

BRIEFING COBR MINISTERIAL CALL - 9 MARCH 2020 - Covid-19

Introduction

1. The ongoing outbreak of Covid-19 will be discussed at the Ministerial COBR call on Monday 9 March. The meeting will be chaired by the Prime Minister.

Situation Update

2. As of 8 March at 12:00, DHSC has reported 105,874 confirmed cases of Covid-19 worldwide, 80,695 of these are in China. There have been 3,585 fatalities, the majority of these were within China while 488 fatalities have occurred in other countries.
3. Based on the advice of the UK Chief Medical Officers the risk to the UK remains at moderate. The latest forecasts indicate that a peak is likely to occur in China in March, and in the UK as early as April 2020.
4. At present the UK remains in the 'CONTAINMENT' phase (preventing the disease from taking hold in the UK), but a protocol is being worked on to agree how moving to the 'DELAY' phase (and flattening the peak of the outbreak in the UK) will be handled across the UK. In the event of the Covid-19 outbreak worsening, or a severe prolonged pandemic, the coordinated response of the UK Government and the Devolved Administrations will escalate. Following this transition the pressures on services and wider society may start to become significant and more clearly noticeable.
5. There are now 12 confirmed cases of Covid-19 in Northern Ireland. Some of the cases are connected and the patients are all receiving appropriate care. The three cases announced on 7 March are connected to travel from northern Italy. The PHA have put in place robust infection control measures to help prevent further spread of the virus and they have undertaken urgent contact tracing.

6. In the UK, as of 8 March, 278 people have tested positive for Covid-19, 244 of these have been in England while there are 18 in Scotland, 4 Wales and 12 in Northern Ireland. These figures are subject to change and are updated at 2pm each day reflected results as at 9 am. All the patients are receiving appropriate specialist health care and 15 have since been discharged following two consecutive negative test results.
7. On 8 March, the third Covid-19 related death occurred in the UK.
8. There are now 21 confirmed cases in the Republic of Ireland, one of which is believed to have been due to 'community transmission'. There are no known implications for NI at this stage. Urgent contact tracing for the latest cases is now underway.
9. The FCO is advising against all travel to Hubei Province and all but essential travel to the rest of mainland China, two cities in South Korea and eleven small towns in Northern Italy. The FCO has confirmed that on the 8th March the Italian Government extended the lock down to the whole of Lombardy region and other Northern Provinces an area of some 16 million people approximately 25% of the population.
10. Based on the scientific advice of SAGE, the UK Chief Medical Officers have extended the travel advice, regarding self-isolation if symptomatic, to include all of Italy. This advice is already extant for travellers returning from a number of countries in East Asia. A CMO letter advising the HSC system of the details was issued on 6 March and a letter to other Government Departments will follow. The advice continues to stand that people returning from - Hubei Province, Iran, special care zones in South Korea and lockdown areas of Northern Italy – should self-isolate even if they do not have symptoms.
11. Across the UK, public health professionals are carrying out enhanced monitoring of direct flights from these areas. Passengers will be told how to report any symptoms they develop during the flight, at the time of arrival, or

after leaving the airport. These areas have been identified because of the volume of air travel from affected areas, understanding of other travel routes and number of reported cases. This list will be kept under review.

12. There has been extensive media interest regarding school parties that have either returned from ski trips or are planning to go on ski trips to Italy. Covid-19 guidance for schools was initially issued on the 17 February, this has now been updated in light of developments in Italy and reissued on 28 February. FMdFM have raised with the SofS CMO the disparity in travel advice between the FCO and the Department of Foreign Affairs (DFA), Republic of Ireland.
13. In Northern Ireland, as of 8 March, 211 tests have been carried out and 12 have been positive. PHA now releases twice-weekly updates on the number of tests completed in NI on a Tuesday and Thursday. All the tests carried out in NI are analysed at the Belfast Regional Virology Lab. In line with agreed protocols any positive results have to be verified by a PHE lab. We are considering moving to daily reporting of numbers.
14. Northern Ireland now has full access to the NHS 111 helpline on Covid-19, but not for non Covid-19 issues. This is available 24/7 to provide advice. More general advice about coronavirus is available at the Public Health Agency website and at NI Direct.

Patient transfer to a high consequence infectious diseases (HCID) unit

15. First cases in the UK were transferred to national High Consequence Infectious Disease Units in England. Operationally, current HCID capacity has now been exceeded. NHS England, Public Health England and the UK CMOs agreed at the 4 March Tripartite Senior Clinicians Group to manage selected people who test positive for the virus but only have mild symptoms to self-isolate at home where this is considered a safe and appropriate environment. Those who need hospital treatment will still be transferred to a hospital for appropriate treatment. This change was adopted in NI on 6 March 2020,

16. The HSCB continues to seek commercial options should a patient need to be transferred to a specialist HCID unit in England on clinical grounds, HSCB also continues to explore options for accessing specialist units in Dublin.
17. Confirmed cases will, if considered clinically necessary, be admitted to the Regional Infectious Disease Unit, ward 7A Belfast RVH if 16 years and over or RBHSC if the patient is under age 16. A change in policy to move to managing clinically well patients at home where it is appropriate will be confirmed next week.
18. Across the NICS, planning has been stepped up to ensure a coordinated response from all sectors of Government. TEO is leading the work on assessing essential services and key sectors' readiness and have convened weekly C3 (command, control, coordination) meetings. TEO led a workshop on 6 March to discuss Departmental risks and priorities.

THE HEALTH PROTECTION (CORONAVIRUS) REGULATIONS 2020

19. DHSC announced The Health Protection (Coronavirus) Regulations 2020 on 10 February. The Regulations are designed to provide measures to prevent the further transmission of COVID-19, including powers to detain an individual on public health grounds for the purposes of isolation and screening. These powers will apply to England only.
20. DSO advice is that we do not have powers to draft equivalent regulations to those introduced in England. Equivalent primary legislation would not be taken through the Assembly in as quick a time as using the UK-wide Coronavirus Bill, even if the accelerated passage procedure were to be invoked. Therefore the draft Coronavirus Bill will be the most suitable vehicle for creating powers in primary legislation for the NI Assembly to make emergency regulations equivalent to the Regulations for England.
21. Officials are working with colleagues in the NI Office of the Legislative Counsel to develop clauses pertaining to the above requirement to be included in the draft COVID-19 Bill. This work is well advanced.

UK WIDE DRAFT COVID-19 BILL

22. Working closely with DHSC, DoH officials are currently developing NI input to a UK Bill which will provide additional legislative powers or flexibilities to be used in the event of a coronavirus pandemic. You gained Executive agreement to consent to Westminster legislating on our behalf by way of the COVID-19 Bill at the Executive meeting on 17 February.
23. In addition to these measures previously agreed for the COVID-19 Bill, Whitehall Departments have now identified a number of areas where they do not believe they have the necessary statutory or common law powers to respond to fully respond to a COVID-19 outbreak.
24. The list of areas where further legislation might be needed has been developed on a UK-wide basis. The needs identified vary between the different jurisdictions of the UK (reflecting the different legal landscapes). Officials in the relevant NI Executive Departments are currently reviewing these areas for any impact on NI and to determine if further Clauses are required for drafting for NI.
25. The Bill will be brought forward on a time-limited basis. The powers being sought are proportionate to the challenges we will face in responding to a severe pandemic and will only be enacted for the duration of any pandemic after which the legislation would be withdrawn by way of a 'sunset' clause. The exception to this may be the emergency public health powers, including regulation-making powers for isolation. We have asked Cabinet Office to consider not applying a sunset clause to these provisions as these powers are currently not available under any other NI legislation but are available to the other UK countries.
26. The Department of Health and Social Care are leading on the Bill and have indicated the Bill is likely to be laid before Parliament on the 19 March 2020 with Royal Assent expected on 31 March 2020. The timings remain tentative.

New approach to commencement and new power to suspend and revive provisions'

27. It is expected that all four Nations will be asked to endorse the 'New approach to commencement and new power to suspend and revive provisions' at the COBR meeting.
28. On the 3 March DHSC sought approval from DAs regarding a '*New approach to commencement and new power to suspend and revive provisions*' in the draft Covid-19 Bill. Scotland and Wales both confirmed that these new Powers for clauses pertaining to devolved administrations would be at the discretion of devolved Ministers. You agreed to this approach (Sub 1151 refers).
29. As regards cross-border differences, in RoI the equivalent legislation for holding patients in isolation is the Irish Health Act 1947 – S38. It makes provision for detention, but only for named infectious diseases (equivalent of a notifiable disease). RoI added COVID-19 to its statutory list of infectious diseases on 20th February and Scotland did the same on 22nd February.
30. Here, the Public Health Act (Northern Ireland) 1967 was amended to make COVID-19 a notifiable disease and the change came into effect on 29 February 2020.
31. The Statutory Rule will mean that medical practitioners are required to share patient information with the Director of Public Health if they become aware, or have reasonable grounds for suspecting that a person they are attending has COVID-19.

Coronavirus Action Plan

32. The action plan was published by DHSC on 3 March. It is a general plan which gives a background to the nature of the virus and then outlines the UK response to the outbreak of COVID-19. The plan details the containment, delay and mitigation aspects of the UK response as well as ongoing research. The plan describes a UK wide approach and references local arrangements as appropriate such as sources of information, public health and health and social care arrangements, and local emergency planning structures.

33. The action plan was discussed and signed off by you and the First and deputy First Ministers at the COBR (M) meeting on Monday 2 March.

Repatriation of British Nationals

34. To date the FCO had repatriated 198 British nationals from Wuhan to supported isolation centres in England. They have now all left following a final negative test for Covid-19. A repatriation flight returned to the UK on Saturday 22 February from Japan with 30 British and 2 Irish nationals on board and they were placed in supported isolation for 14 days. This cohort of people ended their period of supported isolation on the evening of 7 March and all left the facility on 8 March.
35. Approximately 100 people travelled from Tenerife on 2 March, these were all considered low and negligible risk and had the appropriate testing and travel on commercial airlines with the appropriate documentation. Eight of these individuals were from Northern Ireland and were met at Aldergrove by PHA officials who provided advice and leaflets.
36. The Grand Princess cruise ship off the coast of San Francisco is under investigation for COVID-19. Two passengers (overseas nationals) on board have tested positive, one death confirmed. Approximately 140 British Nationals are on board (both passengers and crew). Further details are awaited. The ship has not yet docked. The situation is developing very rapidly. DHSC are working with FCO and Cabinet Office on options for Ministers.
37. The Viking Sun cruise ship, currently in Bali, has notified two possible COVID-19 cases. Currently, DHSC understand there maybe 31 British Nationals on board. The Costa Fortuna cruise ship has been prevented from docking in Phuket due to potential COVID-19 cases. The FCO is working with the Thai authorities clarify the situation.

38. The UK Government will continue to review its policy on repatriation of UK nationals as this is a resource intensive exercise.

Non Pharmaceutical Interventions

39. The spread of COVID-19 has accelerated in the UK and advice from SAGE is that the response to the virus will soon need to move from contain to delay. For the delay phase, the Scientific Advisory Group for Emergencies (SAGE) have considered six possible social and behavioural interventions to delay the outbreak based on the clinical evidence. These are: stopping large events; closing schools; social distancing for all; home isolation for symptomatic cases; whole household isolation; social distancing for elderly and vulnerable.

Potential interventions have been considered against the following objectives:

1. **contain the outbreak** so that it does not become an epidemic (this is now unlikely to be achievable);
 2. **delaying the peak** so it occurs when the NHS in each nation is out of Winter pressures;
 3. **reducing the size of and/or extending (“flattening”) the peak** so that the response by the NHS/HSC and other sectors can be maintained more sustainably;
 4. **reducing the total number of deaths** by limiting the number of cases in vulnerable groups.
40. The Scientific Pandemic Influenza Group on Modelling (SPI-M) and Scientific Pandemic Influenza Group on Behaviour (SPI-B) have modelled the impacts of these interventions. DHSC is producing policies on the latter three recommended interventions for communication to the public.
41. Ministers will need to make a decision on which intervention, or combination of interventions, to implement based on the clinical advice and the social, economic and operational impacts of each measure.

42. Based on SAGE's current understanding of the progress of the outbreak, to maximise the effectiveness of two measures (self-isolation and household isolation) implementation would need to begin by the end of this week. A decision will be needed by Ministers on implementing these two measures on Wednesday 11 March. The third measure (social distancing for over 70s and the most at risk) can be introduced in 2-3 weeks' time.

LINES TO TAKE

- We had been planning for the first positive cases in Northern Ireland and had robust infection control measures in place which enabled us to respond immediately.
- We are still very likely to see further confirmed cases in the UK over coming days and weeks. We have agreed mechanisms for managing this situation, including early notification of any confirmed case and ensuring our general public remain appropriately informed and reassured to the actions being taken, as appropriate.
- The powers being sought in the UK-wide COVID-19 Bill are proportionate to the challenges we will face in responding to a severe coronavirus pandemic. These clauses will allow NI the additional legislative powers and flexibilities required to enable a rapid and effective response including public health legislation to contain the future spread of the novel coronavirus in Northern Ireland.
- My Department, along with the PHA, remains in regular contact with the relevant authorities across the UK and the Republic of Ireland to ensure any necessary precautions are in place in Northern Ireland in response to this situation.
- All 4 UK health departments are continuing to take part in daily teleconferences, 7 days a week, hosted by DHSC to ensure the whole of the UK is appropriately prepared and a consistent approach taken.

I am aware that DHSC are also continuing to hold meetings of officials from communications teams of the four UK health departments daily, to ensure a consistent approach is agreed across the nations.