

COVID-19 Strategic Intelligence Group

14 December 2020 at Noon – Zoom Video Conference

Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DoH
Dr Michael McBride	Chief Medical Officer, DoH
Dr Lourda Geoghegan	DCMO, DoH
Dr Naresh Chada	DCMO, DoH
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Diarmuid O'Donovan	Professor of Global Health, Centre for Public Health, QUB
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences, QUB
Professor Frank Kee	Centre for Public Health, QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Professor Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Dr Stephen Bergin	Assistant Director Public Health – Population Screening, PHA
Dr Michael Quinn	Head of Clinical Information, HSCB
Name Redacted	DoH (Secretariat)

Apologies:

Dr Declan Bradley	Consultant Public Health Medicine, PHA
Dr Eugene Mooney	Director of Information and Analysis, DoH
Kieran McAteer	COVID-19 Response, DoH

Welcome, Introductions and Apologies

1. Prof Young welcomed all participants back to the meeting.
 - Apologies were as noted.
 - The following action was reviewed:

ACTION: Prof Young to send papers on to TEO to share with taskforce to help with messaging.

Action Ongoing – taskforce is not operational currently.

Status Update

2. Prof Young updated the Group on the current state of the epidemic:

Current estimate of R_t (hospital admissions): 0.9 - 1.1 (around 1)

Current estimate of R_t (new positive tests): 0.9 - 1.1 (around 1)

Average number of new positive tests per day last 7 days: 447 (up from 358)

7 day incidence based on new positive tests: 165 / 100k (up from 132)

14 day incidence based on new positive tests: 297 / 100k (up from 290)

7 day average of total tests (pillar 1 & 2) which are positive: 8.1% (up from 7.8%)

Tests per 7 days per 1000 population: 18.5 (down from 20.8)

Number of new positive tests in over 60s in last 7 days: 652 (down from 660)

Proportion of total positive tests occurring in over 60s: 25.1% (down from 26.5%)

First COVID +ve hospital admission in last week: 168 (down from 151)

Number of community acquired COVID inpatients: 327 (down from 338)

COVID +ve ICU patients: 30 (down from 38)

- 7 day rolling average (new cases) has increased.
- There has been no significant benefit of the two week restrictions.
- Local Government Districts had the following observations in the previous week:
 - i. 2 areas had significant rises; Mid and East Antrim and Causeway Coast and Glens.
 - ii. There was a cluster linked to a church in Mid and East Antrim and several in schools. Causeway Coast and Glens is a neighbouring council area and has had one significant outbreak in a factory.
- Test demand has increased.

- Test positivity has plateaued.
- Hospital admissions are decreasing following a spike, which coincided with the one week of relaxation. The situation is extremely fragile.
- COVID +ve inpatients are decreasing and numbers remain above wave one peak.
- COVID +ve inpatients (ICU) are decreasing.
- COVID +ve inpatients (hospital acquired) are increasing and has not peaked.
- Numbers of deaths are variable and remain at a significantly high level.
- $1 < R_t < 1.2$ (new cases).
- $1.2 < R_t < 1.4$ (admissions).
- $R_t > 1$ (hospital inpatients).
- Traffic congestion data was presented, showing a gradual dilution of adherence with time. The first day of eased restrictions shows one of the largest congestion days since March.
- Comparisons with Great Britain and Ireland show that Wales has a significant problem with an upward trajectory. England has a similar level of incidence to Northern Ireland albeit with large regional variation.
- Prof Young wanted to focus discussions around two areas:
 - i. Assumptions, in terms of future modelling; and
 - ii. Mass Testing.
- Modelling assumptions for R_t were discussed:
 - i. R_t 0.7 (1st lockdown);
 - ii. R_t 0.8 (2nd lockdown – schools closed);
 - iii. R_t 1.0 (2nd lockdown – schools open + hospitality and close contact closed);
and
 - iv. $R_t > 0.95$ (3rd lockdown – hospitality and close contact closed).
- There is fatigue and reduced adherence despite strong messaging.
- 2 weeks to Christmas modelling is based on $1.4 < R_t < 1.8$.
- In January, measures will be required to reduce $R_t < 0.95$.

- Sequencing of restrictions has a significant impact on ΔR_t
- Close contact services impacts R_t by 0.05 approximately.

ACTION: PHA to share epidemiological data with CMO regarding Mid and East Antrim and Causeway Coast and Glens to help intervene in these two areas.

- Dr Geoghegan added that viewing the incidence data for each area detailing with clusters and without clusters to better understand community transmission.
- It would be helpful to view incidence data across population age groups to give a better sense of what is happening across each group. The testing change across these groups will also need to be aligned to better inform discussions around restrictions.
- Messaging is important, both timing and simplicity to be more effective. Guidance has been different over each lockdown and in each area, which causes confusion.
- The message has been clear, '**reduce your contacts**'. Counterintuitively, advice has been to 'reduce your contacts' but opening up everywhere at the same time has been confusing. This opening may have been viewed by some as 'permission'.
- Care home staff sickness was discussed. Pressure will mount in hospital and care homes with as a result of staffing issues. Plans to prioritise vaccination of care home staff will help alleviate these pressures.
- There was consensus from the group to the modelling assumptions for R_t .

Update on Evidence on Children and Schools (Paper 2)

3. Prof Young asked for comments on the paper:

- This is for awareness and will form a more in depth discussion next week.

ACTION: Dr Geoghegan to share paper with PHA and Education Cell marked OFFICIAL-SENSITIVE.

- Data comparisons are ongoing between schools' terms.
- Two schools in Limavady are participating in an NTI to test asymptomatic staff and students.
- Modelling for the impact of the transfer tests cannot be completed currently. Mixing students from different schools will increase the risk of transmission but cannot be modelled.
- There being no further comments, the papers were noted.

Liverpool COVID-SMART Pilot (Paper 3)

ICJU: Mass Testing (Paper 4)

4. Prof Young asked for comments on the two papers on mass testing:

- Scoping discussions with Queen's are ongoing.
- There are limitations around the tests used in mass testing settings. LFDs used by individuals on themselves has <50% sensitivity. With highest viral titres, sensitivity is 65-70%. LFDs used by skilled professionals, which has workforce challenges, gives a sensitivity of 70% approximately but will miss a substantial amount of cases nonetheless.
- There are fewer false positives with LFDs and will require PCR confirmation in the early stages.
- Slovakia tested 90% of its 18-65 year old population in a few days and reduced prevalence by over 50%.
- Liverpool tested 20% of the population and thus, mass testing failed; one conclusion was that targeted, repeat testing may be of some value to reducing transmission.
- Regions in England are planning to mass test in schools and certain workplace settings.
- Northern Ireland has millions of LFDs available, possible sites to begin include in Queen's and in healthcare settings.
- Prof Elborn emphasised that one LFD should be discouraged.
- There is no incentive to test and broader implications to asymptomatic testing.
- A positive LFD result will require PCR confirmation and the contact tracing process was discussed.
- All data (positives *and* negatives) will be required to better analyse the virus across regions.
- Strategy and logistics of LFD testing in Northern Ireland was discussed in detail. A targeted group within Causeway Coast and Glens and/or in Mid and East Antrim should be selected and begin SMART testing. Project management and data collection was discussed; CMO is keen to begin soon to gather information as quickly as possible.
- Queen's are trialling feasibility of self-test LFD and will give feedback on process.
- SMART testing has to begin somewhere and will evolve; discussions with Minister will begin imminently to help form a strategy.

- There being no further comments, the papers were noted.

AOB

5. Prof Young invited members to raise any further items for discussion and as there was no further business, the meeting closed.

Date of Next Meeting

6. The next meeting will be on Monday 04 January 2021 at noon via Zoom.