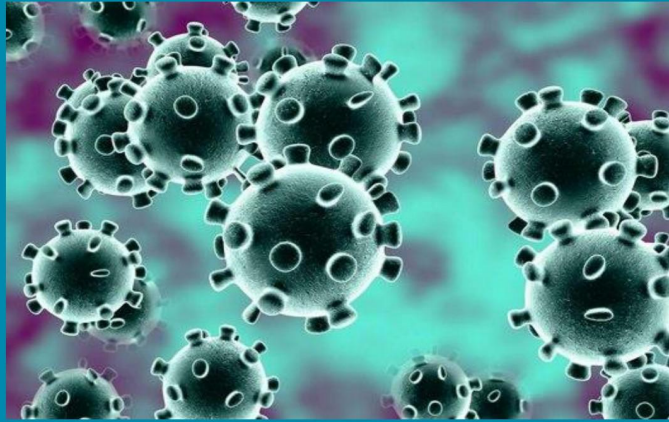


# Novel Coronavirus NI Preparedness Dr Naresh Chada

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PLEASE DO NOT SHARE FURTHER  
WITHOUT PERMISSION**

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# COVID-19

- Coronaviruses are a large family of viruses, some causing illness in people ranging from the common cold to more severe diseases such as MERS and SARS.
- Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties.
- Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.
- Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan City, China.
- On 31 December 2019, Chinese authorities notified the World Health Organisation of an outbreak of viral pneumonia in Wuhan City.

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# Irrelevant & Sensitive

# COVID-19

- **Origin** Current evidence suggests the virus arose from a zoonotic transmission (i.e. animal to human transmission, potentially from infected animals at a seafood and wildlife market in Wuhan) transmission, and is now sustained entirely by human-to-human transmission.
- **Transmission** Current understanding is that the transmission route is respiratory droplets and via contact. This means that viruses are transmitted via touching an infected person and spray of droplets such as coughing and sneezing.
- **Reproductive number** Estimated to be 2-3
- **Doubling number** 4-5 days
- **Case Fatality Rate (CFR)** Estimated to be lower than SARS, but many uncertainties.

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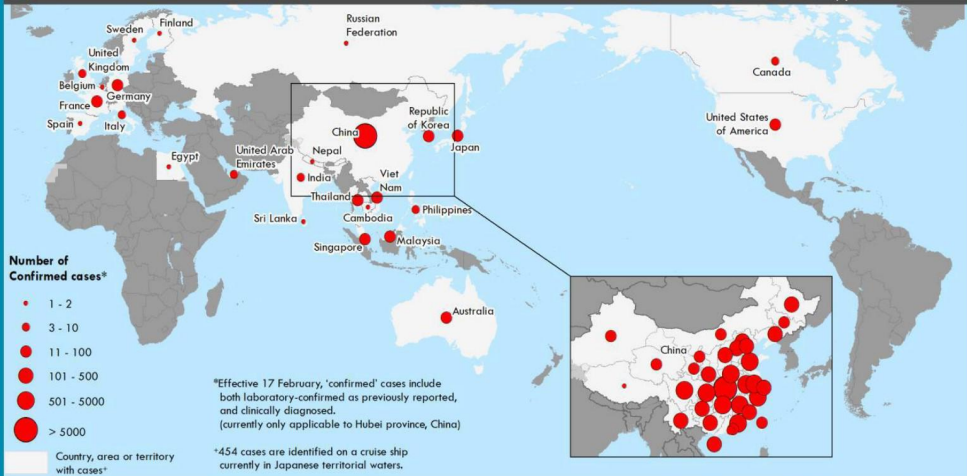
# International overview

- PHEIC declared on 30<sup>th</sup> Jan 2020.
- As of 19 February 2020 at 12.30 (DHSC SitRep) there have been;
  - 75,199 confirmed cases in 30 countries
  - 2,010 fatalities
  - The majority of the cases are in Mainland China, but a number have also been confirmed in Australia, France, Hong Kong, Japan, Macao, Malaysia, Nepal, Singapore, South Korea, Taiwan, Thailand, USA, Vietnam, Germany, Finland, Sweden and England.
  - Within China, the majority of the cases are in Hubei province, but all provinces are now affected

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Distribution of COVID-19 cases as of 18 February 2020



Data Source: World Health Organization, National Health Commission of the People's Republic of China  
 Map Production: WHO Health Emergencies Programme  
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 The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



# UK

- 9 confirmed cases
- 5,216 tests completed
- Risk to the UK population: **MODERATE**
- Risk to UK travelers to affected areas of travel: **HIGH**
- The UK Foreign Office, as of 29<sup>th</sup> January, has advised against all travel to Hubei province, and all but essential travel to mainland China in light of the Coronavirus infection. British nationals were advised to leave China if they could on 4<sup>th</sup> February. 3 repatriation flights have arrived in the UK.

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# Travel Continued

- China stopped direct flights from Wuhan
- China introduced port-of-exit screening from China so people already exhibiting symptoms are not allowed to leave the country.

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## COVID-19 (coronavirus)

If you have been to China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia, or Macau in the last 14 days and have any of these symptoms:



Cough



Fever



Difficulty breathing

**Please inform a member of port/airport staff**

If you have been to Hubei Province (including Wuhan) in the last 14 days and have no symptoms, please contact the helpline on 0300 200 7885 and follow the advice below.

Stay indoors and avoid contact with others as much as possible for 14 days after you arrive.



Do not go to work, school or public areas



Avoid visitors in your home



Do not use public transport or taxis

Public Health Agency, 12-22 Linnell Street, Belfast BT2 8BS.  
www.publichealth.hcni.net  
Adapted from material produced by Public Health England.

Find us on:  
Facebook Twitter Instagram YouTube

V8 Ports Advice 120220 PORT1.0.1

## COVID-19 (coronavirus)

If you have been to China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia, or Macau in the last 14 days and have any of these symptoms:



Cough



Fever



Difficulty breathing

- If you are registered with a GP in Northern Ireland, please contact your GP BY PHONE.
- If you are NOT registered with a GP in Northern Ireland, please contact your local Emergency Department by checking pha.site/emergency-healthcare-nidirect
- Please do NOT attend the surgery or hospital without phoning in advance.
- If it is a medical emergency, call 999 and inform the call handler of your recent travel.

If you have been to Hubei Province (including Wuhan) in the last 14 days and have no symptoms, please return home, contact the helpline on 0300 200 7885 and follow the advice below.

Stay indoors and avoid contact with others as much as possible for 14 days after you arrive.



Do not go to work, school or public areas



Avoid visitors in your home



Do not use public transport or taxis

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V7 General Advice 120220 PHA1.0.1

# UK response

- Enhanced monitoring of direct flights from China
- Clinical guidance for the detection and diagnosis of novel coronavirus (COVID-19), and infection prevention and control.
- Frontline healthcare staff advised of the situation and any actions to take.
- Information to UK residents and travelers from affected areas
- NHS and PHE have detailed plans in place to respond to anyone who becomes unwell
- Testing for COVID-19 established
- The Secretary of State for Health and Social Care, Matt Hancock, announced strengthened legal powers to bolster public health protections against coronavirus in England on 10<sup>th</sup> Feb 2020

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# UK cross-governmental response

- Departments would use **pandemic influenza planning assumptions** to rapidly advance planning for the reasonable worst case scenario for COVID-19
- Civil Contingencies Secretariat are coordinating cross-government departmental planning in England.

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# NI response

- DoH have activated its EOC which is providing strategic coordination for the health response.
- PHA are monitoring and assessing the risk to public health in the NI. CMO/PHA risk assessment is “moderate”.
- PHA has produced a range of guidance on identifying and managing the virus.
- CMO has written to all frontline clinical staff advising them on steps to take when encountering patients with respiratory infections arrived from overseas. Acute and secondary care and primary care settings have been made aware of the incident and potential symptoms of COVID-19.
- A coronavirus helpline has been established for members of the public.

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# NI response

- HSC has well established protocols for dealing with high consequence infection diseases. These are being updated to reflect the circumstances of this particular incident.
- HSCB are leading on surge preparations in HSC.
- Local laboratory testing commenced in the Royal Virology Lab on 10 February 2020.
- Information has been developed and shared with Universities, and the Chinese Welfare association.
- There are no direct flights from China into Northern Ireland (or the Republic of Ireland).
- Posters have been put up in all ports.

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# Reasonable worst case scenario

Priorities in preparing for the Reasonable Worst Case Scenario are:

- a) To protect life,
- b) Maintain life as normal in the UK,
- c) Limit economic impact to the UK, and;
- d) Ensure dignified treatment of those who die

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# Reasonable worst case scenario

- Departments should consider **pandemic influenza planning as a starting point** to rapidly advance planning for the reasonable worst case scenario for COVID-19
- The elderly and those with existing health conditions will be disproportionately affected.
- These planning assumptions predict excess deaths, massive impacts across government, school closures, rail and road transport issues, and huge costs.

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# RWCS Possible Planning Assumptions

- Case Fatality Rate 1% to 3%
- Reproduction Number 2-3
- Potentially 40%-50% of the population affected
- Absence Rates 10%-20%

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# Potential Impacts on Health and Social Care

- Pressures on the Acute Care Sector
- Critical Care
- Primary and Community Care
- Elective Procedures and Discharges
- Supply Chains

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# Wider sectoral impacts

- Business Continuity
- Staff Absences
- Supply Chains
- Public Anxiety
- Communications
- Excess Deaths

# Issues to be raised

- Dissemination of Guidance
- Accommodation for returners/travellers