

# Meeting details

The meeting was held on 10 October from 1pm to 2.30pm via Microsoft Teams.

The co-chairs were Graham Medley (academic chair) and Thomas Waite (government chair).

## Attendees

From the Scientific Pandemic Infections group on Modelling (SPI-M):

- Daniela De Angelis
- Marc Baguelin
- Paul Birrell
- Declan Bradley
- Ellen Brooks Pollock
- Andre Charlett
- Louise Dyson
- John Edmunds
- Thomas Finnie
- Michael Gravenor
- Ian Hall
- Thomas House
- Rowland Kao
- Matt Keeling
- Adam Kucharski
- Steven Riley
- Chris Robertson

- Nick Watkins
- Christopher Williams

Observers:

- Hayley Butcher (Department of Health and Social Care (DHSC))
- Sarah Deeny (UK Health Security Agency (UKHSA))

There were an additional 11 observers whose names have been redacted as well as 6 members of the secretariat.

Participant apologies:

- Jessica Enright
- Neil Ferguson
- Christophe Fraser
- Julia Gog

## **Introduction**

The committee was briefed on changes in the SPI-M Secretariat and new starters were introduced.

The actions from the previous meeting were noted.

Thank you to participants who volunteered to draft a note on border measures and that shared contributions on changes in the mortality rate during the COVID-19 pandemic.

## **UKHSA update**

UKHSA gave an update on the Centre for Pandemic Preparedness to the committee. The initial focus of the centre is on developing a strategic framework for pandemic preparedness priorities, with the academic community as one of the key stakeholders. This framework will be pathogen agnostic.

UKHSA provided an update on the current monkeypox outbreak. They noted case numbers have declined and are currently low. Work is ongoing to understand the potential for a resurgence in monkeypox cases and gather more data on vaccine effectiveness.

UKHSA also noted that they are planning to undertake additional work to understand pre-symptomatic and asymptomatic cases of monkeypox.

The committee agreed on the benefits of including the monkeypox outbreak in lessons learnt discussions.

The committee discussed that the global eradication of monkeypox currently seems unlikely and a more realistic goal would be to minimise future importations and transmission in the UK.

## **Data - lessons learned during the COVID-19 pandemic**

The committee discussed the lessons which can be drawn from the COVID-19 pandemic and the key data sources which will be needed to model future epidemics.

The committee noted there is a need for better data on vulnerable groups and the underlying conditions of those affected. The committee agreed that having agreed arrangements to access to this information before a pandemic is declared is vital to the response.

The committee agreed getting access to routine data such as hospitalisations, ICU admissions and mortality data should be a priority, in addition to the testing data collected during a pandemic. This would be useful as a real-time data stream and at the start of an outbreak to improve knowledge gathering.

The committee noted that data from non-hospital settings such as care homes, prisons and other similar institutions is also important to understand and control spread.

The committee agreed it would be beneficial to collect data on the number of imported infections, for example from evacuation flights and other international travel. This could be achieved through targeted testing of travellers.

The committee agreed community infection surveys, such as the Office for National Statistics (ONS) Coronavirus Infection Survey and Real-time Assessment of Community Transmission (REACT) study, were important and suggested use of similar community surveillance systems in future.

The committee discussed the First Few 100 (FF100) data set that was used at the beginning of the Covid-19 pandemic. Though an initial comprehensive data set on initial cases could provide great value, the committee agreed the FF100 as it was currently organised wasn't sufficient and there is a need to reconsider how this is approached in the future.

The committee noted the difficulties observed with collecting data from children. As potential future outbreaks might have a larger effect on children, this needs to be improved.

The committee agreed having access to international data, particularly at the beginning of a pandemic, would be useful. Data sharing agreements with the WHO, ECDC and similar international bodies could be beneficial for knowledge gathering.

## **Any other business (AOB)**

The date of the next SPI-M meeting will be announced in the next few weeks.