

COVID-19 Strategic Intelligence Group

2pm, 27 April 2020, Zoom Video Conference

Present:

Professor Ian Young	Chief Scientific Officer, DOH
Dr Michael McBride	Chief Medical Officer, DOH
Dr Lourda Geoghegan	DCMO, DOH
Dr Naresh Chada	DCMO, DOH
Fiona Alderdice	Professor in Perinatal Health and Wellbeing, Queen's University
Frank Kee	Queen's University
Dr Gerry Waldrom	PHA
Hugo Van Woerden	PHA
Dan West	Chief Digital Information Officer
Declan Bradley	PHA
Cathy Gormley-Heenan	Deputy Vice-Chancellor (Research and External Affairs)
Diarmuid O'Donnell	Professor Public Health, Queens/PHA
Dr Gillian Anderson	Senior Medical Officer, DOH
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences
Craig Donnachie	DOH, Loggist

Welcome

1. Prof Young welcomed the group to the second meeting of the Strategic Intelligence Group. He reminded them that a note would be taken of all meetings. This would reflect the discussion, and any actions agreed, although it would not attribute points to individuals. This note, and any papers which are not shared on a confidential basis would be published. He asked that if anyone did not want their names to be released, they should let him know. **[Action: All]**

Update on Current Status of COVID-19 in Northern Ireland

2. Prof Young provided the group with a brief overview of the current situation in Northern Ireland. He advised them that R_0 was currently sitting around 0.8-0.9. This has resulted in a slow decrease in the number of infections, although he warned that any increase to 1 or above would see numbers start to rise rapidly.
3. He advised that traffic data indicates that there has been an increase in the last week, possibly as a result of fewer people adhering to the lockdown. There has also been some discussion about relaxing rules in the media which may be leading to some people thinking that this had already happened.

Contact Tracing

4. A paper on contact tracing had been circulated to the group in advance of the meeting. This paper is now in the public domain. Prof Young advised that the Department is committed to maintain R_0 at 1 or less. Any relaxation of the current lockdown

arrangements would see a rise in R_0 . Given where we are currently with this figure, there is very little room for any increase before we hit 1 or above and start to see the number of cases growing.

5. Contact tracing is one of the most effective measures which can help to prevent significant rises in the rate of infection. Two methods are currently being considered – a contact tracing app, and manual contact tracing.
6. The contact tracing app is being developed for the whole of the UK. This app, when enabled by users, keeps a unique identifier for every Bluetooth signal that comes into proximity of the user's phone. If a person who has downloaded the app registers that they have COVID, the app will share information with a back end database. Users of the app will then receive a notification that they have been in proximity with someone who has tested positive and be asked to self-isolate for 7 days, plus 2 symptom free days, or 14 days if they are showing no symptoms.
7. The group were advised that the app will be tested, alongside the wider contact testing arrangements, in a pilot on the Isle of Wight next week, with view to being available across the UK on or around 18 May 2020.
8. It was noted that for the app alone to be a successful solution, around 80% of the population would need to actively use the app. It was agreed that this level of uptake is unlikely, and therefore the app would need to be used in conjunction with more traditional contact tracing measures.
9. Prof Young advised the group that SAGE had come to the conclusion that, if the economy was to open up, contact tracing of up to 30 contacts per case would be required. This is a significant logistical undertaking, requiring in the region of 300-600 contact tracers in Northern Ireland.
10. This number compares to the approach currently being taken in ROI, where only 3 contacts per case were being traced.
11. The group agreed that an ambitious contact tracing approach was necessary. While it will not be possible to trace every contact, limits on the max number of contacts should not be put in place. It was noted that a more extensive contact tracing approach would enable a more granular approach to lockdown to be implemented, looking at the local R_0 to enable measures to be targeted at populations where there were high levels of transmission.
12. Dr Mc Bride advised the group that he would be recommending that extensive track and trace measures should be put in place, with no upper limit on the number of contacts.
13. It was noted that the current thinking in relation to contact tracing is that it should be initiated on the basis of symptoms being present, rather than a positive test. It was agreed that this would be discussed in more detail at a future meeting of the group.

Face Masks

14. Prof Young advised that the three papers which had been shared in advance of the meeting were not currently in the public domain and should not be shared outside the

group. He highlighted that there are conflicting views being expressed on the effectiveness of wearing masks in preventing transmission of the disease, and that this had been the subject of significant debate at SAGE.

15. The group were advised that there is a significant amount of evidence surrounding the spread of the virus via aerosol. This would suggest that the wearing of masks would be beneficial in preventing spread. Despite this, clinical trials on the subject have been disappointing, with no evidence of benefit being demonstrated.

16. A number of concerns have been raised about the wearing of masks. In summary these include:

- The impact on supplies of masks for medical professionals working in high risk environments.
- The possibility of a mask giving people a false sense of security.
- Poor infection control associated with the wearing of masks by people who are not trained in their use, removal and cleaning/disposal.

17. The consensus view at SAGE was that wearing masks in enclosed spaces where social distancing is not possible should be recommended but not mandated.

18. It was noted that in the best case scenario, the wearing of masks resulted in a reduction to R_0 of ~0.35.

19. The group discussed the evidence set out in the papers and feedback from SAGE. They expressed the view that if the wearing of masks is to be recommended, it would need to be followed by clear messaging about the type of masks to be worn, don/doff procedures and cleaning/infection control requirements.

AOB

20. The group were advised that a paper was being developed looking at the impact of lockdown on the non-COVID population. It is hoped that papers will be tabled at Monday's meeting.

21. There was a discussion about bringing in experts from behavioural studies and health economy backgrounds onto the group. Prof Young to follow this up with the relevant people.

Date of Next Meeting

22. The next meeting will be held on Monday 4 May 2020 at 2pm. Zoom contact details will be shared in due course.