

FROM: Gerard Collins

DATE: 21 February 2020

TO: 1. Dr Michael McBride
2. Minister Swann

**BRIEFING FOR EXECUTIVE MEETING ON 24 FEBRUARY 2020 - AoB ITEM -
2019 NOVEL CORONAVIRUS (Covid-19)**

ISSUE:	Briefing for AoB item – novel coronavirus (2019 nCoV)
TIMING:	Monday 24 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. TS 21/2/20
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 24 February.

Situation Update

2. As of 23 February at 12:30, DHSC has reported 78,829 confirmed cases of Covid-19 worldwide, 76,936 of these are in China. There have been 2,461 fatalities, the majority of these were within China with 17 fatalities outside of Mainland China – Republic of Korea (5), Iran (4), Japan (3) two of these were cases were related to the Diamond Princess Cruise ship, Hong Kong (2), Italy (2), Taiwan (1), France (1), and Philippines (1).
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. In the UK, as of 23 February, 9 people have tested positive for Covid-19, all of which have been in England. All the patients were transferred to specialist NHS centres and eight have since been discharged while the 9th is expected to be discharged in the next few days. Four further patients in England have tested positive for COVID-19, bringing the total number of cases in the UK to thirteen. It is understood the virus was passed on in the Diamond Princess cruise ship and the patients are being transferred from Arrowe Park to specialist NHS infection centres. In addition to the UK cases there are also 6 UK nationals with confirmed coronavirus in France, 1 in Spain and 8 in Japan diagnosed on board the Diamond Princess cruise ship.
5. The Scientific Advisory Group for Emergencies (SAGE) had 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. Posters advising of this

are being displayed in all UK airports including here. SAGE are due to meet on Tuesday 25 February to consider whether the case definition should be widened further in response to a large increase in cases in Italy.

6. There has been some media coverage in the RoI that this advice differs to the approach being taken there at present where the advice applies to travel from mainland China only.
7. From 10 February there are 12 centres across the UK capable of carrying out tests for Covid-19. This includes a facility in Northern Ireland at the Belfast RVL.
8. In Northern Ireland, as of 23 February, 49 tests have been carried out which were negative. PHA now releases a weekly update every Wednesday on the number of tests completed in NI

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

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

11. Cabinet Office is currently working to the 2019 National Security Risk Assessment pandemic flu planning assumption as the Reasonable Worst Case Scenario (RWCS).

12. 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.
13. 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.
14. TEO convened a multi-agency meeting through the Civil Contingencies Group to assess sector resilience on Thursday 20 February. Officials from DoH and PHA were in attendance.
15. We understand that two papers will be brought to the next COBR(M) meeting scheduled for Wednesday 26 February. The papers will be on:
 - Public Order, and
 - Excess death planning.
 We have alerted DoJ officials to this and will seek their input in advance of the meeting.

THE HEALTH PROTECTION (CORONAVIRUS) REGULATIONS 2020 AND CORONAVIRUS BILL

16. 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.
17. The primary public health legislation in NI is the Public Health Act (Northern Ireland) 1967.

	LPP/LAP
LPP/LAP	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.

18. 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 Coronavirus Bill.
19. Working closely with the Cabinet Office, policy leads in DoH have assessed existing legislation against the proposed UK-wide draft Coronavirus Bill and have drafted five additional NI clauses where existing additional legislative powers or flexibilities are required to ensure NI preparedness in the event of a pandemic.
20. You gained Executive agreement to consent to Westminster legislating on our behalf, by way of the Coronavirus Bill. at the Executive meeting on 17 February
21. In addition to measures previously agreed for the Coronavirus Bill, The 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.
22. 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 if further Clauses are required for drafting for NI.
23. 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.

24. You will return to COBR(M) at the beginning of March for final agreement on the full content of the Bill and to agree whether to introduce the Bill and provisions, based on the latest scientific advice.
25. 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 disease (In NI this would be the equivalent of a notifiable disease) . ROI added COVID-19 to its statutory list of infectious diseases on 20th February 2020. We understand that Scotland plan to do the same on 22nd February. We are currently considering the public health merits of adding COVID-19 to the list of notifiable diseases under the Public Health Act (NI) 1967.

Repatriation of British Nationals

26. To date the FCO has repatriated 198 British nationals from Wuhan to supported isolation centres in England. Following a final negative test for Covid-19 eighty three individuals left an isolation centre on 13 Feb. Two individuals from this cohort returned to NI and their details were passed on to the PHA. For reasons of confidentiality we have not provided any information on this. Another 11 individuals left, following a final test, on 15 February.
27. A further 115 British Nationals who returned to the UK on 9 February and were in supported isolation at a site near Milton Keynes have now left the site following a final negative test.
28. There were 78 UK nationals on board the Diamond Princess Cruise Ship which had been quarantined and docked in Yokohama, Japan. There have been 644 Covid-19 confirmed cases on board including 8 UK nationals who have since been transferred to medical facilities in Japan. A repatriation flight returned to the UK on Saturday 22 February with 30 British and 2 Irish nationals on board and they have now been placed in supported isolation for 14 days. Four of

these patients have tested positive for COVID-19 and are being transferred from Arrowe Park to specialist NHS infection centres.

29. DHSC are in the process of agreeing a protocol with PHE and NHS England for any Diamond Princess passengers who choose to return to the UK via commercial flights, especially regarding transport and their potential arrival in devolved administration airports.

Recommendation

30. 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
Charlotte McArdle
Naresh Chada
David Gordon
Nigel McMahon
Gillian Armstrong

NR

Gerard Collins

NR

NR

NR

Press Office
DoH Health Gold
PHD Admin

SPEAKING NOTE AND LINES TO TAKE

- While the number of cases of Covid-19 has continued to rise the risk to the UK remains at moderate on the advice of the UK Chief Medical Officers.
- I took part in a further COBR ministerial meeting on the 18 February to ensure a joined up approach continues to be maintained across the UK.
- There have been 13 confirmed cases in the UK to date. Five of the patients are receiving specialist NHS care while eight have been discharged. 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. 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 23 February, 49 tests have been carried out in NI which were all negative. PHA now releases a weekly update every Wednesday on the number of tests completed in NI.
- Any confirmed cases in Northern Ireland 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. I personally assessed our resilience this week during a visit to Ward 7A at the RVH and was extremely impressed by the facilities and highly trained staff.

- I am pleased to note that a multi-agency meeting organised by TEO through the Civil Contingencies Group to assess sector resilience was held on Thursday 20 February. Officials from my Department and the PHA were in attendance.
- As you will be aware, 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.
- My officials are working with colleagues in the NI Office of the Legislative Counsel to develop clauses to provide powers to make similar regulations to this requirement to be included in the draft Coronavirus Bill which is due to be taken through Westminster.
- Working closely with the Cabinet Office, my officials have assessed existing legislation against the proposed UK-wide draft Coronavirus Bill and have drafted five additional NI clauses where existing additional legislative powers or flexibilities are required to ensure NI preparedness in the event of a pandemic.
- In addition to measures previously suggested for the 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 in the UK.
- 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 and The Executive Office is working with Officials across the NI Executive Departments to establish any impact or additional requirements to the Bill for NI.

- 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 by way of a 'sunset' clause. The exception to this may be the emergency public health powers, including regulation-making powers for isolation, where we have asked Cabinet Office to consider not applying a sunset clause as these powers are currently not available under any other NI legislation but are available to the other UK countries.
- I will return to COBR(M) at the beginning of March for final agreement on content of the Bill and to agree whether to introduce the Bill and provisions at this time, based on the latest scientific advice.
- In the Republic of Ireland, the equivalent legislation for holding patients in isolation is section 38 of the [Irish Health Act 1947](#). It makes provision for detention, but only for certain 'infectious' diseases. Ireland added COVID-19 to its statutory list of infectious disease on 20th February 2020. My officials are currently considering the public health merits of adding COVID-19 to the list of notifiable diseases under the Public Health Act (Northern Ireland) 1967.
- There may be significant financial implications for dealing with Covid-19 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.
- I have agreed to update the Chair & Deputy Chair of the Health Committee in relation to Covid-19 on Tuesday 25 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.

- 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 and the impact 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 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.
- 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 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.

- 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.