

Forty-sixth SAGE meeting on Covid-19, 9th July 2020 Held via Zoom

Summary

1. As numbers continue to fall, SPI-M does not have confidence that regional R estimates are sufficiently robust to inform decisions.
2. SAGE advised that features specific to Further and Higher Education should be addressed in guidance to these sectors well before the next academic year.
3. Regarding reopening of schools, SAGE reiterated its advice that there is a low risk to children's health from Covid-19 and significant harms from schools being closed. Reopening requires sufficient headroom in terms of overall infection rates and numbers, and clear communication with parents and teachers.
4. SAGE agreed that full preparations for winter are an urgent priority. Simple, clear messaging during autumn is important to prepare the public for winter.

Situation update

5. SAGE noted that the conclusion of the Senior Clinicians Group that, at present, a testing strategy that includes antibody testing, swab testing and Ct value assessment to enable release of individuals from self-isolation or quarantine cannot be operationalised – and that further data are needed before an optimal strategy can be designed.
6. Following clarification of NHS data, SPI-M models are now matching ONS data on prevalence and incidence more closely.
7. The latest estimate of R for the UK is 0.7 to 0.9. The daily growth rate estimate is -5% to -2%. In England, R is estimated at 0.8 to 1.0, with a daily growth rate of -4% to -1%.
8. SPI-M does not have confidence that regional R estimates are sufficiently robust to inform decisions, since they are based on low case numbers and/or are dominated by clustered outbreaks. This needs to be made clear when they are published.
9. GO-S will continue to publish weekly R and growth rate estimates until the JBC/PHE integrated approach is ready to take this on.
10. SAGE welcomed the first situational awareness summary report from PHE.
11. The causes of high case incidence in food processing plants are not yet understood, but are thought to be linked to a combination of working conditions (including low temperatures and protein residues) and culture (zero-hour contracts, working when unwell), poor and crowded living conditions and limited transport options available to workers. Where groups of people work, live and travel together, risk of transmission is likely to increase.
12. Incidence in Leicester is probably declining. SAGE noted that other current hotspots are mainly in the Midlands and North of England and are in areas with deprivation, high-density living conditions and significant BAME (particularly south Asian) communities. Communications need to reflect this epidemiological picture. Policy leads in CO and DHSC will need to take note and act accordingly.
13. In light of the WHO's recent communications on the risk of airborne spread, SAGE noted that its papers and guidance have consistently acknowledged that shorter-range aerosol transmission is a risk, especially in poorly ventilated settings featuring a highly-infectious person. The contribution of aerosol transmission relative to droplets and fomites remains unknown, but aerosol is unlikely to be the dominant transmission route. Research is underway on this subject and a UK research consortium has been formed.

ACTION: EMG to review advice on Covid-19 airborne transmission risks in light of new evidence, data and medical input: this review to consider face coverings, school and university settings, and winter challenges, by 16 July

ACTION: SAGE secretariat to ensure wording on gov.uk relating to R is approved by SPI-M chairs before updated R and growth rates are published by 10 July

ACTION: SAGE to review 'Covid Security' paper at its next meeting on 16 July; SAGE participants to provide input in advance

ACTION: SPI-B to assess messaging around Covid-19 in hard-to-reach and marginalised groups/communities and report to CMO by 16 July

ACTION: NHS Medical Director to circulate recent letter on regular testing of NHS staff to SAGE

Further and Higher Education

14. There are features specific to Further Education (FE) and Higher Education (HE) settings which differ from other educational settings (such as schools) and other workplaces.
15. Around two-thirds of FE learners were in some form of employment pre-Covid-19, often as part of a course or apprenticeship.
16. FE learners are more likely to be from groups identified as vulnerable (e.g. based on age, income or ethnicity). FE educators also tend to be older than schoolteachers.
17. HE settings often generate internal (and international) migration to towns and cities, and involve formation of new households, particularly at the start and end of terms. There may also be movement during the term between households.
18. University student populations engage in a broad range of activities, which result in complex networks.
19. These factors and others should be considered in guidance to these sectors ahead of autumn terms starting.

ACTION: DfE CSA to establish new science advisory group for Higher and Further Education drawing on expertise from SAGE participants, subgroups and PHE, providing advice directly to DfE and seeking SAGE advice where necessary

ACTION: SPI-M to consider any relevant updates to 'Ready Reckoners' in light of re-opening of Higher and Further Education by 16 July

Schools

20. SAGE endorsed the paper on 'Risks associated with the reopening of education settings in September', subject to minor amendments, and recommended that the findings are considered carefully as DfE develops its policies.
21. SAGE agreed that there was a low risk to children's health from Covid-19 but significant harms from schools being closed, and that it was therefore strongly in the interests of children for schools to be open.
22. Decisions on opening schools in the autumn also need to consider the health of adults, including teachers and the wider community.
23. Emerging evidence suggests that outbreaks in schools are extensions of community outbreaks and comprise small numbers, rather than indicating that schools are high-risk settings. Spread from children to adults appears to be low.
24. Applying and releasing measures in a way which can be explained to the public logically helps to maintain support and adherence. Given the health and educational benefits of opening schools – and the health and other risks of not doing so – there is strong case for prioritising opening schools over other establishments. Clarity of messaging will be important to building the trust of parents and teachers.
25. It is important to ensure that there will be enough 'room' in terms of the epidemic to open schools in September.
26. The surveillance study in schools is underway and will need to be expanded (and modified) by September.

27. Education policies should consider impacts on and challenges associated with public transport.

ACTION: SAGE secretariat to update “Interdisciplinary Task & Finish Group on the Role of Children in Transmission: Risks associated with the reopening of education settings in September” for final ex-committee SAGE endorsement and circulation to DfE, DfT and C-19 Taskforce, by 10 July

ACTION: DfE to consider relevant communication to teachers and parents from ‘Risks associated with the reopening of education settings in September’ paper

ACTION: PHE to develop protocol for wide-scale surveillance testing of children ahead of schools re-opening, based on lessons from Shamez Ladhani-led study

Winter

28. SAGE endorsed the independent paper ‘Preparing for a Challenging Winter’ from the Academy of Medical Sciences, subject to minor amendments. The reasonable worst case scenario, which demonstrates the possible effects of a second wave during the winter, is not endorsed by SAGE and was described by the lead author as an ‘illustrative example in order to build options and scenarios’.

29. While NHS and PHE provided assurance that many of the recommendations detailed in the report are already being considered or actioned, SAGE agreed that preparations for winter should begin urgently across government and that the report should provide a template for checking that all aspects are considered.

30. Simple, clear messaging in advance of winter is important. Engaging the public in autumn will increase confidence before what may be a frightening period for many people.

31. It is crucial that public advice is followed to mitigate the risks associated with winter, particularly in disadvantaged areas. Buy-in from communities is crucial and would be improved through co-creation of guidelines.

32. It is currently too early to predict the severity of this winter, but weather conditions may be worse than those considered in the report. Flooding, excessive ice or excessive snowfall would lead to increased problems.

33. It is unclear whether recovered Covid-19 sufferers have increased susceptibility to other winter viruses. They should be considered for flu vaccination.

34. There is no evidence yet that influenza modulates disease severity, although it is likely to cause diagnostic and therapeutic difficulties (high confidence). Early use of antiviral and combination therapies should be considered. An expanded flu vaccination programme has previously been recommended by SAGE. Multiplex testing for flu and Covid is recommended if available.

35. Indoor environments should be optimised to limit transmission of the virus and outdoor environments adapted for better use in winter. Ventilation is a key mitigation, particularly as people are less likely to open their windows and doors during winter.

36. People living in poor-quality homes may be affected by the compounded risks of poor ventilation and an inability to afford increased heating costs. Household heating costs are likely to escalate this winter as more people work from home.

ACTION: SAGE secretariat to circulate final AMS report ‘Preparing for a challenging winter 20/21’ to DHSC, DfT, MHCLG, C-19 Taskforce and CCS; GCSA and CMO to write to Heads of Departments with a copy of the report by 16 July; reasonable worst case scenario in report should be flagged as an example from the authors and not an endorsed RWCS

List of actions

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Attendees

Scientific Experts (41): Patrick Vallance (GCSA), Chris Whitty (CMO), Jenny Harries (dCMO), Angela McLean (CSA MoD), John Aston (CSA HO), Andrew Curran (CSA HSE), Charlotte Watts (CSA DfID), Carole Mundell (CSA FCO), Robin Grimes (CSA Nuclear), Osama Rahman (CSA DfE), Stephen Belcher (CSA Met Office), Phil Blythe (CSA DfT), Alan Penn (CSA MHCLG), Steve Powis (NHS), Mark Wilcox (NHS), Maria Zambon (PHE), Yvonne Doyle (PHE), Peter Horby (Oxford), Calum Semple (Liverpool), Graham Medley (LSHTM), John Edmunds (LSHTM), Julia Gog (Cambridge), Michael Parker (Oxford), Wendy Barclay (Imperial), Brooke Rogers (KCL), James Rubin (KCL), Catherine Noakes (Leeds), Venki Ramakrishnan (Royal Society), Ian Boyd (St Andrews), Mark Walport (UKRI), Rob Orford (Health CSA Wales), Fliss Bennee (Wales Technical Advisory Cell), Jim McMenamin (Health Protection Scotland), Ian Young (CMO Northern Ireland), Jeremy Farrar (Wellcome), Sheila Rowan (CSA Scotland), Gregor Smith (dCMO Scotland), [REDACTED], [REDACTED] Stephen Holgate (Southampton), Russell Viner (UCL), Simon Burgess (Bristol)

Observers (11): [REDACTED] Vanessa MacDougall
(HMT), [REDACTED]
[REDACTED] Ben Warner (No.10), Adam Jackson (No.10), [REDACTED] Emma Davies
(DfE),

Secretariat (All GO-Science) (19): [REDACTED]
[REDACTED] Stuart Wainwright, Simon
Whitfield, [REDACTED]
[REDACTED]

Total: 71