

# COVID-19 Strategic Intelligence Group

09 November 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
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
Professor Hugo Van Woerden	Director of Public Health, PHA
Dr Michael Quinn	Head of Clinical Information, HSCB
Kieran McAteer	COVID-19 Response, DoH
NR	DoH (Secretariat)

## Apologies:

Dr Eugene Mooney	Director of Information and Analysis, DoH
------------------	---

## Welcome

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

ACTION: Dr Liz Mitchell to ask Nicola Armstrong, PHA to share Behavioural Change presentation with Group.

**Action Ongoing – Dr Nicola Armstrong scheduled to present at SIG Meeting today.**

ACTION: Dr Lourda Geoghegan to draft a letter to Trusts regarding appropriate use of steroids.

**Action Complete.**

ACTION: Dr Michael Quinn to draft a letter for CMO regarding data sharing.

**Action Complete.**

ACTION: Prof Young to discuss app modification to deliver messages and direct users to guidance and/or sources of support.

**Action Ongoing.**

## Status Update

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

- Most figures continue to decrease.
- 7 day rolling average new cases / day: continues to decline and <600 today.
- Impact of schools reopening will not be seen until the beginning of next week.
- Testing demand has decreased significantly and system has capacity due to reduction of testing in school age/younger people.
- 7 day rolling average test positivity continues to decrease albeit remaining at a very high level. WHO say that >5% means an epidemic out of control; there is a long way to go.
- In local government areas, all areas continue to fall and the largest falls have been seen in areas with largest incidence rates. The lowest area, Ards and North Down, has a transmission rate of 150/100k. Note: initial interventions began >40/100k; these rates are still high and concerning that they remain largely stable after three weeks of the current restrictions.
- Consensus that the package of restrictions imposed by the Executive have had a significant effect.
- Hospital admissions continue to fall but remain at a high level. The fall is slower than that in wave one suggesting that R has not fallen to the level it did in wave one.

- +ve inpatients shows a negligible fall and at a very high level, which is a considerable concern given that the four weeks of restrictions are almost complete.
- Modelling predicts >300 inpatients by the end of the restrictions.
- +ve ICU patients continue to rise and are higher than wave one peak and modelling predicts that this will rise for another 1-2 weeks before falling.
- Hospital deaths have fallen.
- Current estimate of R (hospital inpatients): 0.8 - 1.0 (probably below 1).
- Belfast traffic data shows that the first lockdown had a much larger reduction in traffic movement than the current restrictions.
- Facebook mobility data shows that mobility has increased with schools reopening.
- Further modelling will be conducted when the Executive decides a way forward from the current restrictions.
- Current estimate of R (new positive tests): 0.7 - 0.8 and is rising. It will be interesting to see R value when schools have been open for two weeks and allow better conclusions around the impact of schools on R.
- ONS data was discussed and will be reviewed next week.
- Are there lessons to communicate between better performing local government areas to aid other areas of Northern Ireland? There is an opportunity to evaluate strategies implemented within councils particularly around communications.

## **Presentation: A Behavioural Approach to Self-Isolation**

2. Dr Armstrong and Dr Anderson presented 'A Behavioural Approach: Test, Trace, Protect' to the Group and slides are available at HE1/20/547137:
  - Overview of Behavioural Change Group (BCG) Projects.
  - Reasons for 'Why Behaviours?'
  - What are we asking people to do?
  - Behavioural Model overview – Capability / Opportunity / Motivation.
  - Overview of evidence, what it tells us and barriers.
  - Requirement for ongoing qualitative and quantitative work to better inform.

- What the BCG can offer.
- Behavioural Change Wheel: EAST – ‘Easy / Attractive / Social / Timely’.
- Forward plans.
- Dr Geoghegan asked for the reference from the British Psychological Society Paper and for the sample frame and size.
- 1000 people representative within Northern Ireland and fieldwork was completed throughout August.

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

- Prof Elborn asked for information to share within Universities and/or Trusts and whether it could be adjusted to be more sector specific?

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

- Prof Morrow commented on the segmentation of responses and highlighted the need to use community champions to target specific areas of the population.
- There was a discussion around a recent article highlighting the importance of people’s life circumstances and how different motivators impact on adherence.
- There was consensus that linking with existing community structures is vitally important.
- Capacity to inapt a larger survey and analyse results was discussed.
- Prof O’Donovan suggested linking with the PHA to inform training of contact tracers.
- Prof Alderdice highlighted 2 recurring issues:
  1. A rolling programme is required to collect information in a timely manner; and
  2. Larger surveys, such as a joint UK and RoI survey, with larger samples would help from a comparative view.
- Repeating the survey and analysis is required; CMO and CSA to discuss separately how to prioritise and progress an incremental approach.
- There has been little progress by DfC regarding network of champions.
- There being no further comments, the presentation was noted.

## **SAGE #65 Minutes (Paper 2)**

## **Transmission in Schools in European Comparators (Paper 3)**

## **Benefits of Remaining in Education – Evidence and Considerations (Paper 4)**

## **Children's Task and Finish Group – Update on Children, Schools and Transmission (Paper 5)**

3. Prof Young shared SAGE #65 Minutes (Paper 2), which summarises Papers 3-5 and asked for comments:

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

- There are divergent opinions within SAGE members regarding the importance of children and young people and schools in terms of transmission.
- Prof Elborn asked about the impact of the next six weeks, considering that weather and daylight will force schools to keep pupils indoors more.
- DoE have suggested that when schools are closed, children's' contacts increase out of school. Interestingly, the opposite appears to be true.
- Dr Geoghegan informed the Group about ongoing discussions within UK Senior Clinician's regarding case definition within children.
- There being no further comments, the papers were noted.

## **Key Evidence and Advice on Celebrations and Observances during COVID-19 (Paper 6)**

4. Prof Young asked for comments on the paper:

- Advice will be required around what will be possible during Christmas.
- The paper suggests that relaxation for a few days to facilitate multigenerational gatherings would have fairly modest impact in terms of transmission. Messaging will be important noting that this will not be without risk.
- Work parties was discussed and the need to provide advice around celebrating via alternative means, which excludes physical contact.
- 'Christmas Advice' responsibility should be with TEO and requires better coordination; RoI have progressed separately.
- There is an urgent need to build appropriate messaging around behavioural work and should not be progressed by DoH. Prof Young to pass paper to TEO and DfC.



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

### **Potential Application of Air Cleaning Devices and Personal Decontamination to Manage Transmission of COVID-19 (Paper 7)**

5. Prof Young asked for comments on the paper:

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

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

### **AOB**

### **Social Care Working Group Consensus Statement on Family or Friend Visitor Policy into Care Home Settings (Paper 8)**

6. Prof Young asked for comments on the paper:

- Dr Geoghegan gave an overview of ongoing local discussions regarding care home visitation and associated risks. Human rights and welfare of residents were discussed considering it will soon be over a year that residents in certain homes have had sufficient visitation.
- Lateral Flow Device application was discussed.
- Health-economic methodologic aspects were discussed.
- 'End of Life' utility measures were discussed.

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

- There being no further business, the meeting closed.

### **Date of Next Meeting**

8. The next meeting will be on Monday 16 November 2020 at noon via Zoom.