

COVID-19 Strategic Intelligence Group

12.00 pm – 5 October 2020 - Zoom Video Conference

Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DOH
Dr Michael McBride	Chief Medical Officer, DOH
Dr Lourda Geoghegan	DCMO, DOH
Kieran McAteer	COVID-19 Response, DoH
Professor Frank Kee	Centre for Public Health, QUB
Professor Diarmuid O'Donovan	Centre for Public Health, QUB
Professor Stuart Elborn	Faculty Pro-Vice-Chancellor, School of Medicine, Dentistry and Biomedical Sciences. QUB
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr. Michael Quinn	Head of Clinical Information, HSCB
Tricia Lavery	DOH (Secretariat)

Apologies

Dr Naresh Chada	DCMO, DOH
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Declan Bradley	Consultant Public Health Medicine, PHA

Welcome

1. Prof Young welcomed all participants to the meeting.

1.1. Apologies were as noted.

1.2. Actions from the previous meeting were reviewed.

ACTION: Prof. Young to contact Prof. Gormley-Heenan to see if she would like to nominate someone else to represent UU at this group.

Action Complete

ACTION: PHA to liaise with both QUB and UU on the information and advice to be sent out to all students.

Action Complete

ACTION: Prof. Young and Dr. Michael McBride to liaise with other NICS Departments and TEO to discuss a high level strategic piece on support for students.

Action Complete

ACTION: Advice to students to be issued detailing that any students who are positive cases or contacts of cases should immediately isolate where they are currently living. Students who are neither a case nor a contact of a case should be advised to limit their travel to essential travel only. Further work to the support for students in isolation need to be developed and should include human rights and welfare considerations.

Action Complete

ACTION: PHA to share details of the IMT for this outbreak with CMO and colleagues.

Action Complete

1.3. There were no remaining outstanding actions to be reviewed.

Status Update

1. Prof Young provided an update to the group on the current state of the epidemic.
 - 1.1. The numbers have not been good over the last week or so. There were some IT issues over the weekend meaning that the information presented today is the position at Friday 2 October.
 - 1.2. R remains elevated at around **1.4**
 - 1.3. The 7-day average number of new positive tests per day is **375**. There was one day last week when over **900** new cases were reported and widely discussed in the media, however the actual number of positive tests in a 24 hour period was just over **600**. The elevated number included some tests from the preceding day which is not an unusual occurrence.
 - 1.4. Testing has remained static at around **20** tests per 1000 of population.

- 1.5. Hospital admissions and hospital inpatients continue to rise with a doubling time of 7 to 9 days.
- 1.6. Looking at the 7-day rolling average of new cases it is absolutely clear that we are now in a period of exponential growth.
- 1.7. In terms of test positivity, WHO consider a positivity rate of above 5% to mean the epidemic is out of control and the current 7 day rolling average for NI as a whole is **7.5%**.
- 1.8. LGD incidence levels for the week show that cases are rising across all areas with doubling times now at less than 7 days. There is no real evidence at this stage that the household restrictions currently in place are having any impact on reducing transmission. Initially this did have some effect but that effect is now being lost and indeed that has been observed across Europe. This may be due to reduced adherence or the superimposition of a seasonal effect in relation to the virus, or it may be due to one or more of several other reasons.
- 1.9. There was a lengthy discussion on some early modelling which is confidential at this time. This looked at considerations of the impact of opening up aspects of society on the value of R and also on the effects the application of a range of interventions could have on the value of R.
- 1.10 In terms of advice to the Executive the group were of the opinion that the modelling group should model options for a range of interventions for 1 week, 2 weeks, 3 weeks and 4 weeks and model for R at both 0.7 and 0.9. It was also thought that the application of 1 or more interventions at the same time as schools are closed for mid-term or end of term may be an option to consider. Further considerations need to be given around the advice to university students at the point an intervention would be introduced in terms of whether they remain at their university accommodation or return home. The group were in unanimous agreement that the application of an intervention was necessary from a health protection perspective.

Preventing and Responding to COVID-19 on College Campuses (Paper 2)

2. Prof Young presented the paper which is mainly for information but provides the opportunity for an update in the current position with the QUB outbreak.
 - 2.1. The cases are increasing arithmetically but not exponentially and the number of positive cases is around 200. About half of these are within the Queens Elms Village site and there are now a number of clusters within the Elms Village and a number of single cases in other spaces. Work is underway on household self-isolation within those spaces. There are now a number of members of staff either testing positive or having to self-isolate as a close contact of a case which is adding pressure to the situation.
 - 2.2. Work is ongoing with the Contact Tracing Service in following up with students on their

contacts and places they have had interactions, and this has not identified any transmission on campus in classes, the transmission still appears to be linked to social interactions off-campus.

- 2.3. There was some discussion on the issue of students who have had COVID and following their recovery are exposed again and have to self-isolate for a further 14 days and whether or not an exemption can be applied to such a scenario. There was concern that that introducing a variation from the general guidance around self-isolation rules would be inconsistent and would add a further complication to the messaging. It was agreed that Prof. Young would raise the issue at SAGE and Dr. Geoghegan would raise it at the Senior Clinicians meeting and both would report back.

ACTION: Prof. Young to raise the issue of students having to self-isolate on multiple occasions even after testing positive and subsequently recovering at SAGE and report back.

ACTION: Dr. Geoghegan to raise the issue of students having to self-isolate on multiple occasions even after testing positive and subsequently recovering at the Senior Clinicians meeting and report back.

- 2.4. Prof. Young asked for PHA to disaggregate the QUB cases from the Belfast total cases in order to better assess the impact of the last restrictions on the value of R

- 2.5. There being no further comments the paper was noted.

SPI-M Medium Term Projections (Paper 3)

3. Prof Young presented the paper which is useful in considering surge planning

- 3.1. It is intended to feed this information through to colleagues looking at surge planning although there was a concern at the width of the confidence levels associated with the data.

- 3.2. There being no further comments the paper was noted.

Evaluation of excess mortality (Paper 4)

4. Prof Young presented the paper which looks at the European data and address the question of excess mortality.

- 4.1. The paper in essence concludes that there is an excess mortality rate as a result of COVID.

- 4.2. There being no further comments the paper was noted.

Role of Ventilation in Controlling COVID (Paper 5)

5. Prof Young presented the paper which is a topic that has been discussed by the group before.
 - 5.1. It introduces the new term of “far-field aerosol transmission” and stresses the importance of ventilation as a mitigation in a range of settings.
 - 5.2. It was felt this is a message that could be pushed a bit more with colleagues and with the hospitality and other sectors.
 - 5.3. The final paper on this will be widely distributed when received.
 - 5.4. There being no further comments the paper was noted.

Genotype to phenotype (Paper 6)

6. Prof Young presented the paper which is an update and which essentially says that whilst there has been quite a lot of variation in the virus there is no real evidence that it impacts on the severity of the disease.
 - 6.1. The paper does however suggest there may be some evidence that variation in the virus can effect transmissibility.
 - 6.2. There being no further comments the paper was noted.

Progress with human genomics (Paper 7)

7. Prof Young presented the paper which is quite interesting and discusses emerging evidence of significant genetic risk factors in individuals who get the more severe disease particularly in some of the interferon-related pathways.
 - 7.1. It is thought that these may well be good predictors of people with significant adverse outcomes and may give rise to therapeutic approaches which would be useful in inpatients.
 - 7.2. There being no further comments the paper was noted.

AOB

8. Prof. Young invited members to raise any further items for discussion.
 - 8.1. There being no further business the meeting closed.

Date of next meeting

9. The next meeting will be on Monday 12 October 2020 at 12 noon and will be via Zoom.