

Message

From: **Name Redacted** [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D21258C9254E4E32942F15C21EE78F6F:**Name Redacted**]
Sent: 25/01/2020 21:01:39
To: McBride, Michael [Michael.McBride@health-ni.gov.uk]; Catherine.Calderwood@gov.scot; Whitty, Chris [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0b3ee62e0ca04e978730b14f9b416a1e-Whitty, Chr]; Frank.Atherton@gov.wales; Gregor.Smith@gov.scot; Van Tam, Jonathan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d29c846fc8fa4678b419c6f0dc3836f3-JVanTam]; Harries, Jenny [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cb41e14f2b234dbeb666d05ef2623bc1-JHarries]; Chada, Naresh [Naresh.Chada@health-ni.gov.uk]
CC: **Name Redacted** [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=15fb014e89294ab5b3c88e5918782c8e:**Name Redacted**]
Subject: IMPORTANT: Couple of follow ups

Hi all

Chris was asked against a tight timeline by the FCO for his view on the assisted departure of UK citizens from Wuhan.

He provided the advice below. This has gone to the Foreign Sec this evening but I understand there won't be any decision until the logistics are assessed.

Best wishes

Name

I think there are two reasons we should be considering evacuating people who are older or have pre-existing health conditions from Wuhan and the surrounding area if they request it, and if this is practical:

- a. This seems to be the group most affected by the novel coronavirus, and it is very difficult to determine level of risk as inevitably the data coming out is going to be behind the reality.
- b. My principle reason however is that it is clear that the current health services in Wuhan and surrounds are overwhelmed and also may well be a risk area for acquiring the novel virus. Therefore if they need medical services for other conditions (which is almost certainly more likely than for the novel virus) they may not be able to get them.
- c. It may prove difficult to determine who is actually at risk, so a full evacuation (or at least the offer of it) may be practically easier than determining who is potentially at risk.
- d. If a decision is made to evacuate from Wuhan, and it is to the UK (rather than elsewhere in China/Asia) then from a public health perspective they can be treated exactly like any other traveller direct from Wuhan: Chinese public health advice up to departure (including pre departure screening if that is local advice), and on arrival in the UK information on how to get help, met at the airport by PHE if direct flight, and if symptomatic within 14 days of leaving testing at that stage. They may however also need additional welfare support on arrival.

From: **Name Redacted**

Sent: 25 January 2020 16:37

To: McBride, Michael <Michael.McBride@health-ni.gov.uk>; Catherine.Calderwood@gov.scot; Whitty, Chris <Chris.Whitty@dhsc.gov.uk>; Frank.Atherton@gov.wales; Gregor.Smith@gov.scot; Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>; Harries, Jenny <Jenny.Harries@dhsc.gov.uk>; Chada, Naresh <Naresh.Chada@health-ni.gov.uk>

Subject: RE: Couple of follow ups

Catherine has received the note below from Professor Woolhouse and asked me to share. One to discuss on Monday's call

From: WOOLHOUSE Mark Irrelevant & Sensitive
Sent: Saturday, 25 January 2020 13:00
To: Chief Medical Officer
Subject: RE: novel coronavirus CONFIDENTIAL

Dear Catherine,

Thank you for your quick reply. Forgive me bothering you on a weekend but the situation is developing rapidly.

I have discussed what I am telling you here with Jeremy Farrar, Director of Wellcome Trust, and Neil Ferguson of the Who Collaborating Centre for Infectious Disease Modelling at Imperial College London.

They have independently reached the same conclusions and have advised Chris Whitty accordingly.

WHO reported 2 key numbers in their statement last week. The basic reproduction number (central estimate $R_0=2.0$) and the case fatality rate ($CF=4\%$). Another relevant number is the generation time (we have only incomplete data for that at the moment, but it's not crucial for the main result).

If you were to put those numbers into an epidemiological model for Scotland (and many other countries) you would likely predict that, over about a year, at least half the population will become infected, the gross mortality rate will triple (more at the epidemic peak) and the health system will become completely overwhelmed. We can formalise those predictions (and there are many caveats to them) but those are the ballpark numbers based on information from WHO. Please note that this is NOT a worst case scenario, this is based on WHO's central estimates and currently available evidence. The worst case scenario is considerably worse.

There are very good reasons to suppose it might not be as bad as that, but we need additional evidence (not currently available, but hopefully coming soon) to move the dial on those predictions. The key number is the case fatality rate. If that has been overestimated because of a preponderance of undetected cases then that would make a substantial difference.

Your reply to my earlier e-mail did not give any indication that here in Scotland we are preparing for a $R_0=2$, $CF=0.04$ event. And I don't have the sense that we are from my networks here either.

It is still possible that this outbreak can be contained and that Scotland and the rest of the UK escapes relatively lightly. But I, and others, consider this more of a hope than an expectation at this stage.

Kind regards,

Mark Woolhouse

Professor M.E.J. Woolhouse OBE FRSE FMedSci,

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"Better health, better futures"

From: [Redacted]

Sent: 25 January 2020 14:12

To: McBride, Michael <Michael.McBride@health-ni.gov.uk>; Catherine.Calderwood@gov.scot; Whitty, Chris <Chris.Whitty@dhsc.gov.uk>; Frank.Atherton@gov.wales; Gregor.Smith@gov.scot; Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>; Harries, Jenny <Jenny.Harries@dhsc.gov.uk>; Chada, Naresh <Naresh.Chada@health-ni.gov.uk>

Subject: Re: Couple of follow ups

Hi all

For info, this is being shared through yours comms teams but thought it would be helpful to share the text which will be published shortly

Situation in the UK

As of 25 January, a total of 31 UK tests have concluded, of which 31 were confirmed negative and 0 positive.

The Department of Health and Social Care will be publishing updated data on this page on a daily basis at 2pm (GMT) until further notice

There are currently no confirmed cases in the UK or of UK citizens abroad, and the risk to the public is low. The government is monitoring the situation closely and will continue to work with the World Health Organization (WHO) and international community.

The government's approach is guided by the advice of the Chief Medical Officer. The [New and Emerging Respiratory Virus Threats Advisory Group](<<https://www.gov.uk/government/groups/new-and-emerging-respiratory-virus-threats-advisory-group>>) (NERVTAG) has also been meeting regularly.

If and when a first case in the UK is confirmed, it will be announced as soon as possible by the Chief Medical Officer of the affected country. This will be followed by a statement by England's Chief Medical Officer, Professor Chris Whitty.

From: Name Redacted <[Redacted]@dhsc.gov.uk>

Sent: Saturday, January 25, 2020 1:38 pm

To: McBride, Michael; Catherine.Calderwood@gov.scot; Whitty, Chris; Frank.Atherton@gov.wales; Gregor.Smith@gov.scot; Van Tam, Jonathan; Harries, Jenny; Chada, Naresh

Subject: RE: Couple of follow ups

Hi all

Chris is free 12.15 - 13.45 or post 17.15 on Monday. We will work with your offices on Monday morning to agree a time that suits everyone.

Best wishes

Name Redacted

From: McBride, Michael <Michael.McBride@health-ni.gov.uk>
Sent: 25 January 2020 13:21
To: Catherine.Calderwood@gov.scot; Whitty, Chris <Chris.Whitty@dhsc.gov.uk>; Frank.Atherton@gov.wales;
Gregor.Smith@gov.scot; Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>; Harries, Jenny
<Jenny.Harries@dhsc.gov.uk>; Chada, Naresh <Naresh.Chada@health-ni.gov.uk>
Cc: Name Redacted <[\[redacted\]@dhsc.gov.uk](mailto:[redacted]@dhsc.gov.uk)>
Subject: RE: Couple of follow ups

Chris,

Communication often the first casualty until battle rhythm established. The early days always are disproportionately intensive.

As Catherine suggests a call on Monday may allow us to start the week as we mean to continue and deal with any issues over the weekend.

The now agreed harmonised reporting arrangements on testing/positives will be of huge assistance. RoI will also now be joining the PHE IMT call which will help.

Content for you to take lead in UK/London Colleges. We have some satellites which Naresh and I will pick here. If there was a core narrative also content to keep to this.

Finally a massive thank you to you Chris, Jonathan, DHSC and PHE colleagues. As ever you are/will be doing a lot of the heavy lifting for us and providing much appreciated expert advice.

Best wishes

Michael

Sent with BlackBerry Work
(www.blackberry.com)

From: Catherine.Calderwood@gov.scot <Catherine.Calderwood@gov.scot>
Date: Saturday, 25 Jan 2020, 12:24 pm
To: Chris.Whitty@dhsc.gov.uk <Chris.Whitty@dhsc.gov.uk>, McBride, Michael <Michael.McBride@health-ni.gov.uk>, Frank.Atherton@gov.wales <Frank.Atherton@gov.wales>, Gregor.Smith@gov.scot <Gregor.Smith@gov.scot>, Jonathan.VanTam@dhsc.gov.uk <Jonathan.VanTam@dhsc.gov.uk>, Jenny.Harries@dhsc.gov.uk <Jenny.Harries@dhsc.gov.uk>
Cc: NR <[\[redacted\]@dhsc.gov.uk](mailto:[redacted]@dhsc.gov.uk)> NR <[\[redacted\]@dhsc.gov.uk](mailto:[redacted]@dhsc.gov.uk)>
Subject: RE: Couple of follow ups

Chris

Many thanks for this. As you say - fast moving and inevitably tricky at times with so many people to communicate with and the level of media interest.

I think your suggestion of x3 / week CMO meetings is a good one but I wonder if we could re convene on Monday as much likely to have happened over the weekend and possibly as case in the U.K. by then.

Briefing the Colleges is a good idea. I will speak to the Presidents of our larger colleges - RCSEd RCPSG RCP Ed RCGP RCEM and the Chair of the Scottish AoMRC.

This will open up a communication channel- any specific briefing you will be giving? I would like to keep our messages consistent. I agree this may need to be regular depending on events.

I hope the weekend not too involved for us all.

Best wishes

Catherine

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(www.blackberry.com)

From: Whitty, Chris <Chris.Whitty@dhsc.gov.uk>
Date: Friday, 24 Jan 2020, 4:37 pm
To: Calderwood C (Catherine) <Catherine.Calderwood@gov.scot>, Michael.McBride@health-ni.gov.uk
<Michael.McBride@health-ni.gov.uk>, Frank.Atherton@gov.wales <Frank.Atherton@gov.wales>, Smith G (Gregor)
<Gregor.Smith@gov.scot>, Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>, Harries, Jenny
<Jenny.Harries@dhsc.gov.uk>
Cc: **Name Redacted** <[\[REDACTED\]@dhsc.gov.uk](mailto:[REDACTED]@dhsc.gov.uk)>
Subject: Couple of follow ups

Dear Catherine, Frank, Michael

I found the discussion this morning very helpful, many thanks. I realise we will not always get the join up quite right in a fast-moving situation (the big risks be around about comms) but doing my best. It's a large best that is now operating across government...

We were mandated at COBR to stay regularly in touch, and I suggest we might want to do in the 1st instance 3x a week? With ad hoc as needed (eg first case). Do you agree? If not more or less frequent? We currently are slated to meet after NERVTAG (prob Tues), should this be earlier?

Separately, I have been asked to set up a call with the Royal Colleges to ensure they feel they have a way to be briefed up, which makes sense. The options are: I do a pooled one on behalf of all CMOs; you do your own Colleges and I do the London based ones (in practice RCP, RCGP, RCS, RCEM, RCPCH and the AOMRC) or we do a joint one.

We may need to offer regular if not frequent follow up rather than a one-off.

Best wishes (and hoping we do not have to convene over the weekend!).

Chris

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