

COBR COVID-19 OMICRON (M) (21) (1)

CABINET OFFICE BRIEFING ROOMS

COVID-19 OMICRON (M) (21) (1)

Chaired via Teleconference

on 10 December 2021 at 15:00

MINUTES

PRESENT

Rt Hon Michael GOVE MP,
Minister for Intergovernmental Relations
In the CHAIR

MINISTERS - Attendance via Video Teleconference

Rt Hon Sajid JAVID MP
Secretary of State for Health and Social Care
for the Department for Health and Social Care

Rt Hon Simon Clarke MP
Chief Secretary to the Treasury for Her
Majesty's Treasury

Rt Hon Grant Shapps MP
Secretary of State for Transport for the
Department for Transport

Nicola Sturgeon MSP
First Minister of Scotland

Mark Drakeford MS
First Minister of Wales

Paul Givan MLA
First of Northern Ireland

Michelle O'Neill MLA
Deputy First Minister of Northern Ireland

Robin Swann
Minister of Health NI

Secretariat:

Name Redacted

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OFFICIALS - Attendance via Video Teleconference

Chris Whitty
UK Chief Medical Advisor and Chief Medical
Officer England

Roger Hargreaves
Civil Contingencies Secretariat

Patrick Vallance
Government Chief Scientific Advisor

Natasha Grant
Civil Contingencies Secretariat

Sue Gray
Second Permanent Secretary Cabinet Office

Dr Frank Atherton
Chief Medical Officer Wales

Jayne Brady
Head of Civil Service Northern Ireland
Executive

Reg Kilpatrick
Welsh Government

Simon Ridley
Director General, COVID-19 Taskforce, Cabinet
Office

Gregor Smith
Chief Medical Officer Scotland

Steffan Jones
Director General Analysis, COVID-19
Taskforce, Cabinet Office

Ken Thomson
Scottish Government

Lewis Neal
Director, COVID-19 Taskforce, Cabinet Office

Michael McBride
Chief Medical Officer - Northern Ireland

Claire Pimm
Director of Communications, Cabinet Office

Zainab Agha
Department for Leveling up, Housing and
Communities

Ben Parker
Her Majesty's Treasury

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Department for Transport

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Henry Cook
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Cabinet Office

COVID-19 OMICRON**Item 1: Situation Update**

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1. The CHAIR welcomed all attendees to the meeting and invited Steffan Jones, Director Analysis, C-19 Taskforce to provide a short update on the latest UK-wide data.
2. DIRECTOR ANALYSIS, C-19 TASKFORCE set out that there had been a sustained high prevalence of COVID-19 cases across the UK since July 2021. Hospital admissions had remained stable but had started to increase in November 2021. On the Omicron variant, the following points were made:
 - There had been rapid growth in confirmed Omicron cases, surpassing 800 on this date. This was likely an underestimate of the true level of infection in the country on this date.
 - There was a similar picture in S-GENE target failure as a proxy. Approximately eight percent of tests were showing signs of Omicron, with this percentage doubling every two or three days, and this was particularly high in Scotland. If current growth rates were sustained, Omicron would account for the majority of COVID-19 cases by the proceeding week, particularly in London. The growth of Omicron in the UK was consistent with the growth observed in South Africa.
 - In South Africa, evidence from Gauteng province showed cases were doubling every three days and that the variant was spreading across other provinces. There were clear signs of more hospital admissions in Gauteng which had increased from 300 to 900 within one week. There had also been a shift of infections into older age cohorts. It was observed that the growth of Omicron in South Africa was far faster than previous variants.
 - Omicron was now a global phenomenon with more countries reporting confirmed cases with links to South Africa. That there appeared to be vast underestimations of Omicron's prevalence in regions with limited surveillance.
3. The CHAIR invited the UK Chief Medical Advisor to provide observations on behalf of the four nations' Chief Medical Officers. The UK CHIEF MEDICAL OFFICER confirmed that:
 - There was high-confidence that Omicron was growing very rapidly across the UK, that there was very high confidence that Omicron had high-attack rates, meaning infections were likely even for those who had two vaccines.
 - There was less confidence in evidence on the severity of Omicron but the Omicron variant would have to be milder by a factor of ten to not have huge impacts on the UK's health services. Data from South Africa did not yet provide clarity on whether the variant was milder or whether two vaccines decreased the risk of severe disease.
 - The UK's Chief Medical Officers were unlikely to have severity data they were confident in for at least ten days after this date.
 - London and parts of Scotland were ahead of other parts of the UK, impacts on healthcare staffing levels were going to amplify any effect of the wave of the Omicron variant.
4. The CHAIR turned to the Chief Medical Officer Scotland (CMO Scotland), the Chief Medical Officer Wales (CMO Wales), and the Chief Medical Officer Northern Ireland (CMO NI) to provide updates.
5. The CMO for SCOTLAND said that Scotland was seeing a marked rise in cases and a rapidly deteriorating situation. S-GENE target failure had risen by approximately 15.5 per cent since the previous day and secondary infection was remarkable compared to previous variants. In parts of Scotland the doubling time of Omicron was closer to two days than two point five.

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6. The CMO for WALES said Wales was still in the delta wave and they had had a small number of Omicron cases identified (13 cases) with four related to travel. Wales had one patient in an Intensive Care Unit (ICU) with travel history to South Africa.
7. The CMO for NORTHERN IRELAND stated there were a small number of cases in Northern Ireland, all related to travel. The priority was to limit travel over the Christmas period.

Item 2: UK response to Omicron

8. The CHAIR invited the Secretary of State for Health And Social Care to update on the UK Government's COVID-19 response and approach to contingency planning for Omicron.
9. The SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE set out the latest guidelines and stated that the priority was to slow the spread of the variant and limit the impact of Omicron. That this would include giving boosters and rolling-out other antiviral medicines, which were available as of that week. He continued:
 - London was of particular concern and guidance on working from home was scheduled to begin on Monday 13 December 2021. Face covering rules in all indoor venues and settings with the exception of hospitality were confirmed. Any indoor setting of 400-plus or outdoor setting of 5,000-plus attendance would require a negative COVID-19 test result for entry.
 - Care home specific guidance was being developed and there were plans to announce further measures around care homes later that day.
 - UK Health Security Agency data suggested that protection against Omicron infection given by two doses of the AstraZeneca (AZ) vaccine was limited to non-existent. There was a requirement to decide whether the UK should prioritise booster vaccinations for people who had AZ first and second vaccinations. It was suggested that by this date, five million people had received two doses of AZ but many of those should have been given a booster vaccine already.
10. In discussion the following points were made:
 - That this was challenging news and that Scotland was projecting Omicron would account for fifty per cent of all new cases by Monday 13 December.
 - That doing nothing beyond the existing measures was not an option and would be detrimental to the protection of the NHS. It was wrong to frame the trade-off as the economy or health as both would be impacted significantly if no further measures were considered.
 - Scotland had already reported 60 train cancellations that week and one hospital accident and emergency unit was reported to be unoperational due to staff isolating following a Christmas party.
 - That the Devolved Administrations (DAs) needed support from Her Majesty's Treasury to assist further interventions.
 - Support was given for more meetings in the following days to decide further interventions .
 - Whether existing measures would be sufficient to respond to the impacts of Omicron?
 - That the UK faced unpalatable choices as to how the health service would manage the impacts of Omicron.
 - Support from Her Majesty's Treasury was welcomed.

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- What other contingencies plans were being considered by the UK Government and how further measures would be considered?
 - The Republic of Ireland needed to be linked into these conversations whilst respecting the constitution.
11. The CHAIR confirmed that further information would be shared with the Devolved Administrations on plans in development, and invited Simon Clarke, Chief Secretary to the Treasury to comment on how Her Majesty's Treasury would support further interventions.
 12. SIMON CLARKE, CHIEF SECRETARY TO THE TREASURY said that there was a considerable amount of COVID-19 support available to businesses in Scotland, Wales and Northern Ireland. This included:
 - A reduced rate of VAT for tourism and hospitality.
 - Continued access to the Government-guaranteed finance for businesses across the UK, under the Recovery Loan scheme, extended to 30 June 2022.
 - An extra £12.6 billion through the Barnett formula in that year.
 13. Continuing SIMON CLARKE, CHIEF SECRETARY TO THE TREASURY urged the Devolved Administrations to use these interventions. That Her Majesty's Treasury would need to revisit the current package of financial interventions but that Her Majesty's Treasury had proved their ability to respond at pace. Open dialogue was needed and ongoing work over the proceeding 48 hours.
 14. The CHAIR invited the UK Chief Medical Advisor to provide further reflections. The UK CHIEF MEDICAL ADVISOR said that the measures required were dependent on what ministers wanted to achieve. That there was a low chance existing measures would prevent a large wave of Omicron infection having a significant impact on the NHS. The existing vaccination programme might slow the spread of Omicron but this was dependent on public behaviour. That this was a policy issue as it would not be known for a further one or two weeks whether interventions would be effective.
 15. Responding, the SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that Care Home plans would be shared with Devolved Administration colleagues. That Plan B had only just been announced and there was no existing plan to go beyond that. As more data is received it would be shared with the Devolved Administrations immediately. The UK Health Security Agency was working to understand the exact efficacy of the vaccines but a double dose of AZ appeared to provide approximately zero percent protection against symptomatic disease. The Pfizer vaccine was assessed to have slightly higher efficacy at approximately 20 per cent for symptomatic disease. With a booster, regardless of the two prior vaccines, protection was assessed to be around 70-75 per cent. There was no current data on Omicron severity.

Item 3: Communications, guidance and messaging

16. The CHAIR turned to Claire Pimm, Director Of Comms, National Resilience Hub, Cabinet Office to provide an update on communications.
17. DIRECTOR OF COMMS, NATIONAL RESILIENCE HUB, CABINET OFFICE said they were adopting an aligned approach where possible to ensure messaging across the UK responded to the emerging picture. That communications teams across the UK needed to accurately reflect policy changes by each nation. The cross UK autumn and winter behaviours campaign continued on testing, vaccinations, and fresh air.

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18. The SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE stated that it was important to work together on the response to Omicron, and that consistency across the four nations was important to support the booster vaccination campaign.
19. Summing up the CHAIR suggested that similar conversation in the following days was needed as the data became more apparent. The CHAIR thanked everyone on the call.

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ANNEX 1 - ACTIONS

COBR COVID-19(M)(21)

CABINET OFFICE Irrelevant & Sensitive

COVID-19 OMICRON (M)(21)(1)

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ACTIONS

1. DEPARTMENT OF HEALTH & SOCIAL CARE to share, with the Devolved Administrations, the findings of the UK Health Security Agency's work on the efficacy of vaccines against the Omicron variant and any recommendations from the Joint Committee on Vaccination and Immunisation on increasing the booster dosage for those who received the Moderna vaccine, and on further (fourth) booster shots.
2. DEPARTMENT OF HEALTH & SOCIAL CARE to share the latest position on care home-specific measures and Daily Contact Testing, as agreed at COVID-O, with the Devolved Administrations.
3. UK HEALTH SECURITY AGENCY to regularly share contact tracing data with the Devolved Administrations as a matter of course.
4. COVID-19 TASKFORCE and DEPARTMENT FOR LEVELLING UP, HOUSING & COMMUNITIES to advise on UK engagement with the Republic of Ireland on policy responses to the Omicron variant.
5. HER MAJESTY'S TREASURY to work with Devolved Administrations on the economic impact of the spread of the Omicron variant, coupled with the financial implications of the current (and proposed) restrictions.
6. COVID-19 TASKFORCE and CIVIL CONTINGENCIES SECRETARIAT to be ready to organise a further meeting over the coming days to discuss next steps.

CABINET OFFICE

10 December 2021