

OFFICIAL - EXECUTIVE

MEMORANDUM E (21) 113 (C)

**FROM: ROBIN SWANN MLA
MINISTER FOR HEALTH**

DATE: 20 MAY 2021

TO: EXECUTIVE COLLEAGUES

**FINAL EXECUTIVE PAPER: RATIFICATION OF DECISION FOR FURTHER
EASEMENTS FROM 24th MAY**

1. At the Executive meeting on 15 April 2021, a package of relaxations to the existing Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (“the 2021 Regulations”) were agreed. This included changes effective from 23rd and 30th April. Those relaxations have since come into effect.
2. In addition, a series of further relaxations were given an indicative date of 24th May, to be ratified on 20th May. These changes were to be considered on the basis of the data and overall picture of the pandemic at that time. The proposed changes are listed at **Annex A**.
3. I refer colleagues to this week’s R Paper, which gives an overview of the current state of the pandemic.
4. Based on the overall trends in data, we are currently tracking most closely to the central modelling scenario which was previously shared with Executive. This runs to the end of the summer and indicates a likely peak of around 200 cases per day and no significant increase in hospital pressures.

CMO/CSA Advice

5. Following consideration and discussions of the TEO paper at last week’s Executive meeting, the relaxations proposed by the Executive go somewhat beyond those assumed in modelling or being implemented elsewhere in the UK or

OFFICIAL - EXECUTIVE

OFFICIAL - EXECUTIVE

ROI at present, despite our higher incidence compared with the rest of the UK. This is particularly the case in relation to indoor gatherings which remain the highest risk locations for virus transmission. In addition, modelling does not account for the potential impact of VOC B.1.617.2 (up to 60% increase in transmission), the possibility of reduced vaccine uptake or effectiveness, waning immunity or cross border movements, or poor adherence to remaining mitigations.

6. A more pessimistic scenario remains possible if one or more of the above circumstances becomes dominant. In this scenario, cases would peak at 5000 – 15000 per day, and hospital pressures would be similar to or a little less than those observed in January / February this year. While absolute numbers differ, a wave of this size is supported by NI modelling and modelling conducted independently for SAGE by major UK academic groups. The details of this modelling will be published by SAGE in the next couple of weeks and are provided as an appendix to this week's R paper. Such a potential increase in case numbers does not take into account the additional consequences of post COVID syndrome, with ONS estimating 2-5% experiencing ongoing symptoms although this decreases over time. The PHOSP-COVID study of inpatients followed up at 4-6 months reported only 29% of cases fully recovered, 20% had a new disability and 19% experienced a health related change in occupation with one third of patients with "impaired lung function."
7. Overall, there is no immediate reason based on current data not to confirm the proposed relaxations for 24th May. The highest risk area will remain indoor gatherings, and it is critical that for such gatherings that risk assessment is robust, effective, subject to meaningful audit and enforceable to reduce risk. Additional considerations apply to the Derry and Strabane LGD which are discussed below.

Increased prevalence in Derry and Strabane:

8. Prevalence in Derry and Strabane has been persistently at a high level for a number of weeks, and is currently 90-100/100k/7 days. It is highly likely that the relaxations planned for 24th May (in particular the opening up of indoor hospitality and other indoor gatherings) will increase this further. One option is to try to

OFFICIAL - EXECUTIVE