Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Health Protection Regulations (International Travel): Department of Health

24 September 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Gerry Carroll
Mr Alan Chambers
Mr Alex Easton
Ms Órlaithí Flynn
Mr Colin McGrath
Mr Pat Sheehan

Witnesses:

Ms Elaine Colgan	Department of Health
Professor Ian Young	Department of Health

The Chairperson (Mr Gildernew): I advise members that officials are here to brief the Committee on the regulations. I welcome Professor Ian Young, who is the Chief Scientific Adviser, and Ms Elaine Colgan, who is the chief of staff to the Chief Medical Officer (CMO). You are both very welcome here this morning. Please go ahead, Professor Young, and give us your briefing on these statutory regulations.

Professor Ian Young (Department of Health): I think, Chairman, that Elaine will provide the briefing and I am just here for backup, if I am required.

The Chairperson (Mr Gildernew): OK. Elaine, can you hear us OK, and can you go ahead with the briefing?

Ms Elaine Colgan (Department of Health): Yes. Thank you, Chair. I will give a briefing on the risk stratification trigger points and thresholds in respect of countries added to, or removed from, the relevant lists.

There is a formal weekly process by which Ministers make decisions on international travel corridors. These decisions are informed by risk assessments which are provided by the Joint Biosecurity Centre (JBC), working closely with Public Health England (PHE), while using a methodology endorsed by the four CMOs of the UK. Risk assessments for border advice are focused on the UK public health risk posed by incoming travellers to the UK, relative to the UK's current domestic COVID-19 situation. The JBC and PHE monitor over 250 countries, territories and selected islands on a daily basis to inform these risk assessments. A number of indicators are used to flag specific countries, which are then subject to a focused epidemiological deep dive to inform a change in risk rating. Crossing a weekly

incidence rate per 100,000 of the population is one such indicator of a country, territory or island that is increasing in risk. However, other factors may also inform this, such as a rapid or exponential increase in incidence or evidence of a significant number of imported cases to the UK from this area. Countries, territories or islands that have a decreasing risk from COVID-19 and could merit a reduction in risk rating are also identified through indicators.

The deep dive allows for a broader number of qualitative and quantitative indicators to be considered in combination to reach a professional judgement on the risk posed. Factors considered include: an assessment of the proportion of the population that is currently infectious in each country, territory or island — that is, the point prevalence; the weekly population-adjusted case incidence rate, taking into account the population size of the country, territory or island; trends in incidence, deaths and hospitalisations; information on testing capacity, the testing regime and the test positivity rate; an assessment of the quality of the data available and the public health systems; imported infections identified through UK contact tracing; transmission status and international epidemic intelligence; extent and effectiveness of measures being deployed by a country, territory or island; and volume of passengers coming into the UK from that country, territory or island. Risk assessments are presented to Ministers, who then make the final decision on travel corridors and implementation. Once Northern Ireland receives the JBC's analysis, this is then passed to the Chief Scientific Adviser and Chief Medical Officer for consideration in the local context. Advice is then submitted to the Minister for consideration and decision.

With regard to data analysis, that is all that I am able to share with the Committee by way of an open session, as not all of the data is in the public domain. Indeed, some of it is shared privately with the Department of Health and Social Care (DHSC) in England for the sole purpose of the assessment of travel corridors. Work is ongoing on unpicking the elements of data analysis that can be made public. Pending this completion, I am happy to provide further detail on the data for the countries under discussion today. However, I would have to request a closed session in order to do that.

The Chairperson (Mr Gildernew): OK, Elaine, thank you. You said that a professional judgement was made based on a number of issues, such as prevalence, adjusted case increases, incidences, trends and the assessment of accuracy. Can you explain to us how the prevalence rates in a country impact —. You have said that the Department of Health in England receives information privately. Is that privately shared with our CMO and the Department of Health here?

Ms Colgan: I will ask Ian to answer the first part of the question. With regard to the second part, we get the full resulted or completed analysis from JBC. We do not necessarily see all the individual pieces of data that have contributed to that. I will hand over to Ian to answer the first part, if that is OK.

Professor Young: We see a considerable amount of very detailed information about the countries that are under consideration during any week. As she said, Elaine would be in a position to share that in closed session so that the Committee could understand the amount of detail involved. There is a qualitative judgement involved, but the key factor — the most important data that we look at — is the prevalence of COVID in the countries that are under consideration, and that comes from data that is published by the countries themselves. In the case of European countries, it is publicly available on the European Centre for Disease Prevention and Control website, but, in addition to that, we receive information about the amount of testing, which is critical in understanding the reliability of the estimated prevalence in different countries. On the trends, we are more concerned if a particular country seems to have rapidly rising prevalence than if prevalence is relatively constant or declining. In addition, we take account of the number of travellers who are likely to be coming to Northern Ireland from the country concerned, the prevalence in Northern Ireland at that point, and information from our test, trace and protect centre, which, at the moment, provides us twice per week with numbers of cases that have been associated with travel outside Northern Ireland in the previous 14 days.

The Chairperson (Mr Gildernew): The Committee's concern about this is partly because of the differences in prevalence rates here at a given time versus what they may have been. For example, around the start of July, we had a prevalence rate here, per 100,000, of about three new positives per day. I think that, at that time, in England, more broadly, it was about 15. If you are applying the same kind of modelling, how is it that our system has always been the same as —? Our rates were much lower than those in England, and, unfortunately and regrettably, we have now gone to a situation where ours are worse. Given that there is no control or tracking for travel east-west and that our rates were very much lower, how come we have never made a single difference to any of the countries that were selected as being appropriate to be excluded from travel?

Professor Young: The policy advice that we provide from a scientific perspective takes account of the prevalence in Northern Ireland rather than the prevalence in the UK at any point in time. It also takes account of the number of travellers who we believe are likely to come to Northern Ireland, and that is impacted by direct flights. We know that travellers from other countries enter Northern Ireland both east-west and South/North, and it is difficult to get accurate numbers for those travellers. However, we have an accurate record of the number of cases at any point in time that have been associated with travel outside Northern Ireland in, as I said, the previous 14 days. The scientific advice that I and the CMO provide is based on the prevalence in Northern Ireland and the risk to Northern Ireland of travel from any particular country.

The Chairperson (Mr Gildernew): OK. What can you tell us about prevalence rates in the countries affected, as compared with the prevalence rates here at the time each regulation was made? Was each country assessed individually in relation to the situation here in the North?

Professor Young: Yes, that is what happens. Obviously, it is a rapidly changing situation, both in the overseas country concerned and in Northern Ireland, and those numbers are different every week. For example, today we have looked at the prevalence figures that we have for a range of overseas countries that are under consideration, and we have looked at today's figures for Northern Ireland. The advice that we give at any point in time is based on our knowledge of the current figures in both cases.

Mrs Cameron: Thank you for your attendance. Has Northern Ireland deviated from GB on any decision relating to exempt countries? Have parts of Portugal yo-yoed on and off the list? How can a longer-term approach be taken to provide more certainty for our travel industry and for businesses?

Professor Young: I will comment on that, and Elaine can correct me on the detail if I get it wrong. There have been occasions when there were differences, certainly in timing, between decisions made in Northern Ireland and those made in England, Scotland or Wales. Elaine can probably give examples of that. It is very difficult to get reliable information, both about prevalence and travel, from regions of overseas countries, and, in general, we felt that there was not sufficient reliable information to allow regional discrimination. That might change in the future. We have been clear in saying that, because this is a rapidly changing situation, it is, unfortunately, difficult to provide a long-term guarantee that travel without quarantine from any specific overseas country will remain possible for even a number of weeks. That is because the prevalence in Northern Ireland can change rapidly and because we have seen numerous examples of the prevalence in overseas countries changing very rapidly. Elaine, will you comment on the specific issue of where there have been differences between Northern Ireland and the other UK countries?

Ms Colgan: One that strikes me — it happened early on — is that Scotland deviated on Spain. For at least a week if not longer, Scotland was in a different position on Spain. Even currently, the challenge is that there is not one GB position. England, Scotland and Wales deviate not only on timing but on the countries involved. I would need to double-check, but I am fairly sure that Wales is deviating on the particular Greek islands that are exempt from the quarantine area. I know that that was the case until recently. Wales initially exempted certain islands that we then removed. There have been differences and there continue to be differences, and it is recognised that that will be the case. Operational processes are in place with Border Force to make sure that that is understood by passengers at borders.

Ms Bradshaw: I want to follow up on Pam's question. Professor Young, you talked about not being able to get the data to make regional variations, but yesterday Germany imposed restrictions on Lisbon and Brittany. How come Germany can get that level of data and information but the UK Government, passing down to you, are not?

Professor Young: That, unfortunately, is a question that I am not able to answer because I am unsure what exact data Germany is using. We have seen regional data for some overseas countries, but with caveats. In particular, we have had concerns that, if we were to introduce regional differences for an overseas country, it would be relatively easy for someone to get around those by travelling a short distance in the country concerned and returning to Northern Ireland or the UK via London or Dublin from a part of the country that was viewed as being safe. It is difficult to know exactly how incoming travellers have moved around in a country overseas that has significant regional variation in prevalence.

Ms Bradshaw: Thank you. The last time that departmental officials were here, we talked about trying to support passengers coming back through the airports on testing and even a variation on the length of time that people have to quarantine. Is there any progress on that?

Professor Young: We are in ongoing discussions with the Office for National Statistics (ONS) and the Northern Ireland Statistics and Research Agency (NISRA) nationally about a pilot of airport testing for incoming travellers. The main purpose of that is to assist in estimating the prevalence of infection of travel from overseas. The data that that study will generate will also inform a possible consideration of reducing quarantine time in the future. While there has been significant public interest in the idea that a negative test at an airport might mean no quarantine, that is simply not a safe approach. If an individual became infected in the two or three days before returning to Northern Ireland, they could be carrying the virus but would test negative at the airport and would therefore be provided with false reassurance. They could then go on to spread the virus significantly.

With dual testing — testing at the point of entry and testing again maybe five to eight days later — it may be possible to reduce the quarantine period. That is the subject of ongoing scientific research.

Ms Bradshaw: That was the point that I was making. How close are we to introducing those pilots and being able to move this on a bit?

Professor Young: I hope that it will be in the next three to four weeks. As I said, it is being led nationally in the UK by ONS. There was meant to be another meeting this week about the study, but it was cancelled. I think that the next scheduled meeting is next week.

Mr McGrath: Thank you for the presentation. Eventually, we seem to follow guidance from London, and the British Government have not handled this well. We have had some of the highest rates in Europe, yet we have looked at many regions and countries that have much lower rates. What we have said to them is almost akin to, "We do not want to be near you infected lots", when, in fact, we are the ones who probably have the higher rates. I am sure that a lot of counties in Europe and around the world will think that the British Government's approach is quite cheeky. The result is that it compounds the problems of the travel industry, which is almost on its knees. Businesses will be completely wiped out because of decisions that sometimes lack credibility. Individuals cannot get jobs and are unlikely to get jobs in other sectors. It is worrying to hear that a lot of those decisions are taken in private and that they are not allowed to release that information to the public. That never helps the public to understand a particular issue.

Not everybody travels just to go off and lie on a beach for a fortnight. Many people have family in different parts of the world. There are only so many months of Zoom meetings that will cut it before people will not get to see their parents or other people, who could pass away, and they will miss that opportunity to meet up. This is an incredibly important issue.

You said that people could come back from overseas and not have symptoms, and therefore not know that they have the virus. Does that not mean that, if an area has a similar or lower seven-day rate, that area is just the same as here? People in Northern Ireland might not know today that they have the virus, and they are walking about. People travelling back from areas with a similar or lower R number have the same risk of not displaying symptoms. The advice is that, once you display symptoms, you go and get the test. Can it not be the same for people in the travel industry and travellers?

Professor Young: That is a very important issue. In general, the answer is yes, that, if a country has a similar prevalence to Northern Ireland, the risk of importing a case is essentially the same as it is in Northern Ireland. Unfortunately, there is a degree of complexity when it comes to interpreting the data, particularly relating to the amount of testing. If a country appears to have a similar prevalence to Northern Ireland but is doing only, for example, one fifth of the amount of testing that we are doing, it is likely that it will be significantly underestimating the number of cases. Therefore, to make a decision based on prevalence only would be misleading. That is where the qualitative element of decision-making to which I referred to comes in. We have to take account of the amount of testing that is being done in other countries and the trends in cases, and then come to the best estimate that we can. In general, yes, if we believe that a country has a similar or lower prevalence than Northern Ireland, based on reliable data, the risk of importing a case is not very different to somebody developing COVID through spending the same period in Northern Ireland.

Mr McGrath: I will be very quick with this question because I need to step out of the meeting for a couple of minutes. Is there any overwhelming evidence that people are contracting coronavirus on airplanes?

Professor Young: No. There have been some examples of people appearing to contract the virus on an airplane, but the number of cases is relatively low. To be clear: throughout recent months, the percentage of cases arriving in Northern Ireland that are associated with travel outside the common travel area has consistently been less than 5%, and it is often significantly lower than that.

Mr McGrath: Thank you very much. I appreciate that.

Mr Carroll: Thanks, Ian and Elaine. I want to make a comment. I am not sure why it was suggested that we needed to go into closed session for the data conversation, so I would like clarity on that. There is rising scepticism, and transparency is always important. Clarification on that would be useful.

If I am correct, from my reading of the regulations, people travelling from Sweden are exempt from the need to quarantine. On Tuesday, there were 1,200 new cases in Stockholm, and there is talk of further restrictions there. I understand that things move quickly, but I am trying to understand the rationale for exempting people travelling from Sweden from the need to quarantine and whether that is still the right path to take considering that cases are rising and there is talk of further restrictions in Stockholm and other parts of the country.

Ms Colgan: Ian, do you want me to take that one?

Professor Young: Yes, Elaine, that would be fine. I will comment specifically on Sweden if it is helpful, but you can take the rest.

Ms Colgan: The suggestion of a closed session was only if the Committee wanted country-specific data for any of the countries that were involved in the three regulations that we are looking at today. We are obviously happy to take questions on the general methodology in an open session, but that was the suggestion there.

The regulations for Sweden were changed on 11 September. I think that the decision taken at that point was based on the 28 days prior to that. A country must have gone through two incubation cycles with stable data to get back onto the list. I will let Ian give you more up-to-date information on Sweden and the current situation there.

Professor Young: I assure the Committee that, as with a large number of countries, Sweden remains under active consideration and careful review. The cases in Sweden are rising significantly, as they are in Northern Ireland, so a decision would then be based on the differential between Sweden and Northern Ireland at any point in time. As we would do for any country, if that moves unfavourably and we believe that the prevalence in Sweden is higher than the prevalence in Northern Ireland, we will certainly advise reconsideration of the position on the need for quarantine.

Our desire is to be as transparent as possible with the Committee on the data and sharing. If the advice from the JBC changes, we would be very happy to share more detailed information with the Committee in public session, and we are certainly happy to share it in closed session if the Committee would like to see it.

Ms Flynn: Are the deep-dive risk assessments carried out across the North and Britain, island-wide or both? Elaine, I asked you the other week about data sharing from North to South, and you said that those discussions are ongoing. Where does that factor into that decision-making process? Does it fall under the memorandum of understanding? Is there any update on it?

Ms Colgan: The deep dive is more about looking at other countries rather than at the UK or the common travel area. That comes after the deep dive has been completed. The deep dive will give us the information on the other countries, and Ian will consider that for here in the context of the situation in the UK, the South, and in Northern Ireland specifically.

Data sharing with the South is difficult. We met the legal team this week, and the issue gets into GDPR and data sharing across international borders, and it is quite tricky. We continue to work on it; however, it is unlikely to have a quick solution. I wish it was otherwise, but we are committed to

working on it. It will require a change in legislation not just here but probably in the South. There are complex issues.

Does it fall under the memorandum of understanding? I guess that it could, in part. The weekly call between the Chief Medical Officers as part of the memorandum of understanding agreement has travel as a standard agenda item, so that does come up and it is a high priority area that we are both keen to work on. Unfortunately, it is complex and not proving easy to fix.

Ms Flynn: Is it possible to update the Committee on the issues that come out of the meeting with the legal team meeting that is happening this week, if the Committee is content with that? If we do need legislation North and South, the quicker we can move on these things the better, because data sharing is so important.

Ms Colgan: Actually, the meeting was a couple of days ago. I am happy for the Committee to write in more detail as to what those challenges are, and I can lay them out and get legal input to make sure that it is framed correctly.

The Chairperson (Mr Gildernew): What approach do the Home Office and the Joint Biosecurity Centre take to the consideration of the needs of, say, the North, Scotland or England? Do they work to the lowest common denominator in making those decisions? Do they average it out? What approach is taken to take account of different levels of prevalence?

Ms Colgan: The JBC data is very much agnostic of the current situation in any of the devolved Administrations. Once they produce their deep-dive package, it is passed to each region, and each region takes its own scientific and medical advice. A ministerial call is then held at which the decisions are taken by all four Health Ministers.

Sometimes those decisions are the same and sometimes not. That is the decision-making process, which is different from the data analysis step.

The Chairperson (Mr Gildernew): I suppose that goes to the nub of our difficulty in why it is not driven just by the data. What other considerations are factored in?

Ms Colgan: The decision is driven by data but not only by the JBC data. The JBC data comes to us, and, as Ian explained, he considers it in terms of the Northern Ireland situation. The Minister will then consider both those things, not just the JBC data.

The Chairperson (Mr Gildernew): Is the JBC data not publicly available via the European Centre for Disease Prevention and Control (ECDC)? Is data from all countries not published on a regular basis and, perhaps, daily anyway?

Ms Colgan: There is some publicly available information to do with the deep dives, but not all of it is publicly available. Some of it is shared privately with the ECDC for the sole purpose of assessment of travel corridors. I described a list of factors earlier, but not all of the data is available for each factor and for each country. Each country publishes a variety of information, but not all of it is publicly available.

Professor Young: It may help if I give an example of why we arrived at a different decision in Northern Ireland. In the case of the Greek islands, which Elaine mentioned earlier, Wales has a number of direct charter flights from some of the Greek islands concerned. It was experiencing a large number of imported cases from those islands. During the same period, because we did not have any direct charter flights, we did not have any cases imported from the islands. As a result of that difference, Wales came to a different decision, based on data, than we did, because it was factoring in the additional local data relating to the number of cases that it was importing.

The Chairperson (Mr Gildernew): OK. I will go back to members about going into closed session. The Committee would much prefer that our business be conducted with full transparency, but some of the figures have us at a bit of a loss. In a pandemic, countries all over the world should openly share data to allow decisions to be made that are relevant to the suppression of the disease across the world. That is an issue of concern. I will go to members to take their views on that.

Mrs Cameron: If it would be useful, I am happy to propose that we go into closed session in order to get any additional information that might be useful to the Committee at this time.

The Chairperson (Mr Gildernew): OK. There are no other views. Members, I therefore propose that we go into closed session to consider the evidence that has been discussed.

The Committee went into closed session from 12.12 pm until 12.29 pm.

The Chairperson (Mr Gildernew): Thank you, Elaine and Professor Young, for that information. It is fair to say that the Committee remains concerned that information that is able to be shared is not being published or put into the public domain. It appears that that issue may be to do with the sharing of information from the Joint Biosecurity Centre.

In the light of the fact that we as a Committee wish to see maximum transparency to allow us to consider the regulations, I propose that we defer consideration of them for another week. As you have indicated, you are in communication with the Joint Biosecurity Centre about providing maximum information in a timely fashion so that we can consider the regulations and provide the scrutiny that we are charged with providing for any of the changes. I therefore propose, members, that we defer consideration of the regulations until our next meeting. Are members content?

Members indicated assent.

The Chairperson (Mr Gildernew): I thank Elaine Colgan and Professor Ian Young for briefing the Committee today. Thank you very much.

Ms Colgan: Thank you.

Professor Young: Thank you.