

INFORMATION

Covid-19: the UK's preparedness

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SUMMARY

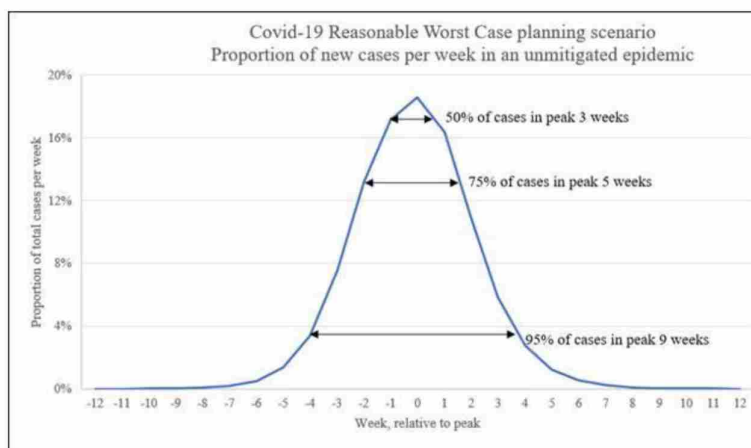
1. Covid-19 looks increasingly likely to become a global pandemic, although this is not yet certain. The UK's approach, underpinned by science, is currently to contain the small number of cases here and reassure the public. However, a global pandemic will require a step up in our response, as we use additional legal powers, public messaging and difficult policy decisions to delay the onset of any peak and mitigate the worst impacts on everyday life. Throughout these phases we are researching clinical solutions such as diagnostics and a vaccine.
2. Based on existing assumptions for a severe pandemic flu outbreak, in a reasonable worst case scenario about half of the UK's population would become ill (many with mild symptoms), and up to 520,000 people could die as a direct result of Covid-19. The scientific advice is to use these numbers for planning – they are not a prediction and will be refined as more data becomes available over the coming days and weeks.
3. Preparations are well underway, COBR is meeting regularly and our best scientists are advising on when this step up will be needed. Before then we may need to share more of our planning with more people, to put us in the best possible place for what could become a once-in-a-generation event.

COVID-19

4. Covid-19 is a new type of virus that seems to have originated from an animal population in China and is now being transmitted between humans, in China and elsewhere. Transmission can occur by touching an infected person or object and sprays of droplets and aerosols such as those caused by normal breathing, coughing and sneezing.
5. We are still learning about the effect of the virus on humans. About two to six days after infection people experience symptoms such as a cough, temperature and shortness of breath. Most experience mild symptoms. People who experience severe symptoms may be ill for two to three weeks. The risk of severe disease and death is substantially increased in the elderly (60 years and above) and adults with

pre-existing health conditions. Information on children is sparse, but the number of children reported with symptoms appears to be relatively low.

6. Our best scientific advice has concluded that, in the reasonable worst case scenario, the risk of Covid-19 to the UK is similar to that of a severe pandemic flu outbreak, although it may well be less severe than this and we will adjust numbers as new data emerges. In this reasonable worst case scenario, one or several waves of Covid-19 will infect about 80% of the UK population, and up to 1% of this group will die as a direct result of the infection (other NHS patients may also die because of NHS overload but this has not yet been modelled). Some may not experience symptoms and many will experience mild symptoms. The peak of infections is likely to occur two to three months after sustained transmission is detected. As people become ill or those they care for become ill, they will stop working, and in the peak weeks we expect 17-20% of staff to be absent.



THE UK STRATEGY

7. Our strategy is to protect lives, maintain normal life, limit economic and social impacts and ensure the dignified treatment of the dead. To do this we are preparing for the reasonable worst case scenario described above, with policy decisions informed by the best scientific advice.
8. Our tactical aims are to contain the infection if possible, delay the peak if not, ensure we have the best scientific advice and research and mitigate the effects of an epidemic wave on the NHS and wider society.
9. We need to strike a balance between taking precautionary steps and overreacting. However, as cases spread across the world the risk of overreacting is reducing. We are now planning for a potential global pandemic that would inevitably spread to the UK, and would put a colossal strain on the resilience of government departments, businesses and citizens.