

Fifty-third SAGE meeting on Covid-19, 27th August 2020
Held via Zoom

Summary

1. Considering all available data, it is likely that incidence may be static or increasing slowly, meaning R may be above 1 in England and across the UK.
2. 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. The testing itself should not be considered in isolation but as part of the total system requirements.
3. Any testing programme should have clear and specific aims, this could include reduction of R or risks of larger outbreaks. Separate testing objectives could relate to economic or social objectives such as re-opening venues or workplaces.
4. Mass testing is most likely to be successful in reducing R if used in well-defined higher-risk populations or settings e.g. care homes, where it is more feasible to detect and prevent large outbreaks early, and where compliance can be measured, and in groups with higher rates of infection and transmission than the general population.
5. Speed and coverage of NHS Test and Trace needs to be optimised to identify and isolate quickly a high proportion of symptomatic cases, and it will be important to ensure that a general mass testing project does not have any negative impact on this approach. Effective test and trace can have a significant effect on R and this should remain a priority.

Situation update

6. The DfE HE/FE Sub-group output paper will be revised to two separate papers covering HE and FE and will be brought to SAGE on 1 September.
7. In line with the SAGE discussion, further amendments have been made to the 'Aerosol and Droplet Generation from Singing, Wind Instruments and Performance Activities' paper to provide further detail around ventilation and risk.
8. There is increasing incidence within the UK in younger age groups, particularly females, which could lead to transmission to other groups, potentially including more vulnerable, older groups.
9. Given that younger people are less likely to appear in hospital and death data compared to older people, other indicators and data to monitor the spread of the virus and severity of disease in these age groups are recommended.
10. The latest estimate of R for the UK is 0.9 to 1.1, while the daily growth rate estimate is -2% to +1%. As previously, these estimates mask wide regional variation across the country and should be treated as a guide to the general trend.
11. In England, R is estimated at 0.9 – 1.0, with a daily growth rate of -3% to 0%. However, these estimates of R rely on lagged data (e.g. number of deaths). SAGE does not have confidence that R is currently below 1 in England.
12. Analysis of pillar 2 testing data suggests a daily growth rate of around -1% over the past 2 weeks in England (95% confidence interval). As previously, this should be treated with caution given changes in the population being tested.
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