for why numbers are going up it was emphasised that the key message should be that overall it is increasing. The simplest explanation at a population level is that the virus is transmitting through large clusters- this is a real concern and local measures may not be able to act fast enough to bring it down at a population level. It's good to look at why we think things are happening such as travel or social clusters but the most important take-way is that this is a sign of general transmission and this is why the graphs look as they do.

With the Caerphilly and RCT lockdown concern was raised earlier around the need for planning for increased controls. In light of the imminent return of students from across the country to university towns and cities there is a pressing need to begin reacting down to increasing trends faster when trends emerge. It was suggested that we should be signalling increased controls within the next two weeks and increased contingency planning and this was agreed.

It is the case in many countries in Europe and across the world that infection is increasing and spreading in the population. The largest impacted group continues to be those in the 20-30 bracket, with the least amount of spread in the older populations, although there are early