

Forty-ninth SAGE meeting on COVID-19, 30 July 2020.

Held via Video Teleconference.

Summary

1. In England, R is estimated at 0.8 to 1.0, with a daily growth rate of -4% to -1%. However, since estimates of R rely on lagged data and because of increases in other 'lead' indicators, R is likely to be above 1 across England. Due to considerable heterogeneity, we think that R is above 1 in certain locations.
2. During the application of NPIs nationally, there were substantial support packages available. SAGE advised that local areas of intervention will require similar – and probably more – support to facilitate adherence, particularly in disadvantaged communities.
3. There is more likely to be a positive response to interventions from the public if the reasons behind changes are fully explained and understood. Clear communications and engagement are required to avoid interventions being seen as arbitrary or discriminatory. They should emphasise care rather than punishment and involve co-creation with and delivery through trusted community voices.
4. SAGE again recommended that the proportion of confirmed cases which can and cannot be linked to known clusters should be monitored. This is an important indicator of transmission and of the effectiveness of the test and trace system.

Situation update

5. The case isolation period has been extended from 7 to 10 days from symptom onset, or from a positive test for asymptomatic cases.
6. SAGE approved R and growth rate estimates. The latest estimate of R for the UK is 0.8 to 0.9, while the daily growth rate estimate is -4% to -1%. These estimates mask wide variations across the country of case numbers and trends.
7. In England, R is estimated at 0.8 to 1.0, with a daily growth rate of -4% to -1%. However, these estimates of R rely on lagged data (for example number of deaths) and increasing proportion of positive tests are being reported. When lead indicators are used, R is likely to be above 1.
8. As previously, SPLM 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. Heterogeneity means that it is likely that R is above 1 in certain regions.
9. SPLM's short-term forecasts will start to look again at hospitalisations and also at proportion of positive tests, in addition to deaths.
10. PHE work on secondary attack rates in households found little variation in transmission or susceptibility by age. Estimates of the proportion of asymptomatic to symptomatic cases continue to vary widely, although more data are becoming available on this. The household study suggested a near 50% risk of infection in households, and that about 75% were symptomatic.
11. Discussions are underway around the design of a CoMIX study focused on BAME groups.

Actions