

Twenty-eighth SAGE meeting on Covid-19, 23rd April 2020 Held via Zoom

Summary

1. SAGE discussed volumes needed for a viral testing strategy and behavioural aspects associated with testing

Situation update

2. Latest numbers indicate a slow but steady reduction in hospital admissions and bed numbers (including for ICUs).
3. Hospital deaths recorded by date of death are showing a declining trend despite daily fluctuations in the data.
4. A small but significant proportion of deaths relate to deaths in care homes, rather than in hospitals.
5. A study of the first 100 UK hospital patients gives an average length of stay in ICU of 10 days.

ACTION: SPI-M to share insights on nosocomial infection in specific NHS Trusts with NHS Medical Director to ensure this is fed appropriately to relevant NHS Trusts

ACTION: NHS to send ICNARC data to be placed in SAGE papers repository (ahead of next SAGE meeting on 28 April)

Understanding Covid-19

6. There is weak evidence internationally on how long the virus can survive on facemasks; it may survive for up to 7 days.
7. PHE is leading UK-funded research to understand this, which should be completed within the next three weeks.
8. SAGE asked that funders, including UKRI, actively engage in the Health Data Research (UK) process when making funding decisions on SAGE priority questions relevant to health data.

ACTION: SAGE secretariat to circulate Health Data Research paper to SAGE participants for comment, including on prioritisation (Appendix 2) by 27 April; **John Aston** and **Andrew Morris** to incorporate questions from the 'Research Questions for Covid-19' into Appendix 2

ACTION: UKRI to publish 'Research Questions for Covid-19' on its Covid-19 web portal, subject to SAGE secretariat confirmation; **UKRI** to liaise with **John Aston** and **Andrew Morris** on how to link questions in Health Data Research paper to its Covid-19 web portal

Testing Strategy and lifting measures

9. SAGE discussed indicative numbers required for viral testing.
10. The NHS is asking Trusts to start testing every patient admitted to hospital from Monday onwards, rather than only testing symptomatic patients.
11. Over the weekend 11 NHS Trusts will be testing 500 asymptomatic staff to inform a strategy for routine staff testing.
12. SAGE agreed the importance of understanding total testing capacity and what level of incidence it could cope with, as well as how far the epidemic needs to wane before the system can feasibly track and trace.
13. Preliminary calculations suggest the level of incidence could fall to ~4,000 cases a day by May 4th, and to ~1,000 cases per day by May 11th. These are to be reviewed by SPI-M, who should return, including with confidence intervals.
14. SAGE agreed that further discussions are needed to determine a testing strategy to reduce spread in care homes and advised that a suitable leader for this work is required.

ACTION: CMO and NHS to provide viral testing volumes needed for hospital entrants and patients returning to social care settings by COP 23 April as part of an overall paper on testing numbers (action completed during meeting)

ACTION: DfID CSA to lead working group to advise on testing strategy for care homes (including volumes required) and on reducing spread

15. SAGE discussed behavioural considerations associated with antibody testing, including false positive results and their potential impacts on behaviour.
16. Studies have shown that people who think they've already contracted Covid-19 are less likely to adhere to social distancing.
17. SAGE advised that DHSC officials developing the testing strategy, including for home antibody kits, should factor in the behavioural insights produced by SPI-B.
18. SAGE reiterated the importance of clear public communications around the purpose of antibody testing, and what different results mean in terms of immunity, to influence public behaviour post testing. Currently we do not know enough to be able to provide this information in relation to immunity status.
19. SAGE noted the importance of exploring potential variation in behaviours according to socio-economic status; there is some evidence that poorer people are engaging in more social contacts outside the home (as are people who have previously self-diagnosed for Covid-19 and now possibly feel immune).

ACTION: SAGE secretariat to send SPI-B's initial view on behavioural considerations for testing to DHSC (Tasmin Berry) by 24 April

ACTION: SAGE secretariat to send SPI-B's initial view on behaviours required for a suppress and control route to Cabinet Office by 24 April

Public order

20. SAGE noted the importance of continually considering and testing the legitimacy and equity of lockdown measures, as well as thinking about approaches to addressing this.
21. SAGE also noted the importance of developing evaluation strategies before measures are lifted.

ACTION: SPI-B to contact No10 (Ben Warner) on accessing polling data (if not already available) and identify any additional questions which should be included in polling surveys (ahead of next SAGE meeting on 28 April)

ACTION: SAGE Secretariat to highlight to C-19 secretariat SAGE advice on developing evaluation strategies before measures are lifted

Vaccines and therapeutics

22. Work is underway to engage with international biotech and vaccine companies; and to develop UK vaccine manufacturing capacity in the short and longer term.
23. On therapeutics, the UK has initiated clinical trials in primary care, and for patients in hospital and in ICU, focusing on repurposed medicines
24. Repurposed medicines are unlikely to deliver a game-changing breakthrough for treating the virus; there is a separate focus on alternative treatments including novel, pre-licensed compounds, with urgent trials starting shortly.

ACTION: CMO, GCSA and NHS Medical Director to consider options to increase take up of participants in vaccine and therapeutic trials (ahead of next SAGE meeting on 28 April)

List of actions

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CMO, GCSA and **NHS Medical Director** to consider options to increase take up of participants in vaccine and therapeutic trials (ahead of next SAGE meeting on 28 April)

Attendees

Scientific experts: Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (dCMO), Jenny Harries (dCMO), Angela McLean (CSA MoD), John Aston (CSA HO), Carole Mundell (CSA FCO), Charlotte Watts (CSA DfID), Steve Powis (NHS), Calum Semple (Liverpool), Maria Zambon (PHE), Yvonne Doyle (PHE), Graham Medley (LSHTM), Neil Ferguson (Imperial), John Edmunds (LSHTM), Julia Gog (Cambridge), James Rubin (King's), Brooke Rogers (King's), Theresa Marteau (Cambridge), Cath Noakes (Leeds), Andrew Rambaut (Edinburgh), Wendy Barclay (Imperial), Peter Horby (Oxford), Andrew Morris (Scottish Covid-19 Advisory Group), Ian Diamond (ONS), Ian Young (CMO Northern Ireland), Rob Orford (Health CSA Wales), Nicola Steedman (dCMO Scotland), Jeremy Farrar (Wellcome), Venki Ramakrishnan (Royal Society), Mike Parker (Oxford), Ian Boyd (St Andrews), Mark Walport (UKRI)

HMG: Dominic Cummings (No. 10)

SAGE Secretariat: [REDACTED]