

,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.

RECOMMENDATION:

You are invited to note the briefing including speaking notes and lines to take (**Tab A**).

Introduction

1. The outbreak of the 2019 novel coronavirus (Covid-19) may be discussed under AoB at the Executive meeting on Monday 17 February. Please note the World Health Organisation has now announced the official name for the virus as **SARS-CoV-2** and the disease caused by the new coronavirus as **Covid-19**.

Situation Update

2. As of 16 February at 12:30, DHSC has reported 69,267 confirmed cases of Covid-19 worldwide, 68,500 of these are in China. There have been 1,669 deaths to date, 1,665 of these were in China, 1 was in the Philippines 1 was in Hong Kong and 1 in Japan. On the 15 February the first death in Europe was reported in France. On 30 January, the WHO declared the coronavirus as a global public health emergency of international concern. As a result, the UK Chief Medical Officers have raised the risk to the UK from low to moderate to allow Governments to plan for all eventualities.
3. The latest scientific modelling forecasts indicate that a peak is likely to occur in China in March, and in the UK as early as April 2020.
4. In the UK, as of 16 February, nine people have tested positive for Covid-19, all of which have been in England. All the patients were transferred to specialist NHS centres (eight have since been discharged as of 16 Feb), and robust infection control measures are being used to prevent any possible further spread of the virus. PHE is undertaking urgent contact tracing for those patients recently diagnosed.
5. In addition to the UK cases there are also 6 UK nationals with confirmed coronavirus in France, 1 in Spain and 3 diagnosed on board a cruise ship in Japan.

6. The Scientific Advisory Group for Emergencies (SAGE) has advised the UK CMOs that UK testing for Covid-19 should be widened (from mainland China) to also include individuals in the UK, who are showing possible symptoms of novel coronavirus and have travelled from Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau. There has been some media coverage in the RoI that this differs to the approach being taken there at present where the advice applies to travel from mainland China only.
7. A HSS letter alerting the HSC system to this development was issued on 7 February and a 24 hour helpline was also established to provide advice for those who may have concerns following a visit to any of these countries.
8. Public Health England have developed posters that are displayed in all UK airports and some ports and train stations. These have been amended for local use here. The PHA continue to hold regular meetings with the NI Port Health Authority.
9. From the 10 February 12 centres across the UK are now capable of carrying out tests for Covid-19. This includes a facility in Northern Ireland at the Belfast RVL.
10. In Northern Ireland, as of 16 February, 31 tests have been carried out which were negative. Due to the relatively small numbers being tested we initially only provided aggregated UK numbers to protect individual patient confidentiality. Given the increased numbers we provided numbers of tests carried out in Northern Ireland in a media statement on the 12th February shared in advance with the Chair and Deputy Chair of the Health Committee. The Chief Medical and colleagues from the PHA and HSCB provided an update to the Health Committee on the 13 February.

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

11. The current protocol for a first case in each UK country is to transfer to a HCID unit in England.

12. Colleagues in Emergency Planning Branch have discussed patient transfer to England, if required, via RAF helicopter with the MoD; however it should be noted that this is a contingency arrangement and should not be assumed as the default position.
13. The HSCB is currently working with Woodgate (the air ambulance charity) and with NIAS to consider what options would be available prior to engaging MoD. HSCB has also discussed the possibility of transfer to Dublin however, this does not currently look like a viable option owing to lack of suitable resources there.
14. While patient transfer is awaited, any confirmed case, i.e. presumptive diagnosis based on Belfast RVL test result, the patient will 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.

REASONABLE WORST CASE SCENARIO PLANING

15. Cabinet Office is currently working to the 2019 National Security Risk Assessment pandemic flu planning assumption as the Reasonable Worst Case Scenario (RWCS).
16. This assumes that the first wave of the pandemic will last approximately 15 weeks with over 50% of the population falling ill and up to 20% off work during the peak weeks. This would lead to a huge surge in demand for health and social care services which would have a knock-on impact on current provision.
17. Besides very severe levels of stress on HSC, the level of excess deaths would stretch capacity within organisations involved in the management of deaths. In NI, DoJ, in partnership with other government departments, local councils and funeral directors, is responsible for managing excess deaths. DoJ is currently developing an Excess Deaths Framework and exploring body storage options.

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

behalf, by way of the Coronavirus Bill, in order to allow the Departments to make similar regulations for Northern Ireland.

24. In your letter of the 15 February to the First Minister and Deputy First Minister you sought an Urgent Decision in accordance with paragraph 2.14 of the Ministerial Code and the agreement of the Executive to the extension to Northern Ireland of powers to make provision (including provision modifying legislation) in connection with an outbreak of pandemic Coronavirus (COVID-19) and that the legislative provision will be provided for in a UK wide Coronavirus Bill. Executive referral will be sought retrospectively as the Cabinet Office will be taking a paper to Ministers at COBR(M) on 18 February. 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 it would be withdrawn through a 'Sun-Setting' process. I confidentially apprised the Chair of the Health Committee after the Health Committee evidence session on 13 February that this might be imminent. We understand that the Justice Minister has also confidentially briefed the Chair and Deputy Chair of the Justice Committee.
25. While this is a cross-cutting issue, as Health Minister you are taking the lead however as you are aware other relevant Ministers, i.e. the Minister for Education, Minister of Finance, and Minister for Justice have confirmed that they are content with the clauses as drafted pertaining to their area of responsibility and support you in taking forward these Clauses by way of urgent decision on their behalf.
26. 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 diseases. Primary legislation could be amended.

Repatriated British Nationals from Wuhan

27. The FCO repatriated 198 British nationals from Wuhan and they were housed in supported isolation at two centres in England. Following a final test for

Covid-19 eighty three individuals left the centre on 13 Feb. Two individuals from this cohort returned to NI and their details have been passed onto the PHA. For reasons of confidentiality we have not provided any information on this. A further 11 individuals left, following a final test, on 15 Feb.

28. A further 105 British Nationals returned to the UK from Wuhan on 9 February. We understand that 3 Irish Nationals were also included in this group and they are now supported in isolation at a site near Milton Keynes. This group is due to leave the facility on 1 March.
29. There are currently 78 UK nationals on board the Diamond Princess Cruise Ship currently quarantined and docked in Yokohama, Japan. There are currently 355 COVID-19 confirmed cases including 3 UK nationals who have transferred to medical facilities in Japan.

Travel Advice

30. The Foreign and Commonwealth Office (FCO) advise against all travel to Hubei Province and all but essential travel to Mainland China. They further advised British nationals in China to leave, if they are able to do so.
31. It was agreed at the COBR meeting on 5 February not to impose further travel restrictions. This decision will be kept under review.

Recommendation

32. You are invited to note the briefing including speaking notes and lines to take at **Tab A**.

Gerard Collins

Ext

I&S

Copied to:

Richard Pengelly
Michael McBride
Charlotte McArdle
Naresh Chada
David Gordon
Nigel McMahon

Gillian Armstrong

NR

Gerard Collins

NR

NR

Press Office

DoH Health Gold

PHD Admin

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

numbers of tests carried out in Northern Ireland in a media statement on the 12th February shared in advance with the Chair and Deputy Chair of the Health Committee.

- 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 for the purposes of isolation and screening. These powers will apply to England only. There are no such powers available under the Public Health Act (Northern Ireland) 1967. Officials have been exploring possible legislative vehicles including the UK wide Coronavirus Bill
- I have written to the First Minister and Deputy First Minister seeking an Urgent Decision in accordance with paragraph 2.14 of the Ministerial Code to consent to the UK legislating on our behalf, by way of the Coronavirus Bill. Ordinarily on such a matter I would have sought Committee and Executive agreement to a legislative consent motion. It is however imperative that the work on this UK-wide draft Bill is finalised as a priority and without delay. This will allow my Department and other Departments to make similar regulations for Northern Ireland to respond to all eventualities in the event of a severe pandemic. I want to thank the Minister for Education, the Minister of Finance, and the Minister for Justice and their officials who have confirmed that they are content with the Clauses as drafted pertaining to their area of responsibility and in supporting me in taking forward these Clauses by way of urgent decision. This 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 the Bill will only be enacted for the duration of any pandemic after which it would be withdrawn through a 'Sun-Setting' process. I trust however that it will not be necessary to call upon such powers

- 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.

LINES TO TAKE

- We are 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.
- I want to reassure colleagues that while the risk level is moderate there is no cause for alarm and it does not mean we think the risk to individuals in the UK has changed at this stage, but that we should plan for all eventualities.
- The powers being sought in the UK wide Coronavirus 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 They will only be enacted for the duration of any pandemic after which they would be withdrawn. I want to thank my Ministerial colleagues in Education, Finance and Justice and their officials for prioritising this work.
- My Department, along with the PHA remain 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.
- The devolved administrations 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. DHSC are also continuing to hold meetings of officials from Communication teams of the four UK health Departments daily, to ensure a consistent approach is agreed across the nations.

