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CRIP

Coronavirus – UK Preparedness

COMMONLY RECOGNISED INFORMATION PICTURE

CRIP 11

Information correct as of 1230 on Tuesday 18 February 2020

CONTACT:

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Overview

- As of 18 February, confirmed cases in the UK stand at 9. Confirmed cases of British Nationals overseas currently stand at 13.
- As of 18 February, confirmed cases globally are 73,421 cases (72,436 in China) The number of fatalities stands at 1873 (1,868 in China). The outbreak has now surpassed the number of SARS CoV cases in 2002-2004 (774 deaths).
- From 11 February, a new cross-Whitehall Coronavirus Task Force led by FCO is overseeing international response activities.
- The Diamond Princess repatriation plans have begun. Of the 78 British Nationals onboard, 5 have tested positive, with 2 more likely to be diagnosed. One BN who was infected on the ship is in a critical and life-threatening condition in a Japanese hospital. FCO are planning a repatriation flight, and are lobbying for a landing slot on Thursday 20th February. We will quarantine BNs for 14 days upon their return.
- SAGE met today (Tuesday 17th February) and updated the planning assumptions.
- A Communications Plan is in development across UK Government and DAs against the Reasonable Worst Case Scenario.

Map of confirmed cases – Global

I&S	Confirmed cases	Overnight change	Fatalities	Overnight change	I&S	Confirmed cases	Overnight change	Fatalities	Overnight change
Mainland China	72,436	+1,888	1,868	+98	United Kingdom	9	0	0	0
Cases on Diamond Princess Cruise ship (Japan)	542*	+187	0	0	United Arab Emirates	9	0	0	0
Cases on Westerdam Cruise ship (Malaysia)	1	+1	0	0	Canada	8	+1	0	0
Singapore	77	+2	0	0	India	3	0	0	0
Japan	65	+6	1	0	Italy	3	0	0	0
Hong Kong SAR	60	+3	1	0	Philippines	3	0	1	0
Thailand	35	+1	0	0	Russia	2	0	0	0
Republic of Korea	31	+1	0	0	Spain	2*	0	0	0
Malaysia	22	0	0	0	Belgium	1	0	0	0
Taiwan	22	+2	1	0	Cambodia	1	0	0	0
Germany	16	0	0	0	Finland	1	0	0	0
Vietnam	16	0	0	0	Nepal	1	0	0	0
Australia	15	0	0	0	Sri Lanka	1	0	0	0
United States of America	15	0	0	0	Sweden	1	0	0	0
France	12*	0	1	0	Egypt	1	0	0	0
Macau SAR	10	0	0	0	Total	73,421	+2,092	1,873	+98

Source: DHSC / Watchkeepers

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Cases in the UK and BNs Overseas

	Total number of people for whom tests concluded	Overnight change	Confirmed cases	Overnight Change	Cases discharged
England	4,420	+222	9	-	8
Scotland	276	+12	-	-	-
Wales	188	+6	-	-	-
Northern Ireland	32	-	-	-	-
Total	4,916	+240	9	-	8

- There are no reports of severe illness among this group
- As of 09:00 17th February, a total of 4,916, people have been tested, of which 4,907 were confirmed negative, nine were confirmed as positive.
- Individuals are assigned geographically according to location of the sending laboratory.
- Eight UK cases have been discharged.

Individuals are assigned geography according to hospital specimen source (not residency)

- Of the 9 confirmed cases in the UK, 8 have been discharged. One confirmed case remains under the care of Guys and St Thomas' HCID unit.
- There are five respiratory/HCID units that can manage adult/children cases – Guy's and St Thomas'/The Evelina Unit (London), Royal Free Hospital/St Marys (London), Royal Liverpool/Alder Hey (Liverpool), Royal Victoria Infirmary (Newcastle). Sheffield Teaching Hospitals has also been commissioned as an HCID respiratory centre. These units are all aware and briefed on the current situation. Surge plans are in hand and ready to escalate.

Repatriation and supported isolation

Flight	Repatriated entitled persons	Officials	Supported isolation			End date
			Arrowe Park	Milton Keynes	I&S	
31 st January	82	17	83 (1 parent joined isolation) All left quarantine 13 February	-	17 All left quarantine 13 February	13 th February
2 nd February	11	-	11	-	-	15 th February
9 th February	105	10	-	115	-	22 nd February
Total	198	27	11	115	0	-

- Emergency legal powers came into effect on Monday 10th February to ensure public compliance with public health advice in England.
- The 83 individuals at Arrowe Park left successfully on 13th February and the second cohort of 11 individuals left successfully on the 15th of February.
- The Kents Hill, Milton Keynes supported isolation facility is in place and these individuals are due to leave on the 22nd February.
- Officials are developing further plans for additional isolation facilities to be made available. DHSC has secured a facility near Heathrow to provide for anyone who does not have access to an appropriate place to self isolate.

Key Scientific Advice

1 st Order Assumptions	Pan Flu reasonable worst case, based on a 2016 UK population, including confidence intervals where possible	COVID-19 key conclusions of SAGE to date, based on a 2016 UK population
Basic Reproductive Rate (R_0)	No number included in planning assumptions	(Number of secondary cases generated on average by one primary case. Suppression of an outbreak requires R to be sustained below 1) Estimated 2-3 in Wuhan. Unknown in other Chinese regions and internationally
Doubling Time	No number included in planning assumptions	(Time required for the number of cases to double) 4-5 days in China
Incubation period	Short incubation period – 1-3 days	(Time between exposure to infection and symptom onset) Range remains 1 to 14 days, with average of 4-5 days
Duration of illness	Assumes normal flu profile – most people back to normal activities in 7-10 days	(From onset of illness to death). Median of 15 to 18 days for severe cases, but great uncertainty around this. Longest time so far appears to be 41 days.
Duration of infectivity	Adults are infectious for up to five days from the onset of symptoms. Longer periods have been found, particularly in those who are immunosuppressed. Children may be infectious for up to seven days. Some people can be infected, develop immunity, and have minimal or no symptoms but may still be able to pass on the virus.	Duration of infectivity likely to vary depending on severity of individual cases. 14 days as upper limit. Peak infectivity is probably around the start of symptom onset, average 2-6 days, then falling off rapidly.
Transmission	Sustained human-to-human transmission. Around a third of infected people are asymptomatic.	Current understanding is that the transmission route is respiratory and via contact. This means that viruses are transmitted via touching an infected person and spray of droplets such as coughing and sneezing. Human-to-human transmission outside China has occurred. Sustained human-to-human transmission outside China cannot be ruled out, but there is as yet no definitive evidence of a sustained outbreak/epidemic elsewhere. Asymptomatic transmission cannot be ruled out and transmission from mildly symptomatic individuals is likely.
Case Fatality Rate (CFR) (symptomatic cases)	2.5%	(The proportion of deaths within a designated population due to a epidemiological outbreak). Uncertain but planning on the assumption 2-3%
Origin	N/A	Current evidence suggests single point zoonotic (i.e. animal to human) outbreak, now sustained entirely by human-to-human transmission. No evidence of ongoing zoonotic transmission.
Duration of outbreak & waves	The pandemic will come in multiple waves (up to 3), each approximately 15 weeks long with the peak at week 6 and 7 of each wave.	The most likely time to peak for a UK epidemic is 2-3 months after sustained human-to-human transmission within the UK. Total duration is unknown at this stage.

Key Scientific Advice (2)

2 nd Order Assumptions	Pan Flu reasonable worst case, based on a 2016 UK population, including confidence intervals where possible	COVID-19 key conclusions of SAGE to date, based on a 2016 UK population
Cumulative attack rate (Population with illness)	50% (32,800,000) of population infected and experience symptoms during one or more waves (based on 1957 and 1968 flu pandemics). Actual number of infected people will be higher as there are a number of asymptomatic cases.	80% (52,480,000) of population possibly infected, however not all of these will experience symptoms. Population infected with symptoms is unclear and to be determined.
Workforce absences	17-20% in the peak weeks. Anticipated that 50% of workforce may require time off at some stage over the entire period of a pandemic either due to illness or to care for others. This would be higher were schools to be closed. An average absence duration of 7 to 10 days.	Unknown, use pan flu planning assumptions.
Numbers requiring assessment at health services	9,840,000 would require assessment by health services. This is 30% of all those that are symptomatic.	Unknown, use pan flu planning assumptions.
Hospital cases	1,312,000 would require hospital care, i.e. average six-day length of stay. This is 4% of all those that are symptomatic.	Unknown, but possibly in the region of 4% (1,312,000), as per pan flu planning assumptions.
Hospital critical care	328,000 require the highest level of critical care (require intensive care for 10 days). This is 1% of all those that are symptomatic.	Unknown, but possibly about 1%, as per pan flu planning assumptions.
Excess deaths	820,000 (calculated using the CFR of symptomatic cases)	Unknown, use pan flu planning assumptions.
Clinical Counter measures	<ul style="list-style-type: none"> Antivirals (AV) Antibiotics (AB) Pandemic specific vaccine (PSV) 	None
Vaccine Development	It is likely to take at least six months after a novel virus has been identified and isolated for an effective pandemic influenza vaccine to become available from manufacturers.	None likely to be available in a UK epidemic

Diamond Princess Repatriation

- Initially 78 British Nationals (BNs) on board, including 21 crew and 57 passengers. There are no children on board. **66 BNs currently on board.**
- 5 BNs tested positive and are in hospital (2 more highly likely to be positive); 2 in land-based quarantine; 2 evacuated on US flight; 1 in hospital with pneumonia (but tested negative for coronavirus).**
- The rate of infection on board continues to escalate, with the **total number of infections now believed to be 454**. One BN who was infected on the ship is in a critical and life-threatening condition in a Japanese hospital.
- For **British non-residents**: Up to 33 may take the Hong Kong flights. Some of these BNs are symptomatic.
- The Japanese Government Irrelevant & Sensitive Irrelevant & Sensitive and will release the cruise passengers before our plane has landed. We plan to keep BNs on board and will quarantine them for 14 days upon their return to the UK.
- The FCO is currently planning a repatriation flight for UK nationals on board the Diamond Princess cruise ship. We continue to lobby for a confirmed landing slot on Thursday 20th and to seek assurances on Japanese Government medical and transport support.
- Health officials have advanced plans to provide a suitable isolation facility in the UK under the supervision of the NHS if the flight goes ahead.

International Response – UK Support/Requests for assistance

- **DFID is providing £5m to WHO** to help counter the spread in developing countries and is deploying UK medical experts to three priority countries (the first deployment to Ghana leaves on Wednesday, others to be confirmed) as well as experts to the WHO's Regional Office for Africa (AFRO). PHE have deployed an epidemiologist to the regional WHO response in Manila, Philippines in response to a WHO request.
- **Up to £5m for urgent research on Covid-19 rapid diagnostics** and other research through the Joint Initiative on Research and Epidemic Preparedness (JIREP), in partnership with the Wellcome Trust. While vaccines will be valuable for potential future outbreaks, they are unlikely to be available in time for this outbreak. Therefore, DFID's R&D initial focus is on the development and evaluation of rapid diagnostics, technical support and training to strengthen testing in African countries.
- **£1m for potential 'no regrets' surge expertise** (including the deployment of medical specialists from the UK Emergency Medical Team, UK EMT), provision of surge staffing to WHO and procurement and logistics activity. The UK EMT will deploy to priority countries vulnerable to the spread of the virus, mostly in Africa. The first deployment is taking place to Ghana on Wednesday.
- DHSC have launched a £20m rapid response call for research and is providing £20m to the Coalition for Epidemic Preparedness Innovations (CEPI) to support research into vaccines. DFID is working alongside DHSC to align research and development efforts.
- China requested assistance in providing supplier information for surgical face masks, goggles, and protective apparel. **The FCO responded to this request by sending in personal protective equipment (PPE) with the second UK-Wuhan repatriation flight.**
- **The cross-HMG international taskforce is collating requests for assistance from** third countries to ensure a common HMG approach. We do not currently intend to centrally procure large-scale supplies towards the international response. Host countries are being encouraged to seek support through the WHO.

International Response – Economic Impacts

- In China, shutdowns have caused a demand shock, reverberating throughout China's economy. Exports will probably decline: the 14 provinces in China with business shutdowns represent 70% of GDP and 80% of exports. Affected sectors include auto manufacturing, tech, medicine ingredients, retail and air-freight as well as service (hospitality and tourism) sectors. SMEs face acute challenges. Over half of UK businesses in China responding to a recent survey reported seeing a significant negative impact. The People's Bank of China has maintained liquidity support and the Ministry of Finance (MOF) has provided funds to support local governments / SMEs. China's recently-signed Phase One trade deal with the US may face risks.
- The economic impact of the outbreak will vary significantly depending on the epidemiology and transmission to LMICs. Under a reasonable worst-case scenario, we could see a collapse in global demand and commodity prices similar to the 2015 commodity crisis, particularly affecting countries reliant on commodities such as oil.
- Economic analyses from previous epidemics demonstrate that there is the risk that initial early estimates of economic impact may be overhyped, with reasonably fast recovery. Fear is likely to be a major driver of negative economic impacts, as consumers become more cautious and bans on activity (e.g. travel, large public gatherings) reduce expenditure.
- DIT are analysing the likely impact of the coronavirus on supply chains for British businesses.

International Response – Travel Advice

Japan

FCO travel advice last updated on 18 February to include information about the proposed evacuation flight:

"There has been a confirmed outbreak of coronavirus on the Diamond Princess cruise ship. This ship is currently in quarantine in Yokohama. If you're on board, follow the advice of local authorities leading the response. If you need urgent consular assistance, contact the British Embassy in Tokyo on +81 3 52111100 or via the web contact form. If you're concerned about family or friends on board, you can contact the operator Carnival via their assistance telephone numbers on 0800 014 8339 (from the UK) or 0800 170 6282 (from Japan).

We are working to organise a flight back to the UK for British nationals on the Diamond Princess as soon as possible. Our staff are contacting British nationals on board to make the necessary arrangements. We urge all those who have not yet responded to get in touch immediately."

China

- The FCO is currently advising against all but essential travel to mainland China and all travel to Hubei province.
- As of 4 February, FCO Travel Advice recommends UK nationals leave China if they are able to do so.
- Travel Advice is regularly reviewed including monitoring of other countries' travel advice. Most countries maintain advice that reflects the UK's: to avoid non-essential travel to mainland China (level 3 of 4) and all travel to Hubei province (level 4 of 4). US, Australia, New Zealand and Germany are advising against all travel to mainland China (level 4 of 4).

Legislative Measures

Covid-19 Legislation

- As part of the initial Government response to the Covid-19 outbreak officials have examined the statute book to determine what additional provisions might be required to give effect to a comprehensive response. This work has built on the considerable work done on legislative requirements for the 'Pandemic Influenza Bill'.
- The list of areas where further legislation might be needed has been developed on a UK wide basis. The needs identified vary between the different jurisdictions of the UK (reflecting the different legal landscapes in England or England & Wales, Scotland, and Northern Ireland).
- The Covid-19 Bill will be taken forwards by a **DHSC Bill team**, coordinated by a **CCS Bill board**.

Proposed Timeline

- The progress of the Covid-19 outbreak, and hence when any statutory provisions would be required is still unclear. Based on the reasonable worst case scenario planning assumptions we believe legislation will not be needed before the end of March. The decision to introduce will reflect parliamentary concerns and the latest scientific advice.

Decisions

1. Content - do you agree that the list in the paper represents the full list of possible requirements?
2. Resource / Engagement - do you agree to officials across government continuing to commit the necessary resource to develop the policy and clauses, including any necessary secure external engagement, on how to give effect to the requirements identified?
3. Do you agree for the Business Managers to begin usual channels engagement about the possibility of emergency legislation in late March? Do you also agree for Business Managers and DHSC Ministers to engage the chairs of relevant committees (particularly the Health Select Committee) on Privy Council terms if necessary?

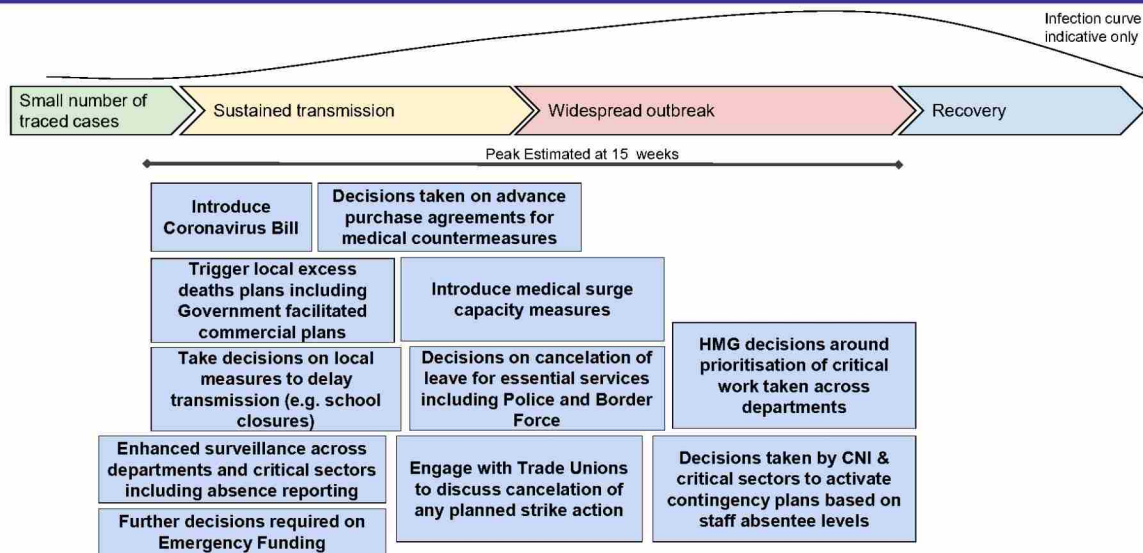
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SAGE contribution

Reasonable Worst Case Scenario Timeline of Decisions



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Exercise NIMBUS – Lessons Learned

- A Ministerial table-top exercise was run on 12 February to test the decision making process by COBR in the response to Covid-19. This aimed to:
 1. Expose the potential scale and range of impacts arising during a reasonable worst case scenario around Covid-19;
 2. Work through some of the most difficult decisions that would need to be made by Ministers; and
 3. Rehearse strategic decision making.
- CCS have reviewed the lessons identified by the exercise. These lessons fall within three themes, given with the relevant actions

1. Policy issues for further discussion

- Potential economic impacts and response in a RWCS – HMT to coordinate planning.
- Consideration of different regional impacts and responses in a RWCS – DHSC and MHCLG to consider.
- Mental health support for those involved in strategic decision making of Covid -19 – CSHR/DHSC to coordinate
- Consideration of possibility of public unrest in a RWCS – HO/NPCC considering.
- Plans should be in place for funding for the Covid-19 response both pre- and post- 1 April 2020 – HMT taking forward.

2. Coordination and process improvements

CCS to ensure that:

- Representatives from the Moral and Ethical Advisory Group (MEAG) , key operational partners and the Bank of England to provide advice to COBR as appropriate.
- SAGE is addressing all questions posed by COBR to ensure Ministerial decisions making is supported by the best available scientific advice.
- All departments to nominate a lead Minister for the Covid-19 response who should be available to attend COBR meetings on behalf of their department

3. Communications

- National security communications team to develop a more comprehensive comms strategy and coordinate the HMG communications response to Covid-19 – NS comms strategy due 18.02.2020

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Communications

Media & digital sitrep

- Repatriation of BNs on Diamond Princess expected to dominate UK Covid-19 coverage for the coming days, buoyed by the I&S who have conducted broadcast interviews on BBC, ITV, Sky while on board, and UK media focus on Heathrow's role as a quarantine zone.
- Recent coverage of DFE/PHE advice to schools landed positively and demonstrates the value of early, proactive engagement to shape reporting.
- Digital engagement and online traction of the story is high internationally but engagement with UK-specific angles remain low and superseded by No 10 political stories, floods, and focus on the EU settlement scheme. Government-sponsored Twitter content (NHS UK) remains the top single asset shared on social media.
- Stakeholder briefings on RWCS preparations are on-going with CNI, transport, UK businesses, LRFs, based on a centrally-coordinated script

Strategy

- RWCS communication plan is in development with OGDs and DAs to cascade all Government communications behind clear objectives: explain and drive preventative behaviours at scale; reassure the public of Government preparedness; and defuse social or economic tensions triggered by the RWCS.
- Weekend media speculation that RWCS involves up to 50% of UK population infected indicates that we should consider proactively briefing media on background about planning assumptions, potential impacts on health service, likely change in treatment regime, to shape the story in advance.

Key activity and next steps:

- Repatriation communications handling/coordination continues through FCO, DHSC, MOD, CCS
- OGDs committing long-term resource to CCS-led Covid-19 response cell to encompass reactive media through to behaviour change campaigns
- Development of RWCS communication plan continues with feedback from OGDs and behavioural insight leads.