TAG Notes 2020.10.09

Outstanding Actions

TAC453- make offer to new minister for mental health to meet with reps from risk, behaviour group + others from TAG to pitch their take on mental health to her. RO and AJ to lead, discuss offline. (include NR HP,)

Wales Sitrep

There has been an uptick of rhinoviruses in the community and this has led to an increase in a number of areas such as calls logged to 111. On the epidemic timeline it was highlighted that we are at a higher level than we were at this stage of the first wave, although this may not necessarily lead to more severe outcomes. In terms of age distribution cases are lowest for the oldest age group and steadily increasing for young adults. The average distribution of cases by MSOA of residence continues to increase, suggesting increasing geographic spread across Wales.

A question was raised around incidence and the role of hospitality settings in hospitality settings- much interest in media following actions taken by Scotland. Concern a decision would be made over the weekend- this will be picked up in NPI discussion.

On a UK level the cumulative rates in some areas of England are significantly higher, with many places being above 500 per 100k. PHE have started looking at cumulative case rates in under-18s and found very high rates in specific rates such as Blackburn, where it's 987 per 100k.

According to NCRC 7 days incidence across Wales not at 102 per 100,000, with the highest LA level being 213.8 per 100,000. Test positivity across Wales is 7.8% with the highest being 11.1%. Doubling time for Wales estimated at 14.4 days with an Rt of 1.37.

It was highlighted that rates in Caerphilly, where restrictions were first introduced, are beginning to climb.

International dashboard update

Czech republic is the fastest growing increase in Europe- yesterday record daily totally of 4000+ cases. Poland similar picture, reporting highest daily increase so far. Hungary and Romania also increasing rapidly, along with Austria. France have declared 5 more cities as on maximum alert- this is on top of Paris which was declared on 4th October. Have already needed to start reducing operation s by 20% in Paris as a result of covid pressures.

Germany- highest daily cases since April and medical staff advised to get flu vaccines so they're protected from flu. Argentina still on the news, although better

news from some Brazil here there have started to be declines. India also declining, N. America fairly stead with some fluctuations.

Australia and New Zealand have supressed their second waves almost entirely- seeing around 16 cases in the last 10 days in Australia and none in New Zealand.

Hotspots across Europe, with some delayed in other countries such as Germany, attributed to tighter controls brought in earlier. This is also the case in Italy but overall situation deteriorating across Europe. Suggested there are significant seasonal factors affecting Southern hemisphere,

On Italy there was a report from health minister; they couldn't explain the sharp contrast between Italy and France but one suggestion was the Mediterranean has had better weather for longer than those countries exposed to the Atlantic.

It was queried why Japan has seen a lower impact from covid- suggested this is largely due to cultural issues around Japan being a low contact society that is highly familiar with use of face masks and public hygiene, as well as possibly greater trust for government recommendations and advice. Suggested further analysis would be useful **ACTION international subgroup to do deep dive into Japan**

Evaluating impact of NPIs

A paper has been drafted providing a summary of available compliance and adherence data related to the NPIs and restrictions implemented in Wales. Overall compliance was at its highest at the start of lockdown, reducing in some areas as restrictions were eased. Some metrics such as number of people working from home has remained static since the end of March, although around 35% state they cannot work from home. Other NPIs others such as restriction indoors meeting without those outside one's extended household have seen decreased adherence, likely as a result of people not understanding guidelines that have become increasingly complex. Use of public transport is now at around 50-55%, from a high of 70% in March and May.

It was highlighted that although distancing has had good compliance according to self-reporting surveys such as the Ipsos Mori and Covid-social study surveys confidence in this is limited as people's belief they are complying may reflect actual compliance levels. Meeting others indoors is more pertinent to discussion and IPSOS Mori estimated this to be quite high, although there's not much other information to support this as this question was not asked after early July due to the introduction of extended households. Data from PHW public engagement survey suggests between 20-30% are letting people outside their extended households into their house in the last week, decreasing from 40% two weeks prior. The comix study is also being closely watched and these support the findings of the PHW survey.

There is data at a UK level suggesting during the early part there was good compliance and understanding of the rules but this weakened as restrictions were relaxed, although to a lesser extent in Wales than in England. A recent poll from YouGov suggested that around 64% of people found the current rules unclear and

this was amplified for those in a higher social grade. 20% of participants stated that if if they weren't clear whether something you want or need to do would breach the coronavirus rules they would do it anyway, emphasising the importance of clear messaging around guidance.

Discrepancies in the messaging/advice between the 4 nations all undermine each other also contribute to reduced understanding compliance.

The role of public transport in driving admission was discussed- evidence suggests that COVID-19 has a high transmission risk among passengers, dependent on travel time and proximity. It was suggested measures should be taken to reduce the risk of transmission, including increasing seat distance, reducing passenger density, and use of personal hygiene protection, but that this was difficult due to the nature of public transport in the UK. It was also emphasised that there was a significant socio-economic equity and wellbeing factor associated with any restrictions on public transport. However, a BMJ study considering 149 countries suggested that restriction of public transport had a limited impact on transmission rates.

It was suggested that the paper lays a good framework for discussion but further detail is required on the behavioural insights around levels of adherence and how this can be supported prior to publication. Further incorporation of the comix data, which suggests people mixing with 4 people on average, was also requested.

The impact of closing hospitality was discussed and the need for transparency around the reasoning behind this to support adherence and understanding in the population. It was suggested that any action on closing hospitality will need to be balanced against the potential risk of individuals either moving social gatherings within their home, or engaging in alternative activities such as drug use, although it was suggested this would depend on the length of time of the restriction.

Evidence from CCDCS is that much of the transmission is currently driven by those who know each other and are in contact through socialising and activities such as attending gyms, social clubs and in the workplace. In schools children continue to be a minor factor in transmission, with teachers and staff being the most significant factor in spread of the virus.

Scotland has published their evidence and guidance, suggesting that the main drivers of transmission are household clusters, hospitality and social gatherings. This is supported by the evidence received from CCDCs in Wales.

It was suggested the biggest asset influencing the effectiveness of NPIs is the public- many were self-restricting their activity before government intervention and maintaining public goodwill to adhere to restrictions will be critical in ensuring they are successful going forward. Getting a paper finalised and published will be an important next step in informing this conversation.

When asking people to self-isolate because their covid positive there area sues around what other members of the household do and this is a moral and public health discussion that may lie outside the remit of TAG. Worth highlighting the evidence of children transmitting to adults is so limited that it may be worth letting children out anyway. **ACTION Secretariat to share evidence around children transmission**

Another piece of modelling is being done led by John Edmunds, using Comix data to look at patterns of contact in lockdown vs non-lockdown areas. This may be covered in next week's Comix report, quite a small sample size for wales so difficult to tease out impact on Wales, but we could potentially look at work Scotland is doing. This suggest a modest reduction down in contact numbers but not enough to reduce R below 1.

Suggest TAG is coming to a point, at more than 100 per 100k across whole of Wales, likelihood is that the recommendation from TAG is that we should go to national, more serious restrictions if we want to have an effect. WE know hospitality sector is having some effect and there are harms associated with this, along with gyms and leisure centres. As we get wider and wider clusters and people become confused all the evidence from behaviours papers and discussion suggest we need a similar set of regulations that everyone can understand and sends a clear message.

It was suggested that the role of transmission in children should also be included in the paper. If we look for transmission of other viruses it seems to be very high with up to 20 infections a year being normal. Some concern that unless there is hard biology that this virus is different to other viruses that infection for anyone with compromised immune systems children may have a significant impact. Suggested children get it with few symptoms and transmit to a less extent. Concern is around children in the schools and what happens there. Agree immune-suppressed children are a different situation but the current evidence does not suggest transmission in the school context. Still quite a lot we don't know around asymptomatics infection; the modelling originally done was based on flu where children are super spreaders and this has not been replicated with covid.

RO, 58:00- should analysis of local interventions sit alongside that paper- ifs there confidence current level of restrictions hasn't worked or do we need to wait another 2 weeks. If it's doubling every 7 or 10 days we may look like NW and NE in next few weeks.

One thing that came out from BI subgroup is that having setting specific messaging towards different age groups does make a difference while we previously focused on high level consistent messaging we're less effective at giving people the prompts that interest them or in a timely way that this when they're engage with these behaviours. There would be a lot of effort to deploy this in the next couple of weeks and this will most likely need to be iterative.

Agreed that the virus is acting differently- asymptomatic virus not that productive for this virus and the vast majority of children are being reported as asymptomatic- not

seeing significant outbreaks in schools, with most taking place in older children and acting like adults. This may be attributable to less cough and reduced lung capacity but should be borne in mind.

It was suggested that TAC incorporate a similar evidence summary in this week's TAC advice brief, for publication on Tuesday.

ACTION Weekly TAC Advice Summary to summarise range of available evidence and how these inform the current restrictions and NPIs in place.

Risk thresholds methodology

This discussion came out of conversations around how the app should communicate changes in risk level and how this interacts with changes in risk level. A paper has been drated and TAG asked to consider the number if risk levels, the process for increasing and decreasing the risk level and how this information should be communicated via the NHS app. This is currently restricted to an risk indicators of 'low, medium and high'- this is primarily linked to cases per 100k, although there is also considerable soft intelligence that informs these decisions such as capacity of the NHS, impact on neighbouring local authorities informed by mobility and genomics data and understanding of how existing clusters are impacting case numbers.

Levels of transparency and communication around restrictions was discussed and how the circuit breakers and indicators should align with risk thresholds. Also need to be easily implementable, with a clear data flow that give a clear signal of when risk levels need to change. It was agreed further thought is needed around lagging vs timeliness of indicators to avoid unnecessary fluctuations in lower population regions. A meeting has been established to discuss the English approach – it was suggested their levels for risk threshold begin a much higher level than our own. It was suggested that having lower levels of restrictions to slow transmission would be most effective in reducing the level of transmission, although this does not necessarily consider overall societal harm. Previously suggested the UK was slow off the mark to take measures in the first wave; in terms of lessons learned there may be a need for a more urgent approach, taking advantage of local messaging at a local level.

Delaying lockdown longer will likely lead to the same results but with greater direct harm from covid and longer-lasting socio economic harms.

It was highlighted there are significant issues around equity and socio-economic factors, demonstrated by the North-South divide currently taking place in England, possibly due to increase seeding during the summer period. This pattern is also begin to be replicated in Wale between areas of high and low population density.

It was suggested that any move to a national restriction would see varying degrees of adherence in the population, particularly for students who may return home regardless of restrictions.

In summary it was felt that a turning point had been reached in terms of transmission in Wales. There are significant implications for businesses and vulnerable people caused by an increase in national restrictions and the balance between proportional action that does not cause significant indirect harm but limits the risk of exponential growth is a difficult one. Even if immediate restrictions the current rate of transmission and harm likely to continue for the next two weeks, however if these are not sufficient the current doubling rate of 14 means there will be significant growth before any restrictions take effect. There is a narrow window for opportunity and it is critical that messaging with the public strikes the right note in order to ensure buy-in and that these restrictions are effective.