

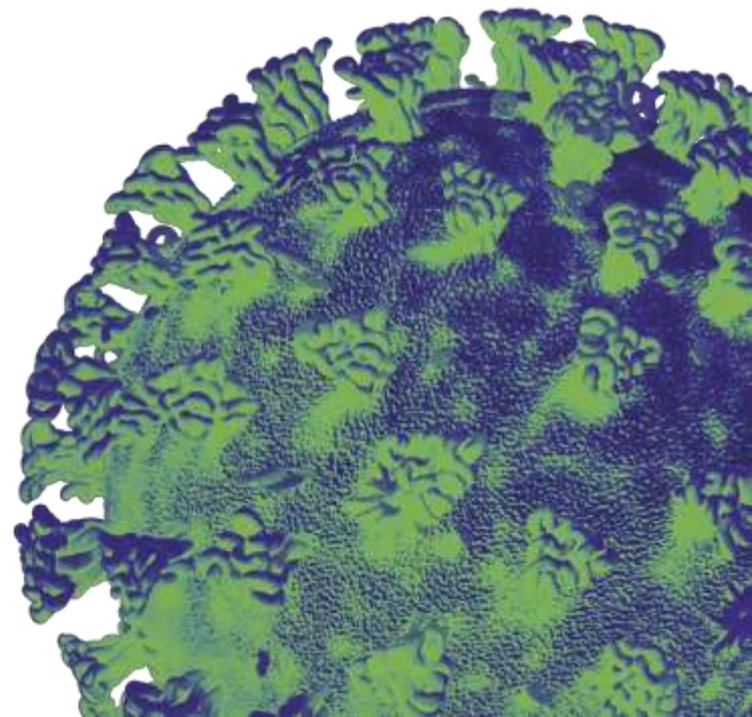
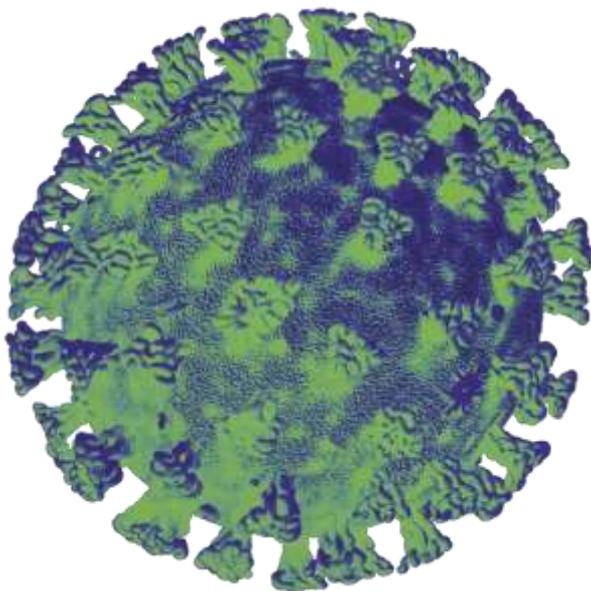
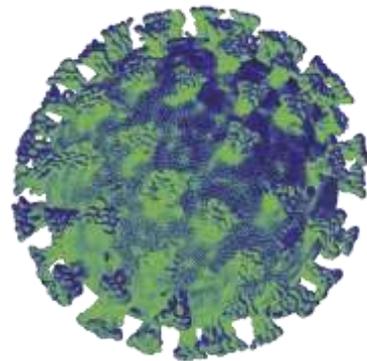


Llywodraeth Cymru
Welsh Government

Technical Advisory Cell

Summary of advice

5 May 2020



Welsh Government: Technical Advisory Cell Advice Summary (05/05/2020)

Key Points

- The group has considered new evidence on Transmission of COVID-19 in school children and the treatment Remdesivir.
- Measurements from NHS Wales and the Data Monitor show that the infection is slowly receding in Wales and people are broadly complying with the social distancing regulations.
- There are several potential Vaccines that are considered viable, and Wales is represented on the new UK Vaccines Taskforce.
- There is evidence that Wales now has as many different lineages of the virus as England.

Transmission in Schoolchildren

- Younger children might be less susceptible to infection (low degree of confidence) but are less susceptible to clinical disease (moderate to high degree of confidence) than adults; there is not enough evidence to determine whether this is also the case for older children.
- It is not clear whether transmissibility by children is lower than in adults, but some variable evidence indicates that this may be the case for younger (up to age 11-13) children (low confidence).
- For a variety of reasons reopening options relating to younger children are lower risk than those related to older children.
- Indirect effects of re-opening schools (regardless of which option is taken) are likely to have a greater impact on transmission than schools themselves (e.g. work-related reopening, behaviour changes)
- TAC agrees with SAGE advice that effective measures should be in place to monitor the effects of any change in schools, and to respond to cases within schools.

Research

- There are currently 1199 Welsh patients recruited to COVID-19 urgent public health studies (8 total UPH studies open and recruiting in Wales).

Genomics

- There are as many individual lineages in Wales now as there are in England, so there are more seeding points than there were initially.

Therapeutics

- Officials and colleagues from Public Health Wales have been invited to join the UK Serology and Diagnostics Taskforce.
- The US trial on Remdesivir headline results suggest a statistically significant signal of efficacy that was not seen in a smaller Chinese trial. Full results from the US trial are not yet available. It has also been noted that there are challenges in manufacturing Remdesivir.

Vaccines

- There are around 200 candidate vaccines worldwide, of which approximately 70 are credible and fewer than a dozen might be considered front-runners.
- A UK Vaccines Taskforce has been established. Wales is represented by Welsh Government and Cardiff University.

NHS Performance

- SPI-M Short-term forecasts considered on 4 May indicate the number of ICU beds occupied by COVID-19 patients are likely to remain approximately static at around 100 ± 80 occupied beds until 16 May.
- Allowing for a further total 70 patients that are either non-COVID or suspected this would indicate the overall ICU capacity in Wales (capacity reported as 390 L3 ICU beds as of 3 May) is unlikely to be exceeded within the near future.
- Hospital reported numbers of COVID-19 patients within Welsh ICU have been declining since 20 April. The rate of decrease on a granular Health Board basis appears to be slowing with a potential plateau around 75 ± 15 confirmed COVID-19 patients in ICU in Wales.
- The 7-day average daily values for overall case numbers, COVID-19 related hospital admissions, COVID-19 related ICU admissions, L3 ICU occupancy, COVID-related hospital discharges and PHW-reported deaths all indicate the past seven days have improved overall over the previous 7-day period.
- As of 5 May, of the 4,983 occupied beds in NHS Wales (54% of total available), 8% are confirmed COVID-19 patients and a further 4% are suspected and awaiting confirmation.

Adherence to current measures

- Estimates of adherence to current measures is estimated to be between 60% and 70%. There continues to be strong support for the measures in Wales (and in the UK), and most people in Wales continue to follow the social distancing guidelines.
- There are signs that the public may be getting tired of lockdown and may be starting to reduce their compliance. The most recent survey data shows continuing compliance, but with signs that is falling.

- The mobility data at a UK level shows increases in movement, whilst the Google mobility data for Wales is more mixed (but only covers up to 17th of April).
- As Wales has an older population it may benefit slightly from older people being more compliant with the measures, however that may be offset by Wales having a higher percentage of key workers. The results from a weekly survey of 500 individuals in Wales shows a slight decline of compliance on previous weeks, however it is too early to say if there is weakening compliance.

Test & Trace

- The objectives for a test and trace system should be to isolate as many contacts as possible, as quickly as possible, while minimising false negatives (i.e. isolating individuals unnecessarily because the index case does not have COVID-19)
- At least 80% of contacts of an index case would need to be contacted for a system to be effective. A high level of adherence to requests to isolate is also required for the system to be effective.
- There is high confidence that isolation of contacts of individuals who have COVID-19 within 48 hours is desirable. Further work is required to understand the practicality of this and should be checked against international experience.
- Ideally, testing should be so rapid that contacts of an index case are only asked to isolate on the back of a positive test result in the index case. The aim should be to develop the capability to test index cases in less than 24 hours.
- TAC agrees with SAGE advice that, in the initial phase of the test and trace programme, contacts should be requested to isolate as soon as they are identified (i.e. based on a symptomatic notification), even if the test results for the index case are not yet available. Contacts could be released from isolation if the index case tests negative.
- There is currently insufficient evidence to determine whether the testing of index case contacts would significantly impact the epidemic compared with isolation alone (nor is it clear when to test to avoid false negatives).
- It is considered essential that the testing capability (i.e. <24hr turn-around of index case tests) is reached before the autumn/winter flu season when a large number of those reporting symptoms may not have COVID-19.