

**From:** [PD] [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D21258C9254E4E32942F15C21EE78F6 [NR]  
**Sent:** 04/03/2020 15:32:20  
**To:** [PD] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=15fb014e89294ab5b3c88e5918782c8e [NR]  
**CC:** Government Chief Scientific Adviser (GO-Science) [GCSA@go-science.gov.uk]  
**Subject:** RE: Lines and running order for bids for CMO

Sure, here you are.

**Prof Chris Whitty LBC Interview 0830:**

What news would you like to hear that would make you think we were entering safer ground?

I would most like to hear that the majority of people to get this have no symptoms at all. We are seeing an increase in numbers across the globe and we need to plan for an epidemic.

We are looking at our colleagues in Europe and the UK seems to be faring better, why?

Part of it is that we have been lucky but a lot of it is down to incredibly hard work by NHS and PHE staff who have been identifying cases early, isolating them and tracing contacts. This is important in containing the spread.

Do face masks protect people?

They are only helpful if someone has coronavirus to stop other people becoming infected, but they are not effective if you wear them and are well yourself.

In the US, they are moving to human trials of a vaccine, how far away are we in the UK?

We have some of the best scientists and the early trials we will do very quickly, but you have to do larger trials and then find a way to produce it safely, so it will take at least a year to produce a vaccine.

How comfortable are you with what is happening at British airports? Other countries have scanners but we seem like we are more relaxed.

We are following the scientists recommendations, Italy was the country that was more aggrieved and did ban flights and they have the largest amount of cases in Europe. Our efforts are better used elsewhere.

What is your recommendation concerning schools?

Unless there is an operational reason, we are not suggesting the closure of schools.

What lessons have been learnt from past epidemics like the Spanish flu?

We are in a much better place than we were before, we understand epidemics more and are much more able to delay them and reduce the peak of the curve.

**Prof Chris Whitty Today Interview 0810:**

Yesterday's figures showed they were the second biggest since the outbreak began, what have you learned about the pattern?

We started off with this major outbreak in China, but we now have significant outbreaks in Iran, Korea and Italy. We expect the numbers to rise and we think it is likely we will move into an epidemic in the UK

We heard from Neil Ferguson and he explained that community transmission is happening already, do you think it is?

Even if someone gets it from someone we know about that isn't community transmission, it's when it goes from person to person and it is likely to be happening at the moment but not definite

The plan right now is to contain it but are we beyond this?

The 4 strand plan the PM announced yesterday is to contain, delay, research and mitigate. When I was here before we were containing but now we are on the border between contain and delay. Containment has to be an international decision so we will have to come together and make a decision.

When we talk about trying to protect the more vulnerable members of society, having them isolated will have a detrimental effect won't it?

Absolutely, we will have to do things to pull down the peak of this epidemic and some of them have a significant social cost.

Children's aren't affected badly by this are they?

Yes, the social disruption of school closures is significant so we would only go down this route if it was beneficial and at the last point so it minimises disruption.

Are people at risk if they go to big events like football matches?

We will need to look at this at the right point in this epidemic. Football matches are not as quite simple, if you cancel the match and those people watch it in a pub that is no better. So we need to be rational and model out which ones will be effective actions.

You are modelling worst case scenarios, and you talked about 80% of the population being infected.

My expectation is it will be a lot less than that, but this is the reasonably worst case scenario and it is important that we plan for this given the information we have at the time.

How many deaths are you planning for?

In terms of proportions, if it is 80% infected, which I don't think it will be that high, then the mortality rate would be at the top end of the range, 1%. But as I say, I think the amount of people infected will be smaller than that.

There has been speculation that retired doctors and nurses will be brought back into service, could this be risky?

We may not get to this point but we are thinking if it gets worse, and these are people who are current in practice and came off the register recently. We must be realistic that if the higher end of this epidemic happens we need to do things differently, even though that will only last a few weeks.

Will that mean cancelling urgent procedures?

Yes, postponing elective things, that is why we are trying to push this out to the summer so we have more flexibility. We may need to have more radical measures, that is why we are considering video conferencing with doctors and patients.

Do you think there are large undetected numbers in the UK?

There are some things I am confident of, and others I am not. We probably do have some onward transmission, but not a large amount. We are introducing a system of screening people with severe pneumonia.

## **Prof Chris Whitty BBC Breakfast interview 740:**

Expect this to be bad?

Reason for having worst case scenario is to say that this is the worst that can happen lets plan for that but our expectation is that it will be worst than that, but we don't know how much worse. Need to be prepared.

If you get it, how dangerous?

For majority of people this will be mild or moderate disease- like flu. There are some people who will get it and have no symptoms. For minority of people – older or those with pre-existing, the risk is higher .

The NHS can cope?

The NHs will always cope because the NHS is emergency service that can adapt to what it finds itself with. If epidemic is large, the pressure will be high, that is why we have clear strategy of four part parts. That is why we want to delay until summer months when we can better cope. Then we need to mitigate to get society ready to cope with several weeks that could be difficult.

#### What does difficult mean?

Depends how big. If small wave, this could feel like bad winter in summer. If it's a larger wave, we would need to cancel things that can be delayed to a safer time. If it's a very large we would need to reconfigure NHS in fundamental size. Wave is coming but we don't know size.

#### Retired GPs to step in and help?

This is planning for worst possible scenarios, we are talking about people who recently retired or doctors who are doing on particular job to do a different one because pressures have changed. Modelling suggests pressures on NHS would last a number of weeks – we would have to change a lot of things in the NHS if we got large epidemic.

#### Large events? Marathon? Schools? Will things have to change?

If we do get significant epidemic we will give forewarning – we get smaller numbers growing. Ministers will have to decide on things some of which are socially disruptive which is why we have to do only when we need to. Don't want to do socially disruptive with no impact on epidemic.

#### Handwashing message. What should people be doing to keep themselves safe?

We prioritise handwashing for 20 seconds with soap – highly effective and has no downsides. If people are well or not. If you have coughs and sneezes use tissue and dispose. High effective – we may have to do more extreme things to protect older people. If epidemic is significant one, main issue is for older people. Principle thing is to protect these people. May involve they don't come into contact with those who have the virus.

#### Queen wearing gloves. Should I shake hands? Should I be working from home? Kissing?

Danger of things that have minor impact being a distraction. Thing we know works is washing hands and we are concentrating on that.

#### Social distancing – Wuhan closure? Are you considering?

Government considering all options, closing cities only appropriate if you have epidemic income concentrated place. Made sense in Wuhan but in UK it is unlikely. This is now in multiple places around Europe and the world.

Significant epidemic in terms of numbers? 80% could become infected in first waves. To be clear that is not what we think will happen, that is the top end for planning. We expect it to be significantly lower than that but we are preparing for that.

#### No deaths, is that inevitable?

Number is steadily rising, we already have some onward transmission. We have more. Number of cases going up, regrettably means significant possibility some may die especially if older.

#### Age a big factor?

Data from china – children not affected, most likely less than adults. In contrast to other infections, children spared.

#### If someone did have virus, how do you deal with it?

People do what they would do if you have flu. Self-isolate in a sensible way, we recommend you do that. Flu kills 8,000 a year here

#### **CMO Chris Whitty GMB interview 720:**

What more we should be doing, if we consider that if we shut down schools etc we could limit spread?

Balance?

So the thing is this a matter of timing. We may have to do things that are disruptive to people's lives – but there is no point in doing them if no impact. We are holding out how virus is progressing and when it starts to transmit in community. When we get to that stage we will start to introduce certain things that have the biggest impact on epidemic without society.

Should we be shaking hands? PM boasted of shaking hands? Mayor says no?

I think this is a distraction, the key thing we need to do is encourage people to wash hands for 20 seconds with soap that is far more effective than shaking hands. Shaking hands or not makes marginal difference. People can make their own choices.

China claims to have got on top of this and is seeing reduction? They have done this with draconian action?

Feeling both in USA and here that the leaders are waiting to see what will happen?

Shutting down cities we would only consider when epidemic is highly concentrated in one place- this is now widespread so that doesn't seem to be most effective. We do have much more layered strategy to contain, delay, research and mitigate. We are planning across whole Government. We are containing through NHS workers, and PHE are finding and isolating cases and will help to delay it.

Fall out on other patients? If you are going through cancer treatment or hip op? are you going to have to cancel ops?

This is why delay is so important – pressure on NHS is greatest during winter. Actions to delay epidemic are important for this as they will reduce pressure NHS. When there is peak in the UK – this will last number of weeks. We will have to cut down NHS procedures depending on size of peak. Reasons are so we can maximise NHS resources. Also makes sense to bring individuals in at time when is safer.

Not if but when? Are we going to have to deal with serious outbreak?

It is more likely than not that we are going to have to deal with epidemic but how big it is uncertain.

Compared to SARs, number infected is ten times more, and number of deaths is higher? What kind of action will we have to adopt?

Need to protect older and more vulnerable as the chance of people dying is very slim if young and in good health. Bigger risk is for older people and those with pre-existing conditions. Need to ensure we protect those people, need to go on to slow down peak of epidemic to make NHS easier to manage.

Masks?

If people have got an infection in hospital etc might protect some but overall not good for everyone else and not long protection.

WHO – death rates are higher? 3.4% not 1%? How fatal?

Our current view is 1% mortality is higher end of those that get infected. What people are quoting is different. In those with symptoms the mortality rate is higher. For those without symptoms it is lower but we don't know how many without symptoms.

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**From:** [redacted] **PD** [redacted]@dhsc.gov.uk>

**Sent:** 04 March 2020 15:25

**To:** [redacted] **PD** [redacted]@dhsc.gov.uk>

**Cc:** Government Chief Scientific Adviser (GO-Science) <GCSA@go-science.gov.uk>

**Subject:** RE: Lines and running order for bids for CMO

[redacted] **PD** [redacted]

Could you send [redacted] **NR** [redacted] the readouts from comms on Chris's media this morn?

[redacted] **PD** [redacted]

PD | Private Secretary to the Chief Scientific Adviser & Chief Medical Officer | Department of Health and Social Care PD @dhsc.gov.uk I&S | M: Personal Data  
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Sent: 04 March 2020 15:25  
To: Government Chief Scientific Adviser (GO-Science) <GCSA@go-science.gov.uk>  
Subject: FW: Lines and running order for bids for CMO

See standard lines that DHSC comms gave CMO for his media this morning

PD | Private Secretary to the Chief Scientific Adviser & Chief Medical Officer | Department of Health and Social Care PD @dhsc.gov.uk I&S | M: Personal Data  
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### **On ventilators (SoS mentioned today that we are securing at home ventilator capacity.)**

The NHS Home Oxygen Therapy service provides ventilators or oxygen concentrators to those requiring respiratory aid. As part of contingency planning, in anticipation of higher numbers of patients with breathing difficulties, steps are being taken to increase the availability of ventilators or oxygen concentrators so that clinicians, where appropriate, have this treatment option available to them.

### **On EU engagement:**

A Department of Health and Social Care Spokesperson said:

“Covid-19 is a global public health emergency, and we continue to be supportive of the work undertaken by the EU Health Council and will engage where appropriate. We have now left the EU and will not be attending the Council meeting. The UK is playing a leading role in the global response, and we will continue to work closely with the G7, the WHO, the EU and other international partners.

### **Tenerife (FCO lines)**

- Commercial airlines will let people from the hotel on flights if they receive a negative test result from Spanish authorities. This result gives a 24 hour window to travel.
- We have taken advice from Public Health England, and yes - the guests travelling back on flights will have tested negative for the virus so they are low risk [You need to clear this line with PH]

### **How many flights are leaving today/ tomorrow/ more this week?**

The airlines/travel operators are best placed to provide these details. The FCO is facilitating the process, but not putting on any flights.

### **What is people's test results don't come in time?**

We are working round the clock with the Spanish authorities to facilitate everyone's ability to travel. If pushed: This is a Spanish process and we cannot give guarantees

### **DWP lines on sick pay:**

A DWP spokesperson said: “Employers have been urged to make sure they use their discretion and respect the medical need to self-isolate in making decisions about sick pay.

“Anyone not eligible to receive sick pay is able to claim Universal Credit and/or contributory Employment and Support Allowance.

“We are keeping the situation under constant review and we will take appropriate measures in line with further developments.”

- We are aware of the importance of Sick Pay and as the PM has said, we are keeping all options under review.
- DWP is working closely with DHSC, and the Minister for Employment is leading on the department’s response as part of COBRA.
- Gig workers and those on zero hours contracts may be entitled to sick pay and can check here: <https://www.gov.uk/statutory-sick-pay/eligibility>
- People who are prevented from working because of a risk to public health are able to claim Universal Credit and/or contributory Employment and Support Allowance.
- Our staff are ready to support people who need to self-isolate.

#### **No10 lobby script:**

#### **CORONAVIRUS**

**20200303**

#### **ISSUE:**

Total number of UK cases now 51, after 12 new cases were confirmed.

This morning, the PM, the Chief Medical Officer and Chief Scientific Adviser held a press conference to launch the Government’s action plan to tackle coronavirus.

The plan has four strands - containing the virus, delaying its spread, researching its origins and cure and mitigating the impact.

#### **Q+A:**

#### **Health/NHS**

#### **Excess deaths – why nothing in this plan? What about body storage?**

It has long been the case that local authorities plan for these scenarios, and that is no different in this case

As we learn more about the outbreak, and potential future measures needed, we will of course set out those plans to Local Resilience Forums.

#### **Scotland says 4% could be hospitalised. What is your assessment?**

These are predictions in a reasonable worst case scenario – not what is certain to happen.

As we always said, our approach will be guided by the latest scientific and medical advice, and we will take all necessary measures to deal with this outbreak.

**Not enough NHS resources. Result of underfunding?**

We have been clear the NHS will be given all the resources it needs to deal with this outbreak.

The NHS is extremely well-prepared and used to managing infections, and we have made sure enough testing facilities are in place.

We are using tried and tested procedures to prevent further spread, and pandemic flu plans developed over many years to inform our response.

**Cancel non-urgent operations so people can be treated?**

Firstly, these have to be clinical decisions. Clinicians make decisions everyday about what is the most important and effective use of NHS resources.

The PM is clear that the NHS will be given all the resources it needs to deal with this outbreak.

**Not enough beds for those critically ill?**

We have said there will be more beds made available if needed, and the NHS will be given all the resources it needs to deal with this outbreak.

**How long until we will have a vaccine?**

Independent medical experts have said it could be up to a year until there is a vaccine available.

**What are the mortality rates?**

As the CMO has said, in a reasonable worst case scenario, this would be around 1%.

The CMO also said it would be wrong to speculate, and also that the situation in China will not necessarily mirror what happens in the UK.

**Are you going to be prioritising the needs of the elderly?**

The NHS would prioritise those who are in greatest need of treatment at all stages of this epidemic

As the Chief Medical Officer has said, even in the highest risk groups, the vast majority will survive the virus.

**Did the Prime Minister shake hands with coronavirus patients when he visited the hospital?**

No. He met and shook hands with NHS staff, as well as patients on another ward.

**Do you rule out bans on big gatherings/city lockdowns etc?**

The CMO addressed this today. He said measures must be carefully considered, and have maximum impact and minimum social cost.



We've always said we'll be guided by the evidence, and they're not advising such measures at this stage.

As the CMO said, the locking down of cities is most useful when it starts in one place with a high transmission and nowhere else.

**When will the emergency legislation be published?**

I don't have an exact date for you, but likely later this week or early next.

**What does it contain?**

I'm not going to pre-empt what it may include here.

As the PM said earlier, any powers will be exceptional and short term, and guided by the latest advice.

**Military / Police support**

**Are you going to call upon the military for their support?**

There are no plans for any large scale deployments of the military to assist with public services.

The military is working hard to identify where it can most effectively assist other government departments. The Army is always ready to backfill as and when is required.

Each request for military assistance is carefully considered on a case by case basis.

**Military ready to step up to quell civil unrest if needed?**

The military will not be used for any civil disorder response.

There are no immediate plans for any large scale deployments of the military to assist with public services, but the Army is always ready to backfill as and when is required.

**What about the police?**

The police's job is to keep the public safe, but it may be the case they need to prioritise the things they have to do.

**How do you expect the police to only deal with "serious crimes"?**

As set out in the Civil Contingencies Act (CCA) 2004, the police have a duty to produce business continuity plans to ensure they can continue to carry out their civil protection functions and maintain critical services in the event of an emergency.

Every force has a business continuity plan in place that allows them to operate with a reduced workforce and it would be for each force to assess priorities against local threat and risk.

Work is ongoing with the NPCC to assess the business continuity plans in place and agree national priorities.



## **What does the Government deem to be “serious crime”?**

As I say, work is ongoing with the NPCC to assess the business continuity plans in place and agree national priorities.

## **Economy/business**

### **Impact on economy? Those on zero-hours contracts?**

We absolutely understand that people across the country are worried, but I assure you that we are taking firm action to support your families, your businesses and the public services on which you rely.

We are well prepared for this global threat and, as the wider economic picture becomes clearer, the Chancellor has said that he stands ready to announce further support where needed.

### **Impact on business?**

We are well prepared for this global threat and, as the wider economic picture becomes clearer, the Chancellor has said that he stands ready to announce further support where needed.

The Government action plan today, for instance, points to mitigations that exist already, such as HMRC’s Time to Pay, which is there on a case by case basis to help firms struggling with tax payments.

The Chancellor has also been speaking with the Bank of England, and will continue to do so.

The Bank is working closely with HM Treasury and the FCA, as well as our international partners, and has said it will ensure all necessary steps are taken to protect financial and monetary stability.

### **Hancock says people self-isolating do not need a doctor’s note to receive statutory sick pay?**

You have the Health Secretary’s words.

We’ve always said we are well prepared for this global threat and, as the wider economic picture becomes clearer, the Chancellor has said he stands ready to announce further support where needed.

### **Will we give sick pay from day one?**

We are going to keep all options under review, but we are well aware of the issue

This plan is just one measure the government is taking, and we have always said that as the situation becomes clearer we stand ready to take further action if needed.

### **Any prospect the Budget could be delayed because of coronavirus?**

The Budget will go ahead on 11 March and the Government stands ready to use all levers at its disposal to ensure we are as prepared as we can be.

The Chancellor and the PM are fully aware of the evolving situation.

### **What potential measures are you considering?**

We will outline those at the right time but what I can say is that any action would be specifically targeted at how the impact the public health situation is playing out in the economy.

**Will you following the Italians and provide a stimulus?**

I would point you to the Bank of England's statement today where they set out that they will take all necessary steps to 'protect financial and monetary stability':

We have outlined the Government's approach, and stand ready to take further action as needed.

**Schools**

**Do you think schools should be closing?**

We don't think that schools should be closing in principle.

We think if possible schools should stay open and school authorities should follow the advice of Public Health England

**Any plans to delay GCSEs/A levels etc?**

You wouldn't expect me to speculate on that here.

As I said our approach has been, and will continue to be, guided by the evidence and latest advice from medical experts, including the CMO.

**Travel**

**Should people be cancelling holidays?**

CMO addressed this earlier. He said this was not necessary at present, but said it was important to consider how developed the virus was or the health service available in a particular country.

FCO keep their travel advice under constant review, and will continue to do so.

**Other**

**Should people be stockpiling?**

As the Chief Scientific Adviser said, the advice is there is no reason to be panic buying.

**Could the local elections be delayed? Until when?**

You wouldn't expect me to speculate on that here.

As I said our approach has been, and will continue to be, guided by the evidence and latest advice from medical experts, including the CMO.

As the Electoral Commission have said, they are working to ensure the May elections can go ahead as planned, as well as monitoring the potential impact of coronavirus.

## **Message to social media firms?**

As the Prime Minister said, we've all got to be very responsible and the media has a very important role in this, including social media. It is vital we convey the right balance of risk.

## **Is the Health Secretary meeting EU ministers?**

We continue to have global coordination as you would expect.

## **Are you seeking membership of the EU's early warning system? Why not?**

As the UK's published approach to negotiations makes clear, we are open to exploring cooperation between the U.K. and EU on matters of health security. But we've been clear that we will not agree to any Treaty obligations where the ECJ has jurisdiction in the UK.

Safeguarding the ability of the U.K. to protect our citizens from infectious diseases such as coronavirus and other cross-border health threats is of paramount importance.

## **Will VE Day commemorations have to be scaled back?**

We remain in the containment phase.

No decisions have been taken on

## **Channel 4 News Interview with Secretary of State readout**

**Q Krishnan Guru Murthy:** SoS how worried are you? Losing sleep?

**A Matt Hancock:** It is my job to worry about these things and as Health Sec when there is a major outbreak then obviously I worry about it and take action necessary to protect public. I understand why members of the public are worried about it. It is only natural. So plan published today is been done to be as transparent as possible on the actions we might have to take. Not that we will definite take. Because if we do have to do some things which are pretty unusual for a government to have to do. We want people to know that it is part of a plan that lead by science – incredibly important it is led by the science – today we are not asking people to do more than wash hands. If have a sneeze or a cough catch it and follow the proper public health advice if you travel. Yes I do worry but also trying to put in place transparently as possible plans of how we as a country deal with this because I think people find that reassuring.

**Q:** Is this is led by scientists will it be scientists who decide when to go to the next level?

**A:** Those decisions will be taken by the COBR meetings – that now a regular drumbeat of COBR meeting and scientists are at that table and they will make advice clear and straightforward. And we have seen gov scientists CMO, CSA are absolutely straightforward and some of the best in the world.

**Q:** What thresholds based on? 1,000 cases then need to do something more?

**A:** It is based on judgement taking that into account and steepness of curve how rapidly expansion of virus is going and what other countries are doing. Because ultimately this is a global problem and the decision of when we effectively we think can no longer contain, if come to that, take into account what

happening in the rest of the world as well. The judgment will be made by the four CMOs of the UK and that will be a recommendation to COBR but it is essentially that science led decision yes.

Q: If it does take off and grips the population the big crisis immediately is shortage of beds? What's going to happen when ICU full?

A: The good news about this virus is the majority of people 4/5 we think only get mild symptoms. A bad cough basically. But of course much more serious symptoms. And the task of the NHS, because this is a new virus and none of us have those antibodies and so therefore if widespread hit a lot of people at once. Of course big challenge for NHS and this may have to be done differently. EG more treatment at home than have normal circumstances. With serious communicable infection disease - treatment at home has other advantages as well both for you and the community.

Q: I was just with doctor who saying big worry is intensive care. Intensive care quite close to capacity anyway. Doctors start having to make awful decisions who gets treatment and who doesn't?

A: Well doctors have to make that sort of decision all the time.

Q: Will be more acute won't it?

A: Naturally when more pressure on NHS those are decisions senior doctors always have to make especially times of pressure. Clearly if significant proportion of population get ill at once, that will be a significant pressure on NHS, but thank goodness we have NHS, that means everyone knows, society at a whole will be doing everything we can according to clinical need. Not according to any other consideration.

Q: Obviously trying to manage public fear. You don't want panic to spread. The number of people likely to die in mass infection are still relatively small. But according to age groups really changes. Older people possibly 1/7 people over 80 dying? Very shocking?

A: Well of course I understand why people are worried. This is why doing everything we can to contain this disease and then of course to mitigate some of the consequences. The actions we may have to take which spelled out today and options available. Not actions government usually would do. Closing down major events or what have you. The way we will judge what needs to be done is driven by science. All about protecting people as much as possible. So for instance - there are some things that are highly effectively in terms of reducing spread of virus but not costly in terms of disruption, so washing your hands. So we should be doing those. There are other things we take a targeted approach which supports for instance people who are elderly and underlying health conditions for whom this virus has much greater impact if get it. And targeted actions that support them, for instance, not asking people to do this now, but should we need to thinking about self-isolation for people not because they have disease but in order to protect them from getting the disease.

Q: So if over 80 just self-isolate any way when this takes off?

A: That is not what saying now.

Q: But could get to that?

A: But see how might be sort of thing have positive impact. Likewise have done a lot of work making sure people in care homes that social care system and care homes get the support it needs.

Q: Grim implications in terms of number of deaths. Reports of Hyde Park turned into a morgue – is that correct?

A: Well it is not something I have seen. We are working with local councils. Local resilience forums to make sure all eventualities are looked into and we are prepared. The reasonable worst case scenario is obviously if all the things go wrong, if rate of infection highest scientist estimate they could be and the impact of that as bad as could be, we do that to make sure ready and we have plans for anything this virus can throw at us. But of course working incredibly hard to try and stop that from being the outcome and protect people.

Q: Delay is the key part of the strategy – trying to delay whenever this comes big out of winter period. How do that?

A: Delay next part of stage should we fail to contain. Actions taking during contain phase which in now are also helpful to delay especially washing hands and when we do find a positive case making sure all their contacts are themselves contacted and test to try and stop spread. So the delay phase includes that and considering some of the bigger options that have bigger disruption. For instance to deal with mass-participation events. Now the reason have the delay phase is that if this virus goes through whole population but does that all at once then clearly the impact both on NHS and normal life more broadly will be very significantly impact during the peak because so many people will be ill at once. If that happens over a longer period of time then although it is longer we are better able to cope as a society and we think that there is a good chance in the summer this will have less impact because you don't have other communicable diseases. So there is a good reasons to delay and to take actions even if we have moved out of containment and the world has accepted this is going to go global and obviously we will prepare to mitigate but delay matters to.

Q: There are lots of knock on effect not health policy but more to do with employment. People who are working in casual economy, self-employed workers. Are you as a gov looking at changing benefits system at all or just saying there universal credit you can go on to that if unable get work normal get paid for?

A: We are open to reviewing all of these things to make sure that we can respond as well as possible. On specific question when people self-isolating – you are self-isolating to protect the public from getting ill. That counts as being sick. That is already taken care of in legislation.

Q: Normally only 7 days?

A: You can self declare for 7 days then get clinician to sign off which you can do by phone or skype and then email response. We are making sure systems are in place so that people can self-isolate if they need to.

Q: What say to workers some in health service fearful of self-isolating because need money?

A: We have a robust system of statutory sick pay in place and self-isolating counts as being sick. So in the health service, people employed in the health service will make sure you of course are paid if you are sick and other responsible employers will do the same and the statutory system is there to back that up for everybody else. This is an area we keep under review to make sure the rules are right for what is obviously a significant change.



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For emergency out of hours queries, call

**Personal Data**

***PLEASE NOTE FROM WEDNESDAY DECEMBER 18, THE MEDIA  
CENTRE OUT OF HOURS NUMBER WILL CHANGE TO 0333 3201654***

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