OFFICIAL SENSITIVE

# CRIP

## COVID-19 – UK Preparedness

### COMMONLY RECOGNISED INFORMATION PICTURE

# CRIP 20

Information correct as of 1345 on Thursday 05 March 2020

CONTACT:

I&S

# Situation Update

**Case data will be updated at 14:30 05 March**

**Domestic**

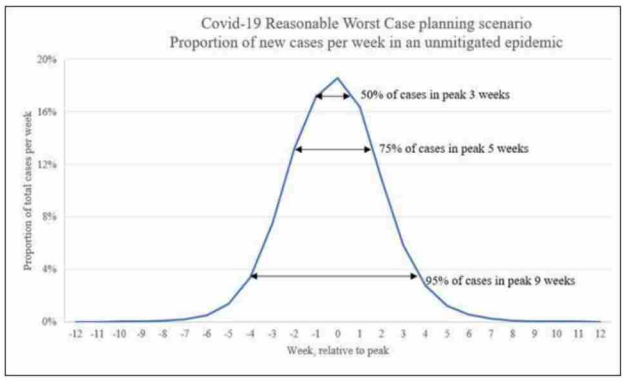
- On 4 March, CMO announced 32 further people in England have tested positive for COVID-19, bringing the total number of cases in England to 80. The total for the UK now stands at 85. which includes three in Scotland, one case in Wales, and one in Northern Ireland. 15 cases have been discharged following two consecutive negative test results. Contact tracing is underway for all cases including where the route of transmission is not yet clear.
- FCO have confirmed that around 100 people returned to the UK from the hotel in Tenerife on 2 March. Further UK Nationals will be returning from Tenerife over the coming days. All returning UK Nationals are tested in Tenerife and confirmed negative in writing 24 hours in advance of their arrival in the UK. There are currently 110 UK nationals still remaining in the hotel in Tenerife. 24 of these are due to be tested and return to the UK on 4 March.

**SAGE:**

- SAGE met at 1300 – 1430 on 5th March 2020 and discussed:
  - The reasonable worst case scenario planning assumptions for Covid-19
  - Optimal combinations of interventions
  - Optimal timings for the interventions to be enacted and the duration they should be activated for

A verbal update will be given by GCSA and CMO during the meeting.

# RWCS Planning




| Week, relative to peak | -12 to -9 | -8 | -7 | -6 | -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 to 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Proportion of total cases (%) | <0.1 | 0.1 | 0.2 | 0.5 | 1.4 | 3.4 | 7.6 | 13.2 | 17.1 | 18.6 | 16.4 | 10.9 | 5.8 | 2.8 | 1.2 | 0.5 | 0.2 | 0.1 | <0.1 |

# Behavioural and Social Interventions 1/5

**Description of potential interventions**

| | | |
|---|---|---|
| **Stopping large events:**<br><br>All venues and events hosting several hundred people at a time would be closed or cancelled. This is expected to include cinemas, night clubs, sporting fixtures, places of worship and theatres (given in order of significance). Smaller establishments such as bars and restaurants will remain open. | **Closure of schools:**<br><br>All establishments educating students up to the age of 18 will be closed nationally. This will also apply to any other facility where children are grouped together e.g nurseries, youth clubs.<br><br>This does not factor in the closure of universities or similar higher and further education establishments (evidence indicates this would not be impactful). | **Home isolation of symptomatic cases:**<br><br>Symptomatic persons will self-isolate at home for 14 days. Measures should be taken to keep those who are not symptomatic separate, so that other members of their household will not need to isolate.<br><br>During this period, the symptomatic person person should not have close contact with other household members, although sharing bathrooms, kitchens and accepting deliveries would be ok if they follow PHE guidance. |
| **Whole household isolation:**<br><br>Following identification of a symptomatic person, they and their household will self-isolate at home until the household is no longer symptomatic.<br><br>Household members could interact but if another member then became symptomatic, the 14 days isolation period would restart. | **Social distancing:**<br><br>People will stop all activities outside of their households except essentials such as attending school and work.<br><br>It is a policy decision what other activities are considered "essential", for example doing a weekly food shop or using public transport. | **Social distancing for over 65s:**<br><br>Over 65s would stop all activities outside of their households except the essentials, such as work and education.<br><br>Over 65's in adult social care settings would be able to continue interacting within their "household" e.g. a care home. Further work is needed to understand how this would be operationalised for those receiving domiciliary care at home or have caring responsibilities themselves.<br><br>SAGE are considering whether this should be expanded to include all groups more vulnerable to the virus. |

GO Science will provide a verbal update from SAGE on the length of time these policies would need to be applied for.

# Behavioural and Social Interventions 2/5

**Scientific analysis of impacts:**

| | Stopping large events such as concerts & sports | Closure of schools | Home isolation of symptomatic cases, when enacted early | Whole household isolation, when enacted early | Social distancing, when enacted early | Social distancing for those over 65, when enacted early |
|---|---|---|---|---|---|---|
| **Assumptions** | Assumes contact rates outside the home are only reduced by c 5% | Children do not gather in other group settings. Children play an important role in transmission but lower than seasonal flu. | 65% of symptomatic cases withdraw to the home for at least 7 days or until the resolution of symptoms (current PHE advice is 14 days), reducing non-household contacts by 75%. Household contacts unchanged. | Household contacts double, all contact outside the household reduced by 75%. 50% of households are assumed to comply. | All households reduce contacts outside the household and school/workplace by 75%. School contact rates are unchanged. Workplace contact rates reduced by 25%. Household contact increase by 25%. | 75% compliance. Those who comply increase household contacts by 25% but reduce other contacts by 75%. |
| **Potential effectiveness in containing outbreak** | None | Unlikely to contain an outbreak on its own | Unlikely to contain an outbreak on its own | Unlikely to contain an outbreak on its own | Unlikely to contain an outbreak on its own | Will not contain an outbreak on its own |
| **Potential effectiveness in delaying outbreak** | Very little on their own | No more than 3 weeks delay to peak and possibly much less | 2-3 weeks delay to peak | 2-3 weeks delay to peak | 3-5 weeks delay to peak | Negligible impact |
| **Potential effectiveness in reducing the peak** | Very little on their own | C. 10% - 20% reduction in peak hospital demand with closures of 8-12 weeks | Reduction in peak incidence of maybe 20% (uncertainty range is at least 15-25%) | Reduction in peak incidence of maybe 25% (uncertainty range is at least 20-30%) | Substantial reduction in peak of maybe 50-60% | Reduction in peak of total number of cases c.25 -35% reduction in deaths & demand for hospital beds and critical care beds |
| **Potential effectiveness in reducing the total number of cases and deaths, excluding excess deaths caused by lack of NHS capacity** | Very little on their own | Modest impact (<5%) | Modest impact (<5%) | Modest impact (<10%) | Around 20-25% of deaths | Up to 5% of cases, but 20-35% of deaths |

# Behavioural and Social Interventions 3/5

**Behavioural analysis of impacts:**

| | Stopping large events such as concerts & sports | Closure of schools | Home isolation of symptomatic cases, when enacted early | Whole household isolation, when enacted early | Social distancing, when enacted early | Social distancing for those over 65, when enacted early |
|---|---|---|---|---|---|---|
| Public attitudes and support | Some degree of distancing is likely to be broadly supported by the public (at least initially) | 70-90% of parents from closed schools supported the policy across in previous incidents | Easiest measure to explain and justify to the public.<br>84% in UK currently support mandatory quarantine | No data on this | For H1N1, ~50% agreed that avoiding large crowds would be effective in preventing spread of swine flu, with ~20% unsure [ | No data on this |
| Likely compliance | If events are cancelled, compliance will be high. However, displacement is also possible (e.g. football supporters congregating away from stadiums to watch matches). | Likely to be 50-60% and possibly higher with good communication and with high risk perceptions. Longer duration closures may reduce compliance. | Adherence of ~50% to 90% in previous outbreaks, tending more to the higher end. This is among those actively contacted by health services. Adherence among self-diagnosed people likely to be lower. | Not aware of any data for households of cases. Reasonable to assume a lower adherence in non-symptomatic household members. | Likely high, initially, for many social activities. | Unclear. Complicated by households with both vulnerable and non-vulnerable members. |
| Barriers, facilitators and communications issues | Important to stress legitimacy of /reasoning for interventions such as long-term suspension of mass gatherings to reduce dissatisfaction. | Clear explanation about the purpose of the closures is needed to prevent children continuing to mix.<br>Those in lower socio-economic groups may be most impacted by disruption from school closure, e.g. more reliant on free school meals or unable to rearrange work to provide childcare. | Important to reinforce guidance on who should isolate, when, and for how long to prevent ambiguity reducing adherence, e.g. when symptoms are mild.<br><br>Targeted support may increase compliance. | Equitable treatment for all will be important to ensure compliance. | Encouraging replacement behaviours and alternative social activities may reduce dissatisfaction (e.g. remote interactions). | Risk of stigma and resentment in categorising individuals by age. Important to frame 'cocooning' as those more vulnerable or at risk. |

# Behavioural and Social Interventions 4/5

**Economic Impacts (As of 4 March):**

- In the case of the reasonable worst case scenario; **COVID-19 is expected to reduce GDP by 0.8% by the end of 2020.**
- The **most significant economic impact** from the measures **will result from lost working days in the economy**.
  - With no intervention, the **expected number of days lost** to the economy will be **148m between March and August.**
  - This estimate rises with the implementation of delay measures (estimated for each in turn): **373m working days lost as a result of school closures**; **167m from 14 day home isolation**; **173m from household quarantine**; and **137m from social distancing**.
- When considering delay measures, the **mitigation impact of any measure needs to be balanced against the economic impact of disruption**. HMG's economic response and support package (including Statutory Sick Pay and subsidies) could mitigate some of the economic consequences of both COVID-19 and the response.
- **The level of economic disruption will vary by sector. We can say now that the manufacturing, retail, leisure and tourism** sectors are likely to be strongly affected by isolation measures. The effect on other economic sectors will depend partly on the degree to which work can be completed remotely. If the contraction in demand is sufficient, this could cause otherwise healthy businesses to fail.
- **Targeting delay measures** (by particular groups or areas) **might mitigate some of the economic disruption** outlined above, as identified by Dame Deirdre Hine's review of the 2009 influenza pandemic.
- The economic cost of **closing schools and universities** will be transmitted largely via disruption to parental working patterns and to a lesser extent rescheduling examinations. Previous estimates suggest a 12 week school closure could cost between 0.25-1.26% of GDP (BMC). A study of influenza pandemics estimates an economic impact of 4 week school closures is greater than the initial economic impact of the disease (BMJ).
- **Home isolation and voluntary household quarantine** will involve a temporary productivity shortfall as a result of adjustment to new working patterns and elevated rates of remote working. Over time, home isolation will result in disruption to child and elderly care routines, with potentially significant costs to government from mitigation.
- **Social distancing of those over 65 years of age** is likely to have a limited immediate impact on the economy. Over time, social distancing may generate a non-linear rise in demand for primary and social care services. Additionally, in a scenario where over 65s withdraw from providing informal care for children and other adults, this measure will add further to the care burden on working age adults.
- The economic cost of **banning of major public events** is transmitted via cancellation costs and lost revenue for events scheduled during the ban. The magnitude of this is dependant on the types of events banned and could have knock-on impacts on demand for other venues - if this was a blanket ban on all social venues (pubs, restaurants, etc) the impacts would be likely to be more significant.

# Behavioural and Social Interventions 5/5

**Social and operationalisation impacts of implementation:**

**These interventions will result in a range of wider societal and economic impacts which will need to be identified, balanced and mitigated where appropriate. Departments are considering these to inform decision making.**

- **Social impacts of the intervention**
  These interventions will have impacts on individuals, communities and societies, in a range of different ways. Understanding how these impacts differ across social groups, e.g. religious groups, older people and people with comorbidities and lower socioeconomic groups, will allow Government to better understand the barriers and facilitators to people adhering with the intervention. Community tension, with the possible effect of public disorder, may be driven by perceived inequalities in access to key services or support to those who have been asked to remain at home.

- **Operational impacts of the intervention**
  In order to be implemented, or to increase compliance, a range of mechanisms may need to be in place. This could include flexibilities on the operation of the benefits system, support to businesses to facilitate home-working, and a reduction or removal in grocery delivery costs. Alternative options for facilitating free school meals or childcare may increase compliance or reduce wider workforce impacts. **It will be important to understand where services are delivered, or supported extensively, by the voluntary/charity sector** as this may be particularly vulnerable to high levels of absence corresponding with higher demand.

- **Cross-government interdependencies**
  What cross government support will your sector or department require as a result of the intervention. This could include financial support, identifying solutions to increase flexibilities within current systems, and ensuring clear joined up messaging with the public and key partners.

# Communications and Parliamentary Handling

**Overview**: Interviews with PM, MoS (Minister for Health) Edward Argar MP, and a speech by SoS Matt Hancock led morning broadcast slots, demonstrating HMG's grip and amplifying key reassurance messages. CMO provided reassurance on issues and HMG's approach to transparency when appearing in front of the select committee. The Public Health campaign continues at pace.

**Impact:** So far 50% of the population has had the opportunity to see the paid advertising campaign seven times. The I&S campaign has achieved 14,398,788 impressions and 2,910,618 clicks through to the nhs.uk/coronavirus page.

**Media reports**: The PM and DHSC's MoS interviews countered the Guardian's accusation that HMG is withholding information about the spread of COVID-19 after a 70% increase in confirmed cases prompted health officials to stop providing daily updates on the location of new infections. Other key angles include reports of a second strain of COVID-19 (UK scientists are not aware of any new strain) and reports that Flybe has gone into administration, as the virus impacts aviation.

**Polling**: Most recent polling indicates COVID-19 is a prominent issue for people but its still feels abstract; potentially over-hyped due to the low number of UK cases. It is seen as being taken seriously at the highest levels and there's expectation of specific HMG action. Initial focus group work following campaign launch indicates a need to explain the "delay" phase and the "80% infected" figure in greater detail.

**Key Activity:**

**DHSC Activity**

- Comms plans for communicating transition from contain to delay being worked by DHSC and No10.
- Comms plans to communicate first death, if and when it happens, being finalised by DHSC.
- CMO op-eds to be placed in regional newspapers
- SofS appearing on Question Time tonight
- Statutory Instrument laid at 2PM to register COVID-19 as a notifiable disease. gov.uk will be updated and reactive LTT prepared.

**Other Activity**

- Comms plans and extensive Q&A being drawn up to advise public on how to self-isolate.
- DHSC working with NHSE to announce a partnership with Google to tackle misinformation and direct users to NHS-verified information.
- Business engagement: publication of FAQs on GREAT and GOV.UK website, supported by business press.