

COVID-19 Strategic Intelligence Group

16 November 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 Liz Mitchell	Chair of Contact Tracing Service Steering Group, DoH
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 Frank Kee	Centre for Public Health, 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
Dr Eugene Mooney	Director of Information and Analysis, DoH
NR	DoH (Secretariat)

Apologies:

Dr Lourda Geoghegan	DCMO, DoH
Professor Hugo Van Woerden	Director of Public Health, PHA
Kieran McAteer	COVID-19 Response, DoH

Welcome, Introductions and Apologies

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

ACTION: CMO asked Dr Armstrong to repeat the survey to provide more current data with expanded questions and framework.

Action Ongoing.

ACTION: CMO to share survey results with relevant teams in DoH and TEO and to commission further research in this area.

Action Ongoing.

ACTION: Prof Young to send 3 papers to DoE to raise awareness of the SAGE view.

Action Ongoing.

ACTION: Prof Young to send paper to relevant Departments and Infection Control Cell to subsequently share with Trusts.

Action Ongoing.

Status Update

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

Current estimate of R (ICU patients): 0.9 - 1.2 (definitely above 1)

Current estimate of R (hospital admissions): 0.8 - 1.0 (probably below 1)

Current estimate of R (new positive tests): 0.6 - 0.9 (definitely below 1)

Average number of new positive tests per day last 7 days: 582 (down from 790)

7 day incidence based on new positive tests: 215 / 100k (down from 291)

14 day incidence based on new positive tests: 492 / 100k (up from 663)

7 day average of total tests (pillar 1 & 2) which are positive: 11.3% (down from 13.9%)

Tests per 7 days per 1000 population: 19.7 (down from 21.8)

Number of new positive tests in over 60s in last 7 days: 944 (down from 1044)

Proportion of total positive tests occurring in over 60s: 24.1% (up from 21.1%)

First COVID +ve hospital admission in last week: 235 (down from 242)

Number of community acquired COVID inpatients: 392 (up from 377)

COVID +ve ICU patients: 55 (up from 52)

- The Group discussed modelling from ONS around the percentage of people testing positive for COVID-19 in Northern Ireland.
- Prof Young presented a table of local government districts' positive rates; $R = 1$ approximately for Northern Ireland. There was one large outbreak in Causeway Coast and Glens this week where the largest increase was observed.
- Northern Ireland's 7 day cumulative total cases is below England and Wales but above Scotland. Compared to RoI, we are 4 fold higher.
- There is a slower decrease than wave one in hospital admissions.
- +ve inpatients remains a concern and has only decreased slightly after four weeks of restrictions.
- +ve patients (ICU) is below peak but a much slower reduction than wave one.
- Hospital deaths remain high and are falling much slower than in wave one.
- Following introduction of the current restrictions, R has fallen to 0.8 approximately compared to 0.6-0.7 in the first lockdown where it was also maintained for 6 weeks.
- R rises by 0.2 when schools are open.
- R rises by 0.2 when non-essential businesses and churches open.
- R rises by >0.3 when hospitality is open.
- Inpatient numbers will not fall when $R = 1$.
- Belfast Traffic Data was presented and correlates strongly with R .
- Facebook Mobility Data was presented.
- Modelling was presented and early indications show surpassing 1000 cases / day by mid-December albeit with wide confidence due to a $1.3 < R < 1.6$ scenario.
- Interventions will be required in mid-December to prevent hospital occupancy surpassing 600 by the end of December.
- The Group discussed information in the public domain; responsibility lies with Health Minister and TEO.
- Nosocomial acquired COVID-19 inpatients was discussed. Approximately 25% of inpatients in NI Trusts are nosocomial acquired.

ACTION: Dr Bradley to circulate nosocomial variance across Trusts to Group.

- SAGE have previously applied proportion of R to sectors.

- Relationship between schools and hospitality is complex and difficult to assign an exact R value per sector.
- The Group reflected on the number of people going to work and the impact this is having on the dynamic. Schools remaining open has many indirect consequences such as people are more likely to go to work.
- Behaviours of people remains a key contributor to R.
- Footfall in towns/cities will increase as the Christmas period approaches. If non-essential retail is open, R will increase.
- There is a significant outbreak in a school in Craigavon but it is difficult to be certain where transmission has been taking place.
- There was consensus that the current interventions have not had sufficient effect on transmission as those in the first wave.
- Duration of R is extremely important; a lower R value is more effective when it remains there for longer.
- The view of the modelling group is that intervention will be required in mid-December.
- RoI has achieved $R < 0.6$, however, there is evidence that it is rising.

SPI-M-O: Statement on Tiers in England and Other Measures in the Devolved Nations FINAL (Paper 2)

Impact of Firebreaks in Wales and Northern Ireland on R (Paper 3)

2. Prof Young asked for comments on the two papers related to devolved administrations.
 - There was significant discussion at the beginning of the meeting and there being no further comments, the papers were noted.

Behavioural Effects of Reducing the Duration of Quarantine for Contacts (Paper 4)

Quarantine Duration Effectiveness (Paper 5)

3. Prof Young asked for comments on the two papers related to quarantine:
 - Current recommendation is that contacts should isolate for 14 days.
 - Can this be reduced?

- There are scientific and behavioural aspects around potentially reducing this period.
- There are proposals on how to reduce this period.
- The SAGE view is to one that prefers to see a pilot and collect data. This will be discussed by CMOs.
- Professor Kee commented that there is no data relating to compliance.
- LFDs was discussed.
- Professor Alderdice raised the international travel quarantine process. Some measures will increase mobility without increasing compliance, which is a concern.
- Mass testing was discussed; there is a paper going to TEO imminently.
- There being no further comments, the papers were noted.

Severity Estimates (Paper 6)

4. Prof Young asked for comments on the paper:

- There being no comments, the paper was noted.

HAIRS – Qualitative Assessment of the Risk that SARS-CoV-2 Infection in UK Captive Mustelinae Populations Presents to the UK Human Population (Paper 7)

DEFRA – UK Animal Health Response (Paper 8)

NERVTAG – SARS-CoV-2 Variants that have been selected in Mink (Paper 9)

5. Prof Young asked for comments on the three papers related to Minks/Ferrets:

- There are no mink farms in Northern Ireland.
- There are no large ferret facilities in Northern Ireland.
- There are three mink farms in Rol; one in Donegal.
 - CMO in dialogue with Rol departments.
 - DAERA have been involved.
 - Mink farms have been banned in the UK since 2002.
- Zoonoses was discussed and PHA/DoH to combine with DAERA to plan for future

pandemics.

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

AOB

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

- Prof Morrow raised 'students travelling home' advice. Meetings continue with relevant departments who are coordinating.
- Prof Elborn reminded the Group on the Queen's Pilot and plans are progressing to commence w/c 23/11.
- There being no further business, the meeting closed.

Date of Next Meeting

7. The next meeting will be on Monday 23 November 2020 at noon via Zoom.