INFORMATION

Covid-19: the UK's preparedness

Date: *28 February 2020*

From: *Katharine Hammond, Director, Civil Contingencies Secretariat*

Deadline: *2 March 2020*

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.

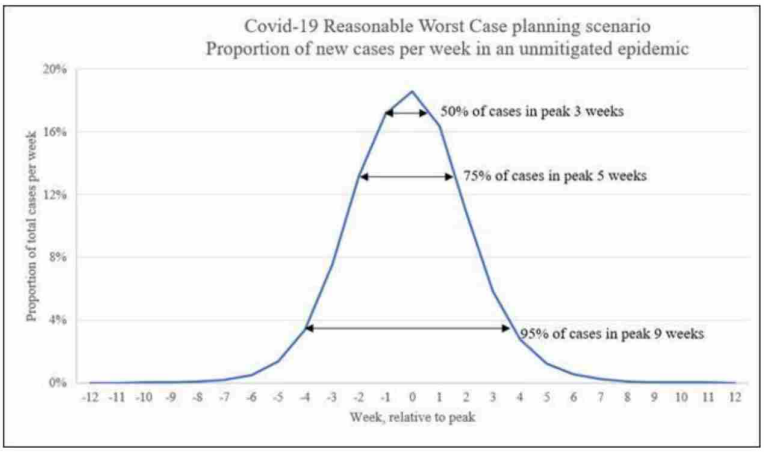
COVID-19

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.

10. The goal is to win the battle against the disease and the battle for public confidence.

11. The response will go through phases, from containment and contact tracing for small numbers of cases (the current situation), through to stronger measures if the outbreak escalates (see below). The triggers for moving between phases will be provided by the Chief Medical Officers, informed by an assessment of the Scientific Advisory Group for Emergencies (SAGE) and the World Health Organization.

THE DOMESTIC RESPONSE

12. We continue to be ready to deal with UK cases during the containment phase, and are getting ready to deal with many more if the outbreak escalates.

Containment

13. Our NHS has tried-and-tested systems to quickly identify and isolate those who may have Covid-19. Large isolation facilities have been established to comfortably and safely house those returning from Wuhan and the Diamond Princess cruise ship. Our ports and airports have guidance to protect our borders. An extended communications and marketing campaign is underway to inform the public about what they can do to contain or slow the outbreak; early next week a plan to explain how the Government will respond to an outbreak will be published. Community tensions are being monitored and managed, including the small number of anti-Chinese incidents reported in the media.

Delay

14. Even if it is not possible to contain the epidemic, it may be possible to delay and lower its peak. This has major operational advantages, as it pushes it further beyond the winter pressures on the NHS and lowers the worst pressures. It would lead to a greater scientific understanding of the infection, meaning that we could have a better targeted response. It is possible (but not certain) that transmission would be lower in the spring and summer months.

Mitigation

15. Across government, we are preparing to deal with a major escalation in the outbreak.
    a. Managing the peak of the outbreak will require us to have put in place legal powers that we currently do not have. A Bill is therefore being prepared by DHSC, with input from other departments, to streamline services (to enable business continuity in the event of severe staff absences), reduce the pressure on health and care systems and mitigate the spread of infection. It is proposed that this will include powers to

indemnify healthcare workers working outside their usual remit, streamline discharge from hospital, speed up the death registration process, and provide flexibility for schools to change ways of working (e.g. staff ratios or attending different institutions). It is being done in cooperation with the Devolved Administrations, and will lapse once the pandemic is over.

b. Communications will be one of our most powerful levers. A cross-government strategy is being implemented to explain the outbreak to the public and encourage them to take preventative steps (e.g. regular handwashing), reassure people that the Government is prepared and defuse tensions as they arise. Some communications have been public, others have been limited to government departments and trusted partners in the private sector. Disinformation will continue to be detected and managed.

c. A decisions timeline is being developed by Officials who have worked through the key decisions ministers may be required to make in a reasonable worst case scenario (see below and table in annex).

MAJOR POTENTIAL DECISIONS

16. The pace of COBR is stepping up, usually chaired by the Health Secretary. Its focus is moving from the management of short term issues (e.g. repatriation flights) to the difficult policy decisions that may be required in the weeks and months ahead (e.g. providing local authorities with guidance on the management of large numbers of deceased). All these need to be underpinned by the best science advice, strong communications, Treasury funding and cooperation with the Devolved Administrations.

17. When and if SAGE assesses that we are possibly moving towards some variant of the reasonable worst case scenario (by which time we would hope to have more accurate numbers), the decisions that may be required include:
    a. when to stop port health measures and contact tracing;
    b. how 'at risk' groups are supported (e.g. the elderly in care homes), which may need to differ from the wider population;
    c. who is prioritised for healthcare and PPE as the NHS becomes unable to provide usual service levels, for coronavirus and non-coronavirus patients, and for vulnerable people;
    d. how to keep key staff (e.g. nurses) in work, and how to make the most of the voluntary sector;
    e. whether we discourage public gatherings and close schools, if the science advice says this will have an impact on the outbreak;
    f. how to keep the prison and probation system operating;
    g. which economic interventions are needed to support local and national economies during the pandemic;

h. whether to advise people against travelling and interacting, potentially reducing or delaying the outbreak but damaging the economy;
i. how to maintain and protect our international network, and support other countries, working with the FCO/DFID Taskforce; and
j. whether to activate plans to transport, store and dispose of the deceased people (such as the procurement of refrigerated facilities or the establishment of large cemeteries).

18. Alongside the proactive decisions above, some choices for ministers will be on whether *not* to take certain measures. We have seen some other countries close their borders and quarantine entire towns to try and contain the outbreak. However, the UK relies on the flow of goods and services with other countries and policing by consent. Decisions will need to be taken based on the best science and policy advice, which may differ from other countries.

19. You may want to consider which decisions you will lead on. We recommend that you lead on the most visible step changes in our response, such as when we move from trying to contain the outbreak to delaying its eventual peak. You may also want to lead on decisions where the impact cuts across multiple sectors and government departments.

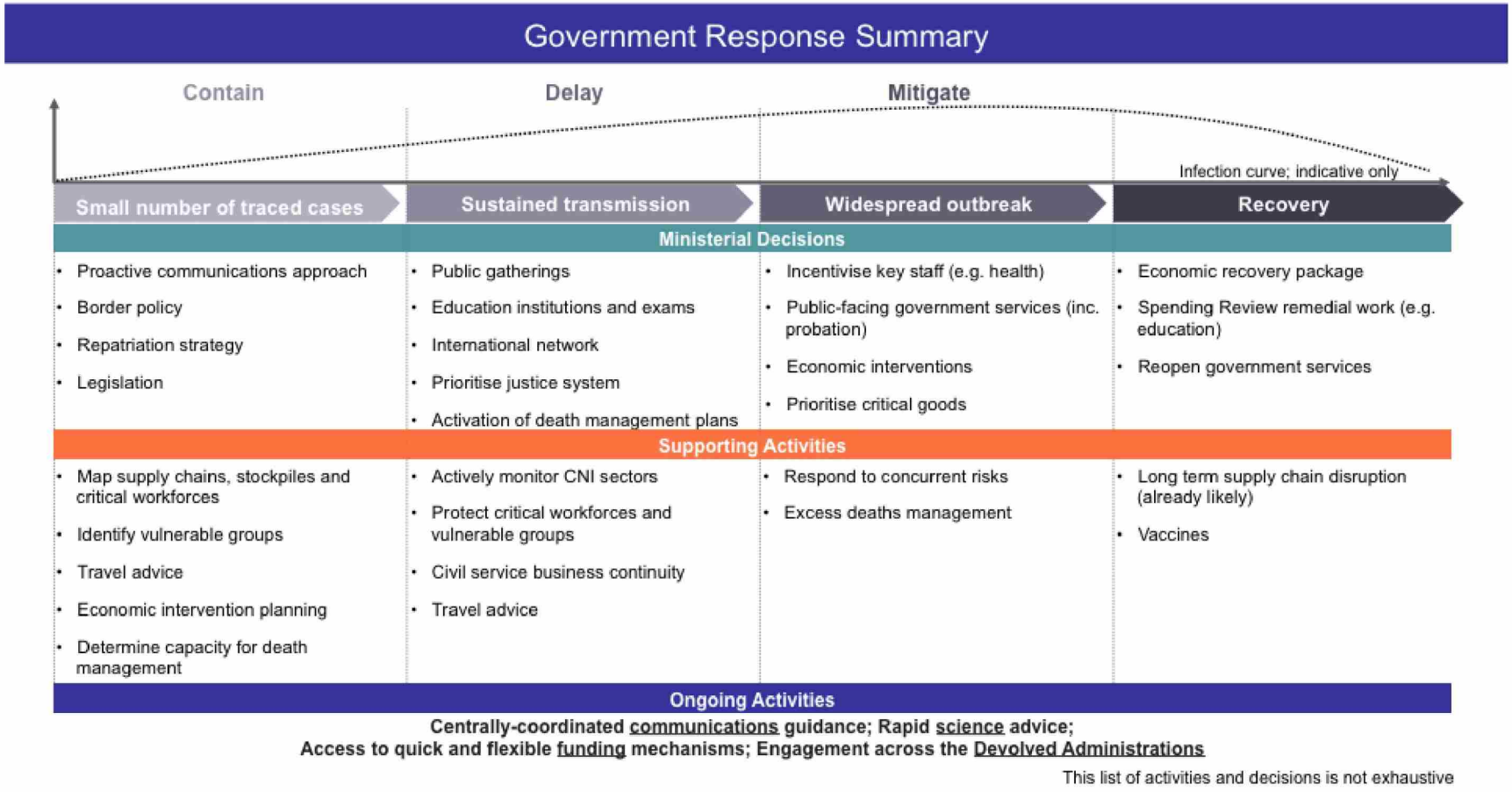
NEXT STEPS

20. As the global picture continues to deteriorate, we cannot wait until there is sustained transmission in the UK before taking steps to protect the UK. Once the outbreak spreads here we will not have time to both prepare and respond.

21. That is why Ministers are considering:
    a. more proactive cross-government communications, including to businesses, and including about the difficult steps that may need to be taken (e.g. management of large numbers of deceased);
    b. funding mechanisms for the response, since the current Treasury process will need to be expedited;
    c. further guidance on managing a response for a wider range of stakeholders, including to businesses (inc. SMEs) who may experience disruption, and local authorities on the management of increased numbers of deceased and the wider impacts on communities; and
    d. whether the UK's current repatriation strategy is sustainable as the outbreak becomes more widespread.

This paper has been written by the Civil Contingencies Secretariat, in consultation with the Chief Medical Officer for England, the Government Chief Scientific Adviser, and the Health Secretary

Annex A – Government Response Summary



PRIME MINISTER'S COMMENTS:

cc: Secretary of State for Health and Social Care
Government Chief Scientific Adviser
Chief Medical Officer for England
Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office
Paymaster General
Mark Sedwill
Beth Sizeland
NR
Imran Shafi
NR
NR
Edward Lister
Dominic Cummings
Martin Reynolds
Ben Warner
NR
James Slack
NR
Lee Cain