

## COVID-19 – ROLLING BRIEF

ONGOING CMO Briefing note - **LAST UPDATED – 20.30, Sunday 05.04.20** – HE1/20/26592

Position in NI as of **09.41 on Sunday 5 April (PHA update)**

Total confirmed cases: **1,089**

New cases in last 24 hours: **91**

Total deaths: **63**

Deaths in previous 24 hours: **15.**

Number of individuals tested for SARS-COV2 virus in previous 24 hours: **452**

### Current key issues in NI:

- Testing
- PPE supplies
- Surge planning

### Issues seeking to escalate to NI HUB

- None – but to note issues below.
- **Supply issues in the medicines supply chain** - There are currently a number of shortages in the medical supply chain following a large increase in demand for prescription and non-prescription medicines over the past two weeks.
- **Constraints on the ability of the medicines supply chain to meet a sharp increase in demand for a number of critical care and supportive medicines used in Intensive Care Units (ICU).** There is a risk that sufficient critical care and supportive medicines will not be available to support an increase in ICU and critical care capacity because there are a limited number of suppliers globally for these products.
- **Constraints on oxygen capacity in Trusts to meet anticipated increased demand related to ventilators for critical care beds.** There is a risk that the current oxygen capacity within Trusts is not sufficient to meet the increased demands for ventilators to treat critically ill patients.
- **Early alert in relation to continuous positive airway pressure ventilation (CPAP)** Revised guidelines around the use of non-invasive ventilation (NIV), and particularly continuous positive airway pressure ventilation to be issued.

## Situation Report

### International Sit Rep

- As of **5 April 2020, 09:00 BST** (WHO sitrep)
  - **Confirmed cases: 1,133,758 (+ 82,061)**

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- Deaths: 62,784 (+ 5,798)

### UK SitRep

**NB: As of 28 March the UK daily sitrep is scheduled for publication at 21:00 with 5 pm time-stamp for update on cases and deaths**

As per DHSC sitrep received **20:00, 5 April**

Total confirmed cases:

UK: **47,816**  
i.e. Eng: **39,814** (Data as of 09:00, 5 April)  
Scotland: **3,706** (Data as of 09:00, 5 April)  
Wales: **3,197** (Data as of 07:00, 5 April)  
NI: **1,089**

Total deaths: **4,934 (+ 621) coronavirus-related deaths in UK hospitals as of 5pm, 04/04/2020.**

- New PPE guidelines were issued on Thursday 2 April. There is sufficient stock in the system to support the guidelines.
- Palliative care provision in care homes has been raised as an issue by providers.
- Deaths: ONS official statistics on deaths were published on Monday 30 March and continue to generate media coverage as work continues on clarifying that daily figures are hospital only, not community cases and that death certificates will always have a time lag.
- Testing: Information on testing continues to generate media scrutiny. Numbers reported so far are of people tested, not numbers of tests conducted but this is being reviewed to include wider data.

### Testing

**A total of 195,524 people have been tested across the UK.**

- Coronavirus Act received Royal Assent on 25 March.
- Following agreement by the Executive, the Department of Health published The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 on 28 March. They became effective as of 11pm on the 28 March.
- The Department is working on further sets of regulations to enact parts of the Coronavirus Act.
- On 22 March, the Prime Minister urged around 1.5 million people who face the highest risk of being hospitalised by the virus to stay at home to protect

themselves and others, as part of a new 'shielding' plan. People with specific underlying health conditions will receive personal letters shortly.

- On 23 March the Government introduced three new measures:
  - (1) Requiring people to stay at home, except for very limited purposes;
  - (2) Closing non-essential shops and community spaces;
  - (3) Stopping all gatherings of more than two people in public.
- Every citizen must comply with these new measures and the relevant authorities, including the police, will be given the powers to enforce them. The Government will look again at these measures in three weeks, and relax them if the evidence shows this is possible.

### **NI preparedness**

#### Department of Health

- Minister issued a press release on 5 April emphasising the importance of complying with the rules on social distancing.
- 23rd March, Gold PPE Strategic Cell established within Gold Supply Strategic Cell.
- Regular communication between UK CMOs, and frequent contact with the CMO in the Republic of Ireland.
- CMO and Deputy CMO have had regular contact with their ROI counterparts.
- DoH CSA, Professor Ian Young has agreed methodology with Imperial College London to model the potential courses of the epidemic which will be used to inform policy and risk management decisions. This also involves collaboration with ROI to model the epidemic on an all-island basis.
- The next phase of emergency health service planning for the Covid 19 surge was issued by the Department of Health on 26 March
  - The plans include prioritisation of patient care, reconfiguration of hospital services, urgent discharge of all medically fit patients, and an end to general hospital visiting – with very limited exceptions.
  - Trusts will also be maximising and utilising all spare capacity in residential, nursing, and domiciliary care.
  - Work has commenced through the Surge Planning Group to model the potential PPE demand for secondary care, primary care and community sectors.
  - Reconfiguration of paediatric services - regional surge plan for paediatric hospital has been passed to GOLD for their consideration and approval. The plan is to implement a step-wise temporary reconfiguration of inpatient paediatric services in response to Covid-19 surge. The regional plan has been agreed with all Trusts and

paediatric units and aims to consolidate inpatient paediatric services to ensure continued delivery of urgent and emergency paediatric local and regional services throughout surge.

- Papers submitted to CCG on Friday 3 April, re update on COVID-19 Pandemic Surge plan – Critical Care
  - There will be a significant escalation in Covid-19 infection rates and deaths
  - Critical care will come under intense pressure
  - Service configuration will need to change significantly to increase capacity and resilience in critical care, hospital services and community care
  - Staffing levels will be significantly impacted by absence
  - Key secondary and tertiary services will need to be maintained throughout the pandemic
- Surge planning has been developed using the reasonable worst case scenario as a planning tool. Modelling will continue to be refined as more data becomes available. This will inform future planning and any changes to the overall strategy.

| Description   | Best Judgement |
|---|----------------|
| <b>Peak number</b> of Covid-19 patients requiring ventilation and <b>critical care beds</b> during the first wave of the epidemic | <b>180</b>     |
| <b>Peak number</b> of Covid-19 patients requiring <b>oxygen</b> in the first wave of the epidemic                                 | <b>400</b>     |
| <b>Peak number</b> of Covid-19 <b>hospital admissions</b> during the first wave of the epidemic (per week)                        | <b>500</b>     |
| Number of <b>cumulative</b> Covid-19 <b>deaths</b> in the <b>first 20 weeks</b> of the epidemic.                                  | <b>3000</b>    |

- On 3 April the HSC published a further element of its planning for the expected surge in increasing numbers of Covid-19 patients. This part of the plan involves protecting children's and maternity services while releasing bed space to contribute to the overall surge response. It complements the critical care surge plan to establish the Belfast City Hospital Tower Block as Northern Ireland's first Nightingale Hospital. Maternity services in Daisy Hill, South West Acute, Craigavon, Altnagelvin, Antrim, the Ulster and the Royal Jubilee Maternity Hospital (RJMh) will continue.



- **Testing** - An expert advisory group on testing meets on Tuesday and Friday mornings. A consortium of universities and AFBI are currently looking at planning to scale-up the delivery of testing, including access to healthcare workers; wider population testing, and antibody testing. Proof-of-concept testing should begin in the SSE carpark by the end of this week. A draft NI testing plan should be in place by Friday, 3 April.
- On 2 April **updated PPE guidance** was issued:
  - Three new tables have been added to clearly explain the PPE required for different common clinical scenarios – one table for hospitals and one for primary care, outpatient and community care and one for ambulance and first responders.
  - An additional, fourth table describes when to use PPE for all patient encounters (not just patients with suspected or confirmed COVID-19) at a time when there is sustained community transmission of COVID-19 and the likelihood of any patient having coronavirus infection is raised.
  - The guidance explains that in some circumstances PPE can be worn for an entire session (such as a ward round) and does not need to be changed between each patient
- On 29 March GP-led centres were opened in Belfast, Dungannon and Banbridge. Further centres will open later this week in Antrim, Coleraine, Newtownards, Lisburn, Downpatrick and Enniskillen. The first centre opened last week in Londonderry. The situation will be kept under review and further centres may be opened.
- DoH has now launched its own mobile app to provide information to people on Covid 19. Among other things, this app will advise on whether a person has the symptoms of coronavirus infection and advise on what to do, depending on the severity of their illness. **As of Friday 3 April it had been downloaded over 39,000 times.**
- On 29 March the Minister issued a press release urging the public to do everything possible to avoid accidents throughout the Covid-19 pandemic as the health service will be under unimaginable pressures in the weeks ahead and injuries from accidents may not receive normal levels of care.
- A drive to boost Northern Ireland's health and social care workforce is receiving a very positive response. The online HSC Workforce Appeal went live last weekend and by Friday 3 April **there had been 13,900 expressions of interest, with already 6,775 formal applications.**
- DoF (Brendan Smyth) leading a CPD-HP Project Criticality Review of all HSC sites to ensure all essential projects are completed.

- Press release issued on 1 April highlighting local modelling data on Covid-19, which shows the crucial importance of social distancing. The report will inform intensive hospital planning for the forthcoming surge in Covid-19 cases.
  - The modelling outcome sets out a reasonable worst case scenario, based on a number of assumptions including social distancing measures producing a 66% reduction in contacts outside the home and workplace. In addition, 70% of symptomatic cases would adhere to case isolation.

### **Public Health Agency**

- As of 24<sup>th</sup> March PHA Health Protection Surveillance have now developed and will produce a DAILY REPORT at 10am - to include: number of completed tests, number positive tests, number negative tests (new and cumulative), tests broken down by trust, Bar chart trend over time of new tests performed, broken down by Trust, Cases broken down by age band and gender, Map of location based on usual place of residence by DEA and ICU admissions (and cumulative admissions)
- In addition to the above PHA will produce weekly reports to show:
  - Community Acute Respiratory Infection consultation in primary care (in-hours and out of hours) – any more frequently is not more useful
  - More epidemiological information as it emerges; and
  - EuroMOMO excess data
- The HSCB is working with colleagues in DLS and RQIA to put in place a contract for Commissioning of Independent Sector Hospital Capacity to Assist with COVID-19 Surge Plan. The proposal is to replicate locally similar arrangements which NHS England have agreed with the Independent Sector in GB. NHS England have designed a novel contract to respond to the prevailing emergency. This contract provides for flexible use of Independent Hospitals by the NHS for the period of COVID-19 emergency on a non-profit, cost recovery basis.
- PHA seeking approval to a proposal to provide financial support to hospices contracted with Health & Social Care during the COVID-19 outbreak

### **Republic of Ireland**

#### **Figures from of 20:00, 5 April**

- **Confirmed cases: 4,994 (+ 390).**

- **Deaths: 158 (+21)**
- On 24 March, the Republic of Ireland announced further measure including:
  - Only going to shops for essential supplies, for medical or dental appointments, to care for others or to take physical exercise;
  - Social events or gatherings involving more than 4 people that have not already been cancelled should be cancelled;
  - Non-essential indoor visits to other people's homes should be avoided. Social gatherings of individuals outdoors should be no more than 4, unless from the same household.
  - No unnecessary travel should take place within the country or overseas.
  - All theatres, gyms, hairdressers, casinos and bingo halls are to close.
- On 28 March the restrictions were tightened even further advising everybody that they must stay at home except in specific circumstances.

## **Background**

- 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. COVID-19 is a new strain not previously seen in humans. On 31 December 2019, Chinese authorities notified the World Health Organisation of an outbreak of viral pneumonia in Wuhan City. The virus has crossed the species barrier and we assume it has come from infected animals at a seafood and wildlife market in Wuhan.
- COVID-19 is the disease name and SARS-COV2 is the virus name.
- On 11 March, WHO announced that COVID-19 can be characterized as a pandemic

## **LINES TO TAKE**

### **CAPACITY/SURGE**

- The Department of Health has designated Belfast City Hospital's tower block as Northern Ireland's first Nightingale Hospital - for the anticipated surge of COVID-19 patients requiring intensive care in the weeks ahead.
- This will be a 230-bed regional facility staffed by a team drawn from across Northern Ireland. Surge plans also include the development of further critical care capacity at Altnagelvin and Ulster Hospital sites as part of phased approach to the surge plan.
- Establishing this Nightingale facility will require significant temporary reconfiguration of existing critical care provision across our hospital network.

- Work is in train to make necessary infrastructure alterations within the tower block. It will also be necessary for a proportion of current non-COVID patients in the tower block to receive their care in an alternative location.
- The Department is continuing to assess the potential of the Eikon Centre at Balmoral Park, Maze as a second Nightingale facility to further increase bed capacity later this year in preparation for any further wave of the Coronavirus, should this occur.
- The surge planning is informed by the COVID-19 modelling made public by the Department.

## **PRIMARY CARE COVID -19 CENTRES**

- A network of new Primary Care Covid-19 centres is being rapidly established to manage the growth of Coronavirus cases in the community.
- On 29 March GP-led centres in Belfast, Dungannon and Banbridge were opened. Further centres will open later this week in Antrim, Coleraine, Newtownards, Lisburn, Downpatrick and Enniskillen. The first centre opened last week in Londonderry. The situation will be kept under review and further centres may be opened.
- The centres have been rapidly established in each Trust area to help manage the increase of Coronavirus cases in the community by allowing patients who are showing symptoms of the virus to be separated from those with non Covid-19 related conditions. This is essential to ensure that vital GP services can be maintained in the coming weeks and months with minimum disruption.
- Covid-19 centres are not testing facilities. They are only for patients who are unwell, are suspected of having Covid-19 and require medical attention. Patients will not be able to report directly to these centres without being referred by their GP or Out of Hours provider.

## **GP Letters**

- **Thousands of GP letters have now been issued to vulnerable people with serious medical conditions across the province.**

## **Update on discussions on MoU with RoI**

- The draft MOU outlines cooperation between ROI and Northern Ireland on the public health response to COVID-19. Many elements of the MOU are under active discussion and implementation. Social distancing measures continue to be the highest priority across both jurisdictions with stringent measures now in place in both Northern Ireland and the Republic of Ireland. Cooperation and sharing of information has also been instigated between academics on modelling the epidemic across the Island. Regular discussions continue between the CMOs and their senior colleagues regarding the



management of the epidemic in the current highly critical phase. It is due to be formally endorsed by the two CMOs shortly.

## **VENTILATORS**

- The Department can confirm that Northern Ireland's health system has now increased its ventilator total to **165**. Further orders are in place and being actively progressed.
- Further work is underway to scope the full extent of critical care and other respiratory equipment as well as staffing required to ensure that we can respond to the potential number of people who will need such specialised care. To that end a further 650 units capable of providing respiratory support in both critical care and non-critical care settings are currently being procured.
- We are also working closely with NHS partners on a four nation basis as part of the UK Government's national effort to ensure adequate supply of ventilators as required. Northern Ireland companies have responded to the national call for businesses to help make ventilators and ventilator components.
- The Department of Health has also been in contact with a company/manufacturer in ROI regarding ventilators and discussions are ongoing as to whether they will be appropriate for use here.

### **Additional info:**

- The order of 650 units comprises 100 mechanical ventilators, 250 non-invasive ventilators and 300 Airvo. It is envisaged that 250 units will be used in critical care (100 mechanical ventilators, 100 Airvo and 50 non-invasive ventilators); and 400 units (200 Airvo and 200 non-invasive ventilators) will be used in pre- and post-critical care settings for the care of COVID-19 patients.
- Invest NI is coordinating the response by NI manufacturing companies to the UK call. Further information is available on the Invest NI website.

### **Updated PPE guidance**

- **We have significant stores of PPE in place. We have over 22.5m gloves, almost 7m aprons and over 1m items of eye protection.**
- NHSE, PHE, DHSC and the Devolved Administrations have together reviewed the guidance, considering existing and emerging evidence about transmission routes and appropriate methods to prevent transmission.
- Consistent with current WHO recommendations, the UK guidance continues to recommend droplet and contact precautions, and additional airborne precautions when specific medical procedures generate aerosols that are associated with an increased risk of virus exposure. In addition, when there is increased circulation of the virus within the community, we are recommending taking precautions for all patient encounters; this is to make sure health and

social care staff are protected even if a person is not displaying common symptoms of COVID-19.

## **TESTING**

- The HSC system is working intensively to significantly increase levels of testing. A number of locations are being actively considered as part of this expansion.
- We have increased capacity in recent weeks and will increase further. Getting our daily figures to full capacity levels has taken longer than we would have wished but we would assure staff that this is receiving sustained attention.
- We are working with the private sector and other public sector organisations as part of our plans to increase testing numbers.
- We fully recognise the importance of testing to our staff and that is why they are a key target group when it comes to testing.
- The Minister of Health has established an expert working group to lead on the expansion of testing across all our laboratory services, both within Health and Social Care facilities and also to consider options for the utilization of other testing facilities including within the commercial sector.
- Currently, laboratory testing is reserved for a number of priority groups. These are people admitted to hospital, key healthcare workers and in circumstances relating to the management of outbreak clusters. Key healthcare workers include staff working in emergency departments, critical care units, primary care and frontline ambulance staff. This position will be subject to regular review and as further capacity becomes available, testing can be expanded to further support and maintain vital services.
- The health and social care system is actively pursuing a number of options in relation to testing, including locations. Information will be published when details are finalised.

## **PRESCRIPTIONS**

- Medicine supplies for pharmacies are continually replenished by wholesalers and most stock issues are short term and resolved quickly.

### **Inventory of critical medical supplies (medicines)**

- The Department is working closely with HSC Trusts, Regional Pharmaceutical Procurement Service and the other UK Administrations to identify and assess the volumes of medicines that are required for supportive care, with a particular focus on medicines used in critical care such as antibiotics, sedatives and inotropes.

- We are in regular contact with DHSC colleagues who are engaging with medicines manufacturers on behalf of the whole UK to identify ways that additional supplies can be made available to the UK supply chain.
- A number of clinical trials have been established across the UK to assess the potential role of a number of experimental treatments for COVID-19. Work is underway to identify local sites to participate in these studies, in order to ensure that patients in Northern Ireland have the opportunity to avail of these treatments through clinical trials in the coming weeks.