

COVID-19 Strategic Intelligence Group

12.00 pm - 27 July 2020 - Zoom Video Conference

Present:

Professor Ian Young	Chief Scientific Officer, DOH
Dr Michael McBride	Chief Medical Officer, DOH
Dr Naresh Chada	DCMO, DOH
Dr Declan Bradley	Consultant Public Health Medicine, PHA
Professor Hugo Van Woerden	Director of Public Health, PHA
Gerry Waldron	Head of Health Protection, PHA
Dr. Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Diarmuid O'Donovan	Centre for Public Health, QUB
Dr. Eugene Mooney	Senior Statistician, DOH
Dr. Michael Quinn	Head of Clinical Information, HSCB
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences. QUB
Professor Cathy Gormley-Heenan	Pro-Vice-Chancellor (Research and Impact), Ulster University
Dr. Michael Quinn	Head of Clinical Information, HSCB
Name Redacted	Secretariat, DoH

Apologies

Dr Lourda Geoghegan	DCMO, DOH
Professor Frank Kee	Centre for Public Health, QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford

Welcome

1. Prof Young welcomed all participants to the meeting which will be a shorter meeting today as both Prof. Young and CMO have an urgent meeting to attend at 12:30pm.
 - 1.1. Prof. Young confirmed that all were content with the notes of the last 2 meetings as issued.

Status Update

2. Prof Young provided a status update to the group.

2.1. R based on hospital admissions remains below 1 with no sign that the recent small outbreaks have led to any increase in hospital admissions or to any more general upturn in community transmission.

2.2. The number of new positive cases per day is consistently and significantly higher than it was 3 to 4 weeks ago and there is some evidence of an increase in prevalence, but this still remains at a low level.

2.3. The Executive agreed further relaxations last week, the 2 ones of note being:

- Increase of the number of individuals that can meet indoors in a domestic environment to 10, with overnight stays allowed but limited to people from no more than 4 households.
- There is essentially no upper limit to the number of people who can attend outdoor gatherings, providing they are organised outdoor gatherings, that a risk assessment has taken place and that appropriate mitigations are planned.

Role of Airborne Transmission in COVID (Paper 2)

3. Prof Young presented the paper which provides an updated view of airborne transmission from NERVTAG.

3.1. The paper makes a specific recommendation that hairdressers should wear face-coverings or face-masks, possibly as well as face shields to reduce transmission. This will no doubt cascade out through the relevant professional body however it was agreed to draw this recommendation to the attention of Karen Pearson, TEO who is co-ordinating such communications.

ACTION: Prof Young to share the recommendation of this paper on airborne transmission with Karen Pearson, TEO.

3.2. The paper also discusses face shields and offers the opinion that face shields have very little effect as a mitigation. Whilst this may not translate into wider advice for people not to use them at the moment, it is important that there is an awareness of this as they provided very limited protection to the wearer and do not effectively protect others from the wearer. Further work is anticipated which will produce tailored advice in due course.

3.3. It was commented that face shields are used quite widely in the care home sector as it is felt with elderly patients, especially those with dementia and hearing impairments, it is reassuring for the patients to be able to see faces. It will therefore be important to ensure the care home sector are also aware of the

limitations of face shields as detailed in this paper.

- 3.4. It was considered that a relative protection report would be useful to outline levels of protection of using mask-only, visor-only and mask and visor combined. Prof Young agreed to raise this with the EMG sub-group who may be considering further work in this area.

ACTION: Prof Young to raise the issue of a relative protection report on using masks, visors and a combination of both with the EMG sub-group.

4. It was commented that the paper looks at hairdressers specifically but consideration will also need to be given other sectors where there is close contact with clients indoors and with poor ventilation that are currently only using visors.

SPI-Consensus on BAME Communication (Paper 3)

5. Prof Young presented the paper which looks at the BAME community.

- 5.1. There is emerging data from England that shows that within the Caucasian population there has been a dramatic drop-off in COVID in line with graphical trends, and a similar trend is seen within the Black population. However there seems to be a particular problem in the South Asian community, and the initial view is that the level of infection has remained fairly constant with no drop-off within south Asians of Indian origin, and within south Asians of Pakistani origin the rate of infection has continued to rise and this has been a significant driver of a number of the outbreaks seen in England.
- 5.2. Northern Ireland has a much smaller BAME community and there does not appear to be a level of concentration of cases within this community, although there have been issues amongst other ethnic groups and therefore this paper may have wider relevance in terms of other ethnic groups and communications. The data on ethnicity is not widely collected by HSC, however the PHA are concentrating on contact and communications with Roma, East Timor and Irish Traveller communities through trusted community leaders and there is a special helpline in place for the Roma community in Belfast. PHA have already been producing adapted messaging and animations to aid communications with such groups and this paper will be useful to share with the team working with these communities.
- 5.3. It was commented that GPs do collect some information from patients on ethnicity and country of origin and original place of birth but systems sharing of such data is not fit for purpose at present but there is work being done to improve this between Trusts and HSC. NISRA have previously stated that it was not possible to link NI Census data to health data due to the absence of legislations to allow this and it is believed that this is still the case. Prof. Young agreed to hold an offline discussion with CMO to consider an approach to address this issue and to push for change again as this is one specific example where this issue is

significantly inhibiting our ability potentially to respond to COVID in NI.

ACTION: Prof. Young and CMO to consider an approach to address this issue of sharing NI census data with health colleagues.

SPI-M-O update on planning and reasonable worst case scenario (Paper 4)

6. Due to time constraints this paper was deferred to the next meeting on 3 August.

AOB

7. There being no further business the meeting ended.

Date of next meeting

8. Next meeting will be on Monday 3 August at 12pm and will be via Zoom video conference.