

COVID-19 Strategic Intelligence Group

19 October 2020 at Noon – Zoom Video Conference

Present:

Professor Ian Young (Chair)	Chief Scientific Advisor, DOH
Dr Michael McBride	Chief Medical Officer, DOH
Dr Naresh Chada	DCMO, DOH
Dr Lourda Geoghegan	DCMO, DOH
Dr Eugene Mooney	Director of Information and Analysis, DOH
Dr Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Declan Bradley	Consultant Public Health Medicine, PHA
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 Duncan Morrow	Director of Civic Engagement & Student Affairs, Ulster University
Professor Fiona Alderdice	Nuffield Department of Population Health, University of Oxford
Dr Michael Quinn	Head of Clinical Information, HSCB
Name Redacted	DoH (Secretariat)

Apologies:

Kieran McAteer	COVID-19 Response, DoH
Professor Frank Kee	Centre for Public Health, QUB

Welcome

1. Prof Young welcomed all participants to the meeting.
 - 1.1. Apologies were as noted.
 - 1.2. The following actions were reviewed:

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 ongoing

Prof Young has raised at SAGE and further work will be done on immunity.

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.

Action ongoing

Dr O'Donovan has been in communication with PHE regarding multiple isolations; Dr Geoghegan will raise at Senior Clinicians Meeting to establish if there may be lessons from other colleagues and report back.

ACTION: It was agreed to circulate the Terms of Reference document to all group members for clarification and information.

Action Complete

Prof Young also circulated a Cognisence Survey.

Status Update

1. Prof Young provided an update to the group on the current state of the epidemic:

- All figures have continued to increase.
- The rate of increase has slowed.
- The 7-day rolling average number of new positive tests per day is doubling roughly every 12-13 days, with today's figure over 1000.
- The 7-day average of test positivity has continued to rise and is almost 14% today.
- The 7-day average number of tests is currently 30 per 1000 of population, which represents significant increase in testing.
- The proportion of total positive tests occurring in the over 60s has more than doubled in the last 7 days and is over 1000 today.
- The 7-day rolling average of COVID positive hospital inpatients continues to double every 8 days and is currently almost 200. On the current trajectory, we will exceed the wave 1 peak of 280 inpatients in 7-14 days' time.
- In wave 1 there was a lag time of 10 days from lockdown before the peak of bed occupancy was reached.

- There was a discussion on modelling of critical care beds and scenarios based on no restrictions versus $R < 0.9$ and $R < 0.7$.
- ICU occupancy is expected to be less than 60 if $R < 0.7$, which is similar to wave 1.
- R_t of every local government district is rising except Derry and Strabane, which is falling:
 - The improvement in Derry and Strabane is mainly due to closure of hospitality.
 - Derry and Strabane is the only local Government $R < 1$.
 - It was commented that the change began before school's closure.
 - Impact of schools remaining open is estimated to increase R_t by 0.2.
- Prof Alderdice asked about sharing this information with the public. Prof Young confirmed that this would be shared as a positive for Northern Ireland and the Group is keen to share.
- Everywhere in Northern Ireland still remains a concern. Comparing within Northern Ireland gives one view but it is important to note what other nations are implementing.
- The Group agreed that closing hospitality has the largest impact on R .

Compliance

2. Prof Young invited an in depth discussion around Compliance:

- There is concern about what happens in 4 weeks' time when the restriction period is complete.
- There will be pressure to relax the restrictions following the 4 week period.
- There are 2 levers:
 1. Efficiency of Test, Trace, Protect Service (TTP); and
 2. Compliance.
- Any advice that the Group can provide CMO with regarding compliance will be helpful.
- Key elements to this will be around communication, incentives, support and enforcement.
- Prof Alderdice and Prof Morrow summarised their discussion on how to evaluate compliance. There is currently little data on national/international comparators with regards compliance. As a first step, consider building upon current approaches for

example, using mobility data, analysing contact tracing data, auditing health professionals, police spot checks. Other possibilities discussed were:

- **Quantitative Surveys:**
Prof Alderdice discussed surveying specific regions and groups as they are inexpensive and a good method of collecting data. There are opportunities to work in partnership with Queen's to get more in depth information utilising their research innovation zones. Surveys are ongoing in Great Britain and perhaps we can link with colleagues.
 - **Case Study Approaches:**
These could provide more granular data on attitudes to messaging, approaches to compliance in identified areas which could be repeated or altered over a period of time.
 - **Community Co-created Approaches:**
These would involve existing local partners through the public health and community health networks or research Innovation Zones.
 - **Combined Approach:**
This would draw on existing UK-wide statistical survey material and using case studies of community networks to generate additional material to extend and better understand impact.
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- Engaging with community networks will be key to collecting more information.
 - Prof Morrow highlighted that improving compliance in relation to can/can't as opposed to will/won't will require a different approach, particularly in relation to enforcement.
 - Dr McBride has asked for work to be commissioned locally around adherence and complex behaviour issues. There has been modelling by SAGE and local research by PHA colleagues. We want to rapidly progress beyond an academic exercise and translate into an intervention that will make a difference.
 - The Group discussed 'Innovation Labs' and 'Innovation Zones' and Prof Young commented that there are 2 separate issues to compliance:
 1. How do we assess compliance?
 2. How do we achieve greater compliance?
 - Prof Young commented that there is an unavoidable risk associated with industries where you are unable to distance and wear face masks, such as in the hospitality sector.
 - Within 2m of a contact and 1m plus mitigation are both 'contacts' and there is confusion within the community in relation to definitions.

Action: Prof Young to establish a subgroup to provide CMO with recommendations around compliance.

- The Group discussed strategies in Singapore and Queensland where deterrents were prominent. These are very different cultures but there was a consensus that a balance between persuasion and enforcement is critical to success.
- The QUB student outbreak is showing declining numbers and SAGE has also reported a decline in numerous institutions; understanding how this has been achieved will be vital going forward. Queen's students have been quarantining and factors such as students moving back home has impacted the number of positives.
- There is no residential outbreak at Ulster University currently.
- CMO and CSA have issued clear advice regarding students moving between home and University.

SPI-M-O Consensus Statement (Paper 2)

3. Prof Young presented this paper, which estimates R in the UK to currently be between 1.3 and 1.5.

Action: Publish Scientific Papers and SAGE Papers on DoH website.

- SPI-M-O's national and regional estimates suggest R is almost certainly above 1 in England, Scotland, Wales, Northern Ireland and all regions of England. There is substantial variation in epidemiology within the UK estimate and R is an average rather than a description of the epidemic state in every location.
- There being no further comments, the paper was noted.

Segmentation (Paper 3)

4. Prof Young presented this paper, which is draft summary of SAGE advice of segmentation. SAGE is of the view that this is not a viable strategy. There was consensus that it is scientifically unsustainable to achieve segmentation this way. CMO commented that it is helpful to know that this is not a scientifically robust approach. This paper is confidential and in draft form, therefore, it is not to be shared outside of this group.
- There being no further comments, the paper was noted.

Transmission and Symptoms in Children (Paper 4)

Dept for Education (DfE UK) School COVID Update (Paper 5)

5. Prof Young presented paper 4 and paper 5 in unison, which provide updates on evidence discussed around transmission previously. The conclusions are namely that children get

less severe disease, are less susceptible to infection and less likely to transmit infection. This is solid evidence for pre-adolescent children.

- The view of SAGE remains that there is risk associated with schools remaining open. The interactions of adults outside of schools are the main risk. Adults behave differently when children are at school and how they interact at school gates is a risk. Schools remaining open increases R by 0.2 approximately.
- This paper is confidential and is not to be shared outside of this group. Once finalised, CMO requested it to be uploaded to the DoH website as it is very helpful. Communicating these behavioural risks with adults will be helpful to mitigate risk but presents a significant challenge.
- There being no further comments, the paper was noted.

High Risk Exposure Settings (Paper 6)

6. Prof Young presented this paper, which provides an update from PHE. There was significant criticism from SAGE regarding design and further work required. A frequent question to CMO and CSA is, how do we know where people get infection?

- Difficult to look over previous 14 days movements of individuals.
- The controls selected are the main challenges highlighted by SAGE.
- CMO commented that a Northern Ireland case control study may be inconclusive and may be misinterpreted because of the difficulty reaching conclusions.
- Social desirability bias will affect the types of answers and will be difficult to interpret.
- This paper is confidential and is not to be shared outside of this group. This will be kept under review going forward.
- There being no further comments, the paper was noted.

COVID-19 in Critical Care (Paper 7)

7. Prof Young presented this paper, which provides an update on COVID-19 experience in critical care. Outcomes are improving and mortality is falling significantly partly as a result of pharmacologic treatments such as dexamethasone, which seems robust.

- WHO Solidarity Trial was published on Thursday and shows remdesivir has a minor effect on COVID-19 survival.
- Numbers of patients requiring advanced respiratory treatment and organ support were falling.

- There were no further comments, the paper was noted.

Impact of Local and National Restrictions (Paper 8)

8. Prof Young presented this paper, which provides an update on local and national restrictions. It is a difficult area to draw conclusions when different strategies are introduced at different times.

- The curfew appears to have no effect.
- The Group discussed CoMix and the 'Rule of 6' in regards restrictions.
- It is going to be very difficult to bring $R < 1$, particularly approaching the Christmas period when people tend to socialise more.
- Compliance and the TTP Service efficiency is the priority for the next 4 weeks and decisions on which restrictions can be relaxed after the 4 week period.
- There being no further comments, the paper was noted.

AOB

9. Prof Young invited members to raise any further items for discussion.

- There being no further business, the meeting closed.

Date of next meeting

10. The next meeting will be on Monday 26 October 2020 at noon via Zoom.