

FROM: Liz Redmond

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NR

NOVEL CORONAVIRUS (2019-nCoV)

1. The novel coronavirus has unfortunately, as expected, continued to spread globally and on 30 January, the World Health Organisation declared the coronavirus as a global public health emergency of international concern and, on the advice of the UK Chief Medical Officers, the risk level in the UK has been raised from low to moderate.
2. We have now also seen the first confirmed cases in the UK, with two people testing positive in England, and it is not unreasonable to assume that at some point we will have a positive case in Northern Ireland.
3. The HSC has been preparing for cases of novel coronavirus, we are used to managing infections and we have robust infection control measures in place to respond immediately. However, the first positive case of novel coronavirus in NI is undoubtedly going to result in a significant escalation of activity right across the HSC, and if there are multiple cases we will very quickly move into a response focussed on service delivery in health and social care.

Planning and preparations in NI

4. DoH, Health Gold Emergency Operations Centre (EOC) was stood up on Monday 27 February. HSC Health Silver, led jointly by the PHA, HSCB and BSO, has been operational since 22 January. Daily calls are held between Health Gold and Health Silver to aid co-ordination.

5. A dedicated helpline has been set up to provide advice for members of the public who have returned from China in the past 14 days, or who have been in contact with a confirmed case of novel Coronavirus: I&S This service operates 24 hours a day.
6. Systems are in place for transfer to the Regional Infectious Disease Unit, Ward 7a Royal Victoria Hospital if a decision is taken to admit a patient who tests positive for coronavirus. Plans are also being drawn up to enable the patient to be transferred to a High consequence infectious diseases (HCID) Unit in England, if required.
7. The UK CMOs have now agreed that, given the potential health and social consequences of a major epidemic, it is now appropriate to plan and prepare for the **reasonable worst case scenario of Influenza pandemic moderate severity, without a vaccine**. DHSC has proposed, and this has been agreed with the DAs, that existing Pandemic Flu guidance would be the most appropriate model to use in the event of planning for the potential impact on health and society.
8. The two major scenarios for cross government planning are:
 - 1) *China has a major outbreak but brings it under control ($R < 1$ i.e. less than one person infected for each additional confirmed case). There are cases seeded out to other countries, including almost certainly the UK, but these do not lead to sustained onward transmission (there may be a few secondary cases). The main aim is to ensure we do not have outbreaks from index travellers, so that if the epidemic is brought under control it has had minimal impact on the UK.*
 - 2) *The opposite end of the risk scale and our reasonable worst case scenario of R of 2-3 (i.e. 2-3 persons infected for each additional confirmed case), a mortality of maybe 2% (based on current data but wide confidence around both of these and all numbers), a doubling time currently of maybe 3-5 days and an incubation period of mean 5 days, could mean that within the next few weeks transmission becomes widespread and turns into a significant pandemic relatively quickly. Currently it looks as if most infections are mild and most will make a full recovery, and (probably the great majority) of the mortality is in older people or those with*

pre-existing health conditions, but this is still an appreciable mortality, and above that for example seen in the 2009 H1N1 (swine flu) pandemic.

9. The devolved administrations are taking part in daily teleconferences hosted by DHSC to ensure the whole of the UK is appropriately prepared and a consistent approach taken. The Public Health Agency continues to work with the relevant public health organisations across the UK and the Republic of Ireland. We and the PHA remain in regular contact with our RoI counterparts.

Wider departmental involvement

10. A positive case in Northern Ireland will have a wide impact across the health and social care sector. To help prepare for such a case, I would ask colleagues to consider what preparations can and should be made in your respective policy areas now, to ensure the Department is sufficiently equipped in the event of a positive case.
11. As agreed at TMG on the 3rd February, in addition it would be prudent for areas to revisit their business continuity plans.
12. We are also receiving requests for input to UK groups to consider specific issues, such as the potential impacts on social care. Relevant policy leads will need to engage in such discussions and we will forward these on to you as they arise.
13. In discussion with the CMO, given other pressures across the Department, we have decided not to active the Departmental Strategic Cell at this time. However, we will keep this under active review.
14. We have contacted staff who were on the Emergency Volunteer Register from the NICS Operation Yellowhammer C3 exercise in preparation for EU Exit, to ask whether they would consider volunteering to be part of a register of people who could be called upon to support Emergency Planning Branch in the event of any emergency situation. We have already received a good response to this request and I would encourage anybody who has not replied and would like to do so to contact phdadmin@health-ni.gov.uk.
15. With a daily increase in the number of new cases of novel coronavirus reported worldwide, it is likely that we are at the beginning of what will be a prolonged

incident. Therefore we may shortly be contacting volunteers for assistance in the EOC and I would greatly appreciate your assistance in facilitating the release of staff as required.

Many thanks for your support and cooperation.

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Copied to:

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