

NI COVID 19 Modelling Group Conference Call – 25 August 2020

Attendees

Ian Young DoH (Chairperson)
Paul McWilliams SIB
Frank Kee QUB
Magda Bucholc UU
Adele Marshall QUB
Paul Montgomery DoH

Key issues discussed

Update

- Ian indicated that the 7 day average for new Covid cases had risen from 44 last week to 50-55 this week. The number of hospital in-patients with Covid had increased from 17 to 20 whilst the number of first admissions had risen to 4.
- The 7 day total number of cases per 100,000 population had risen to 20 in NI which was significant as this is the trigger point for travel restrictions (quarantine) to be placed by the UK Government on a foreign country. The equivalent 14 day figure for NI had increased from 24 last week to 35 this week.
- Although there has been an increase in cases, this is at a slower rate than in the first wave with a lower rate of feed through into hospital admissions. Ian indicated that it would be useful to compare the demographic characteristics of the new positive cases currently with those in the first wave to see if this was the reason for the lower rate of hospital admissions.
- In terms of the number of cases per 100,000 population by Local Government District (LGD) over the past 7 days, Ian indicated that there were around 70 in Mid and East Antrim compared with less than 30 in the rest of NI. The higher rate in Mid and East Antrim is primarily due to a localised cluster linked to a meat processing plant. At the same time, there was observed to be a general upward trend across NI with the number of cases per 100,000 population in Belfast increasing from 18 to 24.
- Ian queried whether the increase in the number of cases in the Derry and Strabane LGD was also linked to a meat processing plant. This led onto a discussion about the capacity and capability of the contact tracing service. In particular, while the PHA indicates that it has capacity to handle up to 200 cases per day, there was concern expressed at the ability to undertake enhanced tracing and to identify clusters/linkages. In response, there was considered to be a need to both increase the number of contact tracing staff and to adopt a more automated process as advised by Paul McWilliams.

- There was also a discussion about the best geographical area classification to consider in terms of identifying the need for localised controls. Ian informed the group that the current thinking was based on applying any localised controls on a post code basis. However, it was also recognised that mobility patterns and the approach adopted in Aberdeen and Leicester would suggest that a wider geographical area might need to be used.
- The value of R calculated by Paul McWilliams is currently 1.3 (1.0-1.4) with that calculated by Magda Bucholc at 1.4 (1.26-1.54). In this context it was agreed that a range of 1.0-1.4 should be reported to the Executive. Magda is also providing estimates of prevalence figures for each week

AOB

- Adele summarised the findings from an analysis of the Length of Stay data to examine which statistical distribution had the best fit. This analysis suggested that there were three groups of patients from a statistical, as opposed to a clinical care, basis:
 - Short stay of 1-2 days due to quick recovery or death;
 - Medium stay perhaps linked with a move into ICU; and
 - Long stay with a tail of patients spending more than 20 days in hospital.
- Paul Montgomery asked if it would be possible for a copy of the (11 August) presentation on the results of the four cycles of the Adult Contact Survey could be provided to the department. Paul McWilliams indicated that he would speak with Brid Roissetter, who had delivered the presentation, to see whether this would be possible.