

**Novel Coronavirus Outbreak (M) (1)**

**CABINET OFFICE BRIEFING ROOMS**

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**Novel Coronavirus Outbreak (M) (1)**

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**Meeting on Friday, 24<sup>th</sup> January 2020**

**Irrelevant & Sensitive**

**70 Whitehall at 12:00**

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**MINUTES**

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**PRESENT**

The Rt Hon Matt Hancock  
Secretary of State for Health and Social Care  
In the CHAIR

The Rt Hon Julian Smith  
Secretary of State for Northern Ireland

The Rt Hon Andrew Murrison  
Minister of State at the Foreign and  
Commonwealth Office

The Rt Hon Jake Berry  
Minister of State for the Northern Powerhouse  
and Local Growth at the Ministry of Housing,  
Communities and Local Government

Baroness Vere  
Parliamentary Under Secretary of State at the  
Department for Transport

**DIALLED IN**

The Rt Hon Simon Hard  
Secretary of State for Wales

The Rt Hon Nick Gibb  
Minister of State for School Standards  
at the Department for Education

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Vaughan Gething  
Minister for Health and Social Services (Wales)

Robin Swann  
Minister for Health (Northern Ireland)

Jeane Freeman  
Cabinet Secretary for Health and Sport (Scotland)

**OFFICIALS**

Chris Wormald  
Permanent Secretary, Department of Health and  
Social Care

Chris Whitty  
Government Chief Medical Officer

Sir Patrick Vallance  
Government Chief Scientific Adviser

Nick Phin  
Deputy Director, Public Health England

Stephen Groves  
Director, NHS England

Katharine Hammond  
Director, Civil Contingencies Secretariat

Emma Reed  
Director, Department of Health and Social Care

Alex Aiken  
Director, Government Communications

Kate Thomas  
Head of Strategic Communications, Department  
of Health and Social Care Communications

Emma Moore  
Chief Operating Officer, Border Force

Craig Chalcraft  
Office of the Secretary of State for Scotland

Imran Shafi  
No. 10

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Anthony McGee

**Name Redacted**

Ministry of Defence

Department of Health and Social Care

**SECRETARIAT**

Natasha Grant

**NR**

The Cabinet Office circulated the following papers to inform the Committee's discussion:

1. 200124 – Wuhan Co-V -CRIP 1 Final
2. 200124 Escalation Paper COBR

## **Novel Coronavirus Outbreak**

### **Item 1: Current Situation Update**

1. The CHAIR invited the Chief Medical Officer (CMO) to update on the global situation and the advice being given by the Scientific Advisory Group for Emergencies (SAGE).
2. The CMO said they would not seek to repeat the contents of the Commonly Recognised Information Picture (CRIP). The epicentre of the outbreak was Wuhan City, China. There were around 850 confirmed cases and 25 confirmed deaths, however the true number was likely higher with modelling indicating between 1,000 – 10,000 cases. There was no clear evidence of sustained transmission (infectious spread across communities and not just within households) outside of Wuhan.
3. The CMO said that the virus had been genetically sequenced and Public Health England had developed a test for the virus. The test was being validated and would be available over the following two to three weeks.
4. The CMO said that the advice from SAGE, supplemented with further information from a WHO modelling call indicated a reproduction number ( $R_0$ ) of 2 with an upper limit of 3.5.  $R_0$  was the measure of the average number of people who would catch a disease from one contagious person. SAGE had also advised an infected person was likely to be infectious before the onset of symptoms, and very infectious when seriously ill.
5. The CMO said that there were five possible scenarios for the development of the outbreak:
  - Scenario one: the Chinese Government contain it over time, with a few spill-over cases elsewhere.
  - Scenario two: the Chinese Government do not contain the virus. The virus' behaviour would remain similar, with a mortality rate of around 2-3 per cent.
  - Scenario three: the virus becomes better adapted to humans, becoming more transmissible but less virulent (less fatal). The CMO said that this is the usual scenario for a zoonotic disease.
  - Scenario four: the virus becomes better adapted to humans, becoming more transmissible and maintaining the same mortality rate. This could lead to a quite significant pandemic, although with a slower spread than a pandemic flu. This would be the reasonable worst case scenario.

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- Scenario five: the virus becomes better adapted to humans, becoming both more transmissible and more virulent. The CMO said that whilst this is a theoretical possibility, it is highly unlikely.
6. The GOVERNMENT CHIEF SCIENTIFIC ADVISER (GCSA) said that there was huge uncertainty around data, which was expected to improve with time. That the scientific community were not aware of any genetic drift of the virus.
  7. The CMO said that SAGE had advised that there was no strong scientific rationale for screening based on a person's symptoms or temperature as a large proportion of infected persons would likely be missed, for example if they are asymptomatic at the point of testing. SAGE also agreed an infected person would likely present symptoms five to seven days' post-exposure and the incubation period would last up to 14 days.
  8. The DEPUTY DIRECTOR AT PUBLIC HEALTH ENGLAND said that their work to date had focused on two areas. Firstly, to raise awareness across the healthcare system on the identification of cases and how to isolate those cases. Secondly, to communicate health information to the public. Wider port-health measures had been focused on Heathrow, which received direct flights from Wuhan, and information leaflets were being rolled out to Gatwick and Manchester (covering all direct flights from China).
  9. Continuing, the DEPUTY DIRECTOR AT PUBLIC HEALTH ENGLAND said that contact tracing of (approximately) 2,500 returnees from Wuhan had been completed over the past fortnight. That due to the assumed 14 day maximum incubation period the total number would reduce with each passing day (*as individuals exceed the incubation period*), more recent flights were being prioritised. Public Health England had requested contact information from airlines and Border Force but expected a fairly low return, with 5-10 per cent of returners identified in the 14 day window to date.
  10. In discussion the following points were made:
    - Information flows from the Chinese Government had been positive and were much improved compared to the 2002-03 SARS outbreak. They were being supported by the Department for International Development health advisors in the country.
    - Official level engagement with the Devolved Administrations was excellent, and communications channels were open and working. The four national CMO call was an effective way of maintaining this.
    - The Northern Ireland Executive had reached out to the Republic of Ireland Government but this was currently limited to officials due to the purdah period.
    - Whether there was any evidence from similar circumstances of people requiring to present symptoms upon landing of an aircraft.
    - Border Force could not legally share personal information about travellers. However, if Public Health England requested this information from the airlines and they were directed to use the information held by Border Force, this would enable them to create a more workable option.
    - Any animal products entering the country from China were illegally imported. The Department for Environment, Food and Rural Affairs and the Chief Veterinary Officer were considering options for screening of passenger baggage to identify illegal imports.
    - There are approximately 120,000 Chinese Nationals in UK Universities, in particular Liverpool and Manchester. There are also approximately 10,000 Chinese Nationals in UK Independent Schools.

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- There were instances of disinformation, such as the incorrect rumour of Chester University quarantining their Chinese National students.
  - Leaflets should be translated into appropriate languages.
11. Summing up, the CHAIR said that Public Health England needed to provide regular updates on the progress of contact tracing of recent returnees from Wuhan (within the last 14 days) to the committee and that they must work with Border Force, the Department for Transport and airlines to ensure, where possible, they received passenger name records.

**Item 2: UK Escalation Triggers and Response Options**

12. The CHAIR invited the Permanent Secretary for the Department of Health and Social Care to present the paper on UK escalation triggers and response options. The PERMANENT SECRETARY FOR THE DEPARTMENT OF HEALTH AND SOCIAL CARE said that the paper was a live document held under constant review. The actions captured were explicitly aimed at responding to the spread of the virus and controlling changes to public opinion. The novel coronavirus sat within column one, the SARS outbreak sat around column two, the Swine Flu pandemic sat between columns three and four and the Spanish Flu outbreak would be around column seven.
13. In discussion the following points were made:
- The paper was drafted in collaboration with other government departments. It had also been shared with the Devolved Administrations to identify if there were any specific considerations for each country, for example the Northern Ireland Executive would likely need to engage with the Republic of Ireland.
  - The CMO, in collaboration with the Devolved Administration CMOs, would decide when a trigger point was met.
14. Summing up the CHAIR said that the principles outlined in the escalation process had been agreed.

**Item 3: Communications and Parliamentary Handling**

15. The CHAIR invited the Department of Health and Social Care Communications to give an update on the situation. The HEAD OF STRATEGIC COMMUNICATIONS AT THE DEPARTMENT OF HEALTH AND SOCIAL CARE said that the key issues were identified as: ensuring consistency across-government in reporting case numbers; ensuring information was shared with university students; effectively communicating what “enhanced monitoring” meant to the public; providing the public with clear, simple advice on symptoms and what actions should be taken; and ensuring patient confidentiality was maintained throughout. Regular cross-government communications calls and a staggered communications strategy had been developed. They aimed to: inform the public on how to prevent and treat spread; maintain public confidence in government; provide clear guidance to NHS staff; and maintain the confidence of NHS staff in government.
16. Continuing, the HEAD OF STRATEGIC COMMUNICATIONS AT THE DEPARTMENT OF HEALTH AND SOCIAL CARE said that they had been: developing a gov.uk page to ensure a single point for the public to access all the relevant information; developing social media content on “what enhanced monitoring means”; commissioning Public Health England to develop a marketing campaign building on the current “catch it, bin it, kill it” campaign, and beginning public polling on the issue. This approach had been endorsed by Government Communications

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and there were two public statements planned for later that day: one by No.10 and one by the CMO.

17. In discussion the following points were made:

- The Devolved Administrations welcomed the update and requested that information continued to be shared across the four nations to ensure communications remain aligned.
- Suspected cases was the wrong term to use both technically and with respect to communications. Communications needed to be clear in reporting that it was “precautionary testing”. The CMO should liaise with communications to ensure that the wording was accurate.
- The wording was really important as capacity for laboratory testing was 100 persons per day. This would be put under pressure if the wording caused people to unnecessarily seek testing.
- Regular statistics should be published in a clear and organised way, which clearly communicated when the information was “correct as at”.
- A positive case would need to be communicated rapidly.
- Parliamentary activity should wait until the debate in the House of Commons on the NHS Funding Bill.

18. Summing up the CHAIR said that there was a need to be ready to demonstrate further action to provide reassurance that the Government was on the front foot in the response to the virus.

**Item 4: Next Steps**

19. The CHAIR said that the timing of a future COBR meeting would be agreed at a later date, but that it felt appropriate to reconvene if the risk to the UK changed substantially.

20. The CHAIR said the Devolved Administrations having foresight and being able to agree communications was critical, noting that this would be led by the CMO and Department of Health and Social Care Communications colleagues. There should be an approach of maximum coordination and agreement between the four nations, led by the four CMOs.



## **ANNEX 1 - ACTIONS**

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Novel Coronavirus Outbreak (M) (20)(1)

### **CABINET OFFICE BRIEFING ROOMS**

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#### **Novel Coronavirus Outbreak**

COBR (Ministerial)(1)

12:00 – 13:00, Friday 24 January 2020

Teleconference

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#### **ACTIONS**

1. PUBLIC HEALTH ENGLAND to work with BORDER FORCE, DEPARTMENT FOR TRANSPORT and airline carriers to ensure, where possible, they receive passenger name records.
2. PUBLIC HEALTH ENGLAND to provide regular updates on the progress of contact tracing of recent returners from Wuhan (within the last 14 days) to the group.
3. The GOVERNMENT CHIEF MEDICAL OFFICER to continue to liaise regularly with the CHIEF MEDICAL OFFICERS in the devolved administrations.
4. DEPARTMENT OF HEALTH AND SOCIAL CARE to coordinate the Four Nations advice for student populations, working with education departments, by close of play 24 January, sharing with devolved administrations for comment before it is made public.



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5. DEPARTMENT OF HEALTH AND SOCIAL CARE, working with the CHIEF MEDICAL OFFICER, to confirm what data will be released regarding 'suspected cases' and the agreed language for communicating them.
6. The DEVOLVED ADMINISTRATIONS to share with the DEPARTMENT OF HEALTH AND SOCIAL CARE, on a timescale to be determined, daily data to feed into the overall UK picture.
7. DEPARTMENT OF HEALTH AND SOCIAL CARE to share the daily UK update on figures with the devolved administrations, other Government departments and No.10 before it is publicly communicated.
8. DEPARTMENT OF HEALTH AND SOCIAL CARE and the DEVOLVED ADMINISTRATIONS to work with care providers to ensure that reporting of cases is centrally coordinated and not released directly to the public by providers.

**Cabinet Office**

**24 January 2020**