

MEMORANDUM E (XX)

FROM: ROBIN SWANN MLA
MINISTER FOR HEALTH

DATE: 20 December 2020

TO: EXECUTIVE COLLEAGUES

FINAL EXECUTIVE PAPER: COVID-19 UPDATE

1. DHSC has advised that a new variant of the virus that causes COVID-19 (SARS-CoV-2) has recently been identified in areas across the South-East of England (including Kent, London & Essex). This variant has a number of mutations which impact on the sequence that codes for the 'spike' (or S) protein. Changes in this part of the spike protein may result in the virus becoming more infectious and spreading more easily between people. The variant has been named as 'VUI – 202012/01' (the first Variant Under Investigation in December 2020).
2. This variant was identified following proactive and enhanced epidemiological analysis, which included the phylogenetic (study of the evolutionary relationships between organisms) comparison of strains routinely sequenced by the Covid-19 Genomics Consortium UK (COG-UK), in response to the recent increase in cases seen in Kent and London. Further analysis and investigation is ongoing in order to understand the characteristics and therefore potential impact of this variant. Currently there is a lag on genomics data such that the information available now relates to isolates sequenced 2-3 weeks ago.

IDENTIFICATION AND INITIAL ANALYSIS

3. Following the proactive investigation undertaken by Public Health England (PHE) into the increase in cases of COVID-19 in Kent and London, genomic and epidemiological data was available for approximately 1000 individuals with most samples dating from November and smaller numbers dating from October and September. This cluster is phylogenetically very distinct from the rest of the UK dataset.
4. By 13 December, 1,108 cases with this variant had been identified, predominantly in the South and East of England, although more recent cases are increasingly being identified in the East Midlands. Cases have been identified in nearly 60 different local authorities and case numbers are increasing rapidly. The variant has also been detected in Wales and Scotland.
5. Extrapolation from the proportion of positive cases that are subsequently sequenced suggests that at least 10,000 cases with this variant have already

occurred. Retrospective analysis has identified that the first cases of this new variant were present in September and numbers have increased rapidly since then.

6. At this stage, DHSC do not know whether VUI-202012/01 is responsible for the increased number of cases in Kent and London although this has been hypothesised. The epidemiological and laboratory analysis conducted to this point, suggests that the variant is likely to be more transmissible but it is still too early to confirm this with certainty. However, there is currently no evidence to suggest that this variant is more likely to cause serious disease. The commonly used assays for detecting SARS-CoV-2 are unlikely to be affected in their ability to accurately detect this variant but work is ongoing to verify this.
7. We were informed by the Belfast Virology Laboratory on 17th December that there have been four positive cases detected (In Pillar 1 samples) with an unusual test profile which may be indicative of the variant. Genomic sequencing is being expedited to confirm the presence of the variant. It is possible that there are a number of cases with this variant in NI as in other parts of the UK, but this cannot be confirmed at this stage. It is similarly possible that the variant is present in ROI and other countries, many of which carry out very little viral sequencing in comparison with the UK.
8. PHE has obtained material for viral culture which is currently being cultured in PHE and at Imperial College. Once enough virus is available, studies will be undertaken, using post-infection and post-vaccination sera, in order to understand whether this variant is affected by antibodies raised in response to infection with other strains of SARS-CoV-2. This work is expected to take until next week because the necessary assays require the virus to be cultured and have sufficient quantity of live virus for the experiments that also take a number of days.
9. The WHO has been notified via an International Health Regulations (IHR) alert and a similar notification is being provided through the EU's Early Warning and Response System (EWRS).
10. In the meantime, recommended control measures to limit the spread of the new variant remain the same as the current non-pharmaceutical measures in place. A full risk assessment will be undertaken once more is known about the characteristics of this variant.

RECOMMENDATION

11. I recommend the Executive considers its current position on the following issues:
 - i. ***Christmas bubbling and duration.*** Clearly, from the narrow perspective of seeking to minimise infection rates and hence pressure on the health service, this emerging position suggests a reduction in the Christmas bubble period would be warranted – such an approach in itself would also

serve to reduce the volume of travel to Northern Ireland from GB and RoI. That said, in arriving at a balanced package of measures last week the Executive also took account of the wider implications from reduced contact over that period, in particular the potentially harmful effects of greater social isolation for potentially vulnerable individuals. In this context, and also taking account of the changed position across the rest of the UK, I feel the Executive needs to revisit our position on this – and on whether any final position should be reflected in guidance or regulations.

- ii. ***Schools.*** I have written to the Education Minister today seeking further discussions between our officials in light of the emerging situation on the new strain. Colleagues will recall that my paper to last Thursday's Executive recommended urgent engagement between officials on measures to limit school opening. This recommendation was agreed by the Executive. I do not believe that a return to school as normal in January is a sustainable position and I made that clear in my letter to the Education Minister today. My view on this matter is informed by advice from the Chief Medical Officer and Chief Scientific Adviser.
- iii. ***Emphasis on stay at home and enforcement.*** As per my letter to FM/dFM today, I would ask that the COVID Taskforce be mandated to urgently bring forward recommended actions to Tuesday's meeting of the Executive, in relation to enforcing the special restrictions between Dec 26 and Jan 2 and the subsequent five weeks of further restrictions. It is my view that the Taskforce should urgently consult with PSNI on how policing can best contribute to compliance with the "stay at home" message – including ensuring visible policing on our roads and elsewhere in our community to underline to society the importance of the six weeks of regulations. This will necessarily include consideration of whether additional regulations are required.

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