

13. ~~ONS~~ Infection Survey data also suggest that incidence in England is unchanged.

14. As previously, ~~SAGE~~ does not have confidence that most regional ~~R~~ estimates are sufficiently robust to inform decisions, since they are based on low numbers and/or are dominated by clustered outbreaks.

15. There is increasing incidence of ~~COVID-19~~ in a number of European countries. There are also inconsistencies in lagging indicators including deaths, which may be related to the age profile of those becoming infected.

16. It is important to understand the reasons that the ~~UK~~ is not currently seeing such large increases in incidence, and to continue to closely monitor the epidemic for any signs of similar patterns emerging in the ~~UK~~. ~~CoMix~~ data indicate that the contact rates in the ~~UK~~ remain lower than in Belgium and the Netherlands, which may offer a partial explanation. Differences in relaxation of ~~NPIs~~ may also be important. However, it is possible that this is simply a time lag and that a similar pattern may emerge in the ~~UK~~ soon.

Actions:

- SAGE secretariat to circulate updated 'Aerosol and droplet generation from singing, wind instruments and performance activities' paper to DCMS for action by 28 August
- SAGE secretariat to circulate 'ONS update on effective dose' paper to NERVTAG by 28 August
- SPI-B, SPI-M and NERVTAG to review the 'Changing age demographics of COVID-19 within England, and the role of young adults in transmission' paper and provide input for discussion at SAGE following discussion on HE and FE by 3 September
- SPI-B to review 'Self-reported adherence to social distancing measures' paper, dated 7 April for further evidence and update bringing back to SAGE if necessary; SAGE secretariat to send extant paper to NHS Track and Trace and CO
- SPI-M to amend consensus statement to clarify that work on household isolation will be brought to SAGE alongside the MHCLG commission on 10 September
- ICJU and FCO CSA to undertake further investigation on changing infection rates in other European countries and potential causes for these changes and differences from the UK by 10 September

Mass screening

17. ~~SAGE~~ endorsed the Mass Screening Task and Finish Group paper — subject to amendments following the discussion. The scenarios for use were considered particularly useful.

18. The effectiveness of mass testing will depend on several factors including the proportion of the population tested; the frequency of testing; the ability of a test to identify true positives and negatives; the speed of results; and adherence to isolation. It is important to recognise that testing is one part of a system leading to isolation of infectious individuals and the whole system needs to work in order to achieve the desired aim (which would be to identify as many infectious people as possible and isolate them from contacts during the infectious period).