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Dear Name R	edacted				

I'm emailing you on a couple of points as regards novel coronavirus, or Covid-19.

1) During the 2009 flu pandemic a group called FLU-SIN or Influenza Clinical Information Network was established. We plan to set up a similar group for Covid-19 called CO-SIN. FLU-CIN collected patient information at speed and analysed it to inform DHSC. At the time the Ethics and Confidentiality Committee of the National Information Governance Board approved the collection of patient-identifiable data (which amongst other things enabled identification of repeat admissions) without informed consent. Data was collected by nurses who fully understand the need to protect confidentiality and data was stored securely at the University of Nottingham. Reports presented non-identifiable data only.

There is currently ethical approval for a study: Study title: ISARIC WHO Clinical Characterisation Protocol UK - "CCP-UK" (Formally Novel Coronavirus Observational Study). REC reference: 13/SC/0149, Amendment number: 5 (AM06) date: 21 March 2016, IRAS project ID:126600. The current ethical approval is from South Central - Oxford C Research Ethics Committee. See attached. At present I understand that the academics involve collect the data we want as "Tier Zero" activity with consent.

All data required for CO-CIN will be separate to the usual medical record, and will not require any additional tests or procedures. For us this is very much clinical surveillance. The academics may well write this up later, but our purpose in doing this is clinical surveillance. Having informed consent, if we do get a significant number of

cases will be unworkable. My understanding is the HRA Confidentiality Advisory Group has replaced the Ethics and Confidentiality Committee of the National Information Governance Board. So I would like their ethical approval of the above. Could you advice about how best to achieve this?

## On a separate note:

2) In 2009 the National Research Ethics Service established procedures for Local Research Ethics Committee to prioritise (or for this to be centrally funnelled) very rapid consideration of urgent pandemic flu studies that depended on rapid recruitment of incident cases and/or delivered results of critical national importance in time to affect the UK's response to the incident. Could you ensure that the same procedures (or updated ones) are now in place, for Covid-19? Appreciate that this may already have been actioned when HRA response was formally stood up.

Happy to discuss,

N	ame Redacted
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