

# **SPI-M-O Meeting**

## **Wednesday 16<sup>th</sup> September 2020, 10:30-13:30**

### **R/Growth rate/Incidence**

1. The committee discussed, and agreed a consensus view on, their latest estimates of national and regional R, growth rates, incidence and doubling time. Committee members agreed that the true current doubling time is very likely to be higher than the estimated values which are based on lagged indicators.

### **Medium-term Projections**

2. The committee discussed their medium-term projections for infections, deaths and hospitalisations in England. It was agreed that Warwick's projections were representative of SPI-M's best assessment of the current trajectory.

### **Impact of different level of asymptomatic infection**

3. The committee discussed the manners in which changes in the proportion of people who are infected asymptotically would affect the dynamics of the epidemic.
4. The committee agreed that asymptomatic transmission is an area of interest for SPI-M and more work on this would be pursued by modellers.

### **Circuit breakers**

5. The committee discussed the effectiveness of planned, short "lockdown" periods acting as circuit breakers to reduce the prevalence of infection. A planned two-week lockdown over half-term was highlighted as a period where this could have greater effect due to the combined impact of schools being closed. However, earlier strengthening of non-pharmaceutical interventions would be needed to stem the current exponential growth in infection.
6. The committee agreed that if executed competently and with good population adherence, this could be an effective policy to maintain manageable prevalence.

### **Timing of changes in incidence in different age groups**

7. The committee discussed the time-lags seen in hospitalisations following an increase in incidence.

### **Flu and other respiratory diseases**

8. The committee discussed a potential influenza epidemic this winter, considering how COVID-19 NPIs and an expanded influenza vaccination campaign could affect the size and timing of this epidemic.

### **AOB**

9. The committee discussed analysis of 111 calls, looking at the outcomes of the calls stratified by age. It was noted that 111 calls from older age groups resulted in more severe outcomes.
10. The committee was updated on the ongoing modelling for care homes, which includes analysis of testing frequency and flu vaccine uptake.