

,FROM: Gerard Collins

DATE: 14 February 2020

TO: 1. Dr Michael McBride ✓MMcB 14th Feb
2. Minister Swann

**BRIEFING FOR EXECUTIVE MEETING ON 17 FEBRUARY 2020 - AoB ITEM -
2019 NOVEL CORONAVIRUS (Covid-19)**

ISSUE:	Briefing for AoB item – novel coronavirus (2019 nCoV)
TIMING:	Monday 17 February 2020
PRESENTATIONAL ISSUES	Media interest in this issue remains high. Press Office is working closely with PHA on an agreed comms approach and media handling. Press Office will continue to monitor the situation closely. Cleared by Press Office. KM 14/2/20
FOI IMPLICATIONS	Fully disclosable
FINANCIAL IMPLICATIONS	Potential implications in terms of planning & preparation including: equipment costs, consumables and remedial capital works, training/overtime. By way of indication, the Department bid for £55m in 2009 to meet additional expected costs emerging from H1N1 (Swine Flu) in 2009/10. A similar cost (revenue and capital) in responding to COVID- 19 may arise in the reasonable worst case scenario during the mitigation phase.
LEGISLATION IMPLICATIONS	None.
EQUALITY/HUMAN RIGHTS/RURAL NEEDS IMPLICATIONS	None.

18. Given the high levels of ill health it is expected that 50% of the workforce may require time off at some stage over the entire period of a pandemic, either because they are ill or caring for someone who is ill, causing significant impact on business continuity.
19. In the event of an extreme surge, advice may be sought from a Clinical Advisory Group, comprising the four UK CMOs and from a Medical and Ethical Advisory Group, a UK independent advisory group which provides advice to the UK Government on moral, ethical and faith considerations related to health incidents and emergency planning.
20. A letter was sent to TEO on the 6 February updating them on the position and suggesting that, while the NI Central Crisis Management Arrangements for multi-agency coordination are not yet needed, they might want to consider convening a multi-agency meeting through the Civil Contingencies Group to assess sector resilience. This meeting has been arranged for Thursday 20 February. DoH and PHA will be in attendance. TEO now also take part in weekly COBR officials meetings.
21. A letter from CMO providing health advice to other Departments and Agencies was issued on 6 February.

The Health Protection (Coronavirus) Regulations 2020

22. DHSC announced the Health Protection (Coronavirus) Regulations 2020 on 10 February. The Regulations are designed to provide a range of measures to prevent the further transmission of COVID-19, including powers to detain an individual on public health grounds (while this remains an effective intervention) for the purposes of isolation and screening. These powers will apply to England only.
23. There are no such powers available under the Public Health Act (Northern Ireland) 1967. Officials have been exploring the possible legislative vehicles. On the 15 February you sought an urgent decision from FM/dFM for retrospective Executive agreement to consent to the UK legislating on our

SPEAKING NOTE AND LINES TO TAKE

- The World Health Organisation has now announced the official name for the disease caused by the new coronavirus which is Covid-19. This is the name that will now feature on websites and leaflets etc.
- While Covid-19 has continued to spread globally the risk to the UK remains at moderate on the advice of the UK Chief Medical Officers.
- In total there are now 9 confirmed cases in the UK. One patient is receiving specialist NHS care and eight have been discharged. The number of confirmed cases is expected to increase as contacts of those already confirmed as positive are identified. Tried and tested infection control procedures are being used to prevent further spread of the virus.
- To date there have been no confirmed cases in Northern Ireland although it is not unreasonable to assume that at some point we will have a positive case here.
- There are 12 centres across the UK capable of carrying out tests for Covid-19. This includes a facility at the Regional Virology Laboratory in the Belfast Trust.
- It is important that Northern Ireland has the ability to test locally to guide appropriate local clinical management while awaiting a confirmatory test result. This will also allow us to more rapidly confirm that people have not been infected. Positive tests results will still be confirmed by the reference laboratory in Public Health England.
- As of 16 February, 31 tests have been carried out in NI which were negative. Due to the relatively small numbers being tested we were initially only providing aggregated UK numbers to protect individual patient confidentiality. Given the increased numbers we provided the

- I took part in a COBR ministerial table top exercise on the 12 February. The aim of the exercise was to rehearse Ministerial level decision making for the UK's pandemic preparedness and response within the context of the current Covid-19 outbreak. It was clear that if we have sustained transmission and spread and a global pandemic that the impact will be felt across all of government all sectors and wider society.
- In addition there may be significant financial implications in terms of prudent planning & preparation. By way of indication, the Department bid for £55m in 2009 to meet additional expected costs emerging from H1N1 (Swine Flu) in 2009/10. A similar cost (revenue and capital) in responding to COVID-19 may arise in the reasonable worst case scenario during the mitigation phase.
- A letter was issued to TEO on the 6 February advising that they might want to consider convening a multi-agency meeting through the Civil Contingencies Group to assess sector resilience and I understand that this meeting has been arranged for Thursday 20 February.
- I want to reassure the Executive that my Department the Public Health Agency and the Health and Social Care Board continue to work closely with the relevant authorities and public health organisations across the UK and the Republic of Ireland to ensure Northern Ireland is well prepared to deal with the situation as events unfold.
- There continues to be no room for complacency. Internationally and in the UK and the Republic of Ireland we remain in the Containment phase of our response as we seek to prevent sustained community transmission. At the same time we must plan to mitigate the potential consequences for the health of the people of NI on our health services, other public services and wider society. My priority as Minister is to ensure effective measures are in place within Northern Ireland.