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Protecting and improving the nation's health

By email

request-714408-9a8c81a8@whatdotheyknow.com

Our ref: 25/12/ld/2243

Dear Name Redacted

19 January 2021

Re: 2243 – FOI Why is COVID-19 not a High Consequence Infectious Disease (HCID)

Thank you for your request received on 25 December 2020 addressed to Public Health England (PHE). In accordance with Section 1(1)(a) of the Freedom of Information Act 2000 (the Act), I can confirm that PHE does hold the information you have specified.

Request

Why don't you consider covid19 a HCID when we've been lockdown since March? Have you told the government that Covid19 isn't a HCID?

Response

PHE can confirm that it holds the information you have specified.

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID).

The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This precautionary recommendation was based on consideration of the UK HCID criteria about the virus and the disease, using information available during the early stages of the outbreak. When more was known about COVID-19, representatives from the four UK public health bodies reviewed the updated information about COVID-19 against the UK HCID criteria and determined that some features had changed since the meeting in January 2020. In particular, by the time of the March 2020 review, more information had emerged about population-level mortality rates, which were low overall, as well as an increase in clinical awareness of COVID-19, and the availability of a specific and sensitive laboratory test for COVID-19, access to which had increased over time. Thus, while some criteria continued to apply at the time of the review ("acute infectious disease"; "may not have effective prophylaxis or treatment"; "ability to spread in the community and within healthcare settings"), the group was satisfied that knowledge gaps no longer existed for two criteria ("typically has a high fatality rate"; "often difficult to

recognise and detect rapidly"), compared to when HCID status was considered in January 2020.

For the remaining criterion ("requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely"), the group agreed that this criterion still applied; however, the group also recognised that the UK government had launched a comprehensive COVID-19 action plan: www.gov.uk/government/publications/coronavirus-action-plan. The dedicated action plan reflected the seriousness of this new infectious disease, irrespective of HCID status, and was appropriate to the assigned pandemic status of the COVID-19 outbreak.

Taking all of these factors into account, the group was satisfied that the interim recommendation made in January 2020 was no longer appropriate. Therefore, a recommendation was made to the Department of Health and Social Care and other relevant stakeholders to remove COVID-19 from the Airborne HCID list. This recommendation was accepted and the Airborne HCID list on GOV.UK was amended, accordingly, on 21 March 2020. An explanation of why and how COVID-19 had been removed was provided on the PHE HCID webpage at the same time, and the explanation remains available on the webpage: www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#status-of-covid-19.

If you have any queries regarding the information that has been supplied to you, please refer your query to me in writing in the first instance. If you remain dissatisfied and would like to request an internal review, then please contact us at the address above or by emailing <u>foi@phe.gov.uk</u>.

Please note that you have the right to an independent review by the Information Commissioner's Office if a complaint cannot be resolved through the PHE complaints procedure. The Information Commissioner's Office can be contacted by calling the ICO's helpline on **I&S**, visiting the ICO's website at <u>www.ico.org.uk</u> or writing to the ICO at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely FOI Team