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Minutes

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COVID-19 OPERATIONS COMMITTEE

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Minutes of a Meeting of the Covid-19 Operations Committee  
held in 70 Whitehall and by video conference on

THURSDAY 25<sup>th</sup> November 2021  
At 17:15 PM

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P R E S E N T

The Rt Hon Steve Barclay MP  
Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office

The Rt Hon Sajid Javid MP  
Secretary of State for Health and Social Care

ALSO PRESENT

The Rt Hon Grant Shapps MP  
Secretary of State for Transport

The Rt Hon Simon Hart MP  
Secretary of State for Wales

The Rt Hon James Cleverly MP  
Minister of State (Minister for Middle East, North Africa and North America)

The Rt Hon Michael Ellis QC MP  
Paymaster General

Helen Whately MP  
Exchequer Secretary to the Treasury

Kevin Foster MP  
Parliamentary Under Secretary of State (Minister for Future Borders and Immigration)

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Michael Matheson MSP  
Cabinet Secretary for Net Zero, Energy and Transport, Scottish Government

Robin Swann MLA  
Minister of Health, Northern Ireland Executive

Professor Chris Whitty  
Chief Medical Officer for England

Professor Jonathan Van-Tam  
Deputy Chief Medical Officer for England

Dr Thomas Waite  
Interim Deputy Chief Medical Officer for England

Sir Patrick Vallance  
Government Chief Scientific Adviser

Dr Jenny Harries OBE  
Chief Executive, UK Health Security Agency

Dr Susan Hopkins  
Chief Medical Advisor, UK Health Security Agency

Professor Stephen Powis  
National Medical Director, NHS England

Gareth Davies  
Director General for Aviation, Maritime, International and Security, Department for Transport

Sue Young  
Director, Department for Health and Social Care

Robert Tinline  
Director C-19, Foreign, Commonwealth and Development Office

Simon Madden  
Director of Policy & Strategy, NHSX

Claire Pimm  
Director, National Resilience Communications, Cabinet Office

Elizabeth O'Donoghue  
International Travel Programme, Aviation Directorate, Department for Transport

Dr Gregor Smith  
Chief Medical Officer for Scotland

Kerry Morgan  
Deputy Director, Travel Restrictions, Scottish Government

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Matthew Valente  
Deputy Director for International Passenger Co-ordination, Scottish Government

Dr Frank Atherton  
Chief Medical Officer for Wales

Bethan Bateman  
Deputy Director Sustainable Futures, Welsh Government

Dr Lourda Geoghegan  
Deputy Chief Medical Officer for Northern Ireland

Secretariat

S Ridley  
A Bangard

NR

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Briefing on Variant  
B.1.1.529 (Botswana and  
South Africa)

THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the Committee was meeting to discuss the concerning variant that had been discovered.

THE CHIEF MEDICAL ADVISOR OF THE UK HEALTH SECURITY AGENCY said that the new variant B.1.1.529 had been identified this week. The first positive test had been uploaded in Hong Kong on GISAID. On the following day, another positive test had been identified from Botswana. Both cases related to travel from South Africa. There were now 52 recorded cases from South Africa. The variant had 32 mutations compared to Wuhan, and double compared to Delta. Many of these mutations were in the spike protein and raised the likelihood of immune escape. There had been discussions with South Africa due to the rapidly changing epidemiology, particularly in the Gauteng region where there had been a 1 per cent to 6 per cent increase in positivity in a ten day period. A large majority of cases were now in Gauteng, Johannesburg and the surrounding region, and in some smaller areas up to 90 per cent of cases were of this variant. Likely cases of this variant could be detected quickly through polymerase chain reaction (PCR) testing, and with a focus on the S-gene dropout signal. Following discussions with officials in South Africa and internationally, the variant had now been escalated to Variant Under Investigation status. Further work was needed on transmissibility, to understand the impact of the variant in highly immune populations, and the potential for severe hospitalisations and deaths, and this work would take a number of weeks. No cases had yet been detected in this country.

THE CHIEF EXECUTIVE OF THE UK HEALTH SECURITY AGENCY said that there were a number of research elements needed to understand the clinical implications. The immediate public health focus was to protect the UK until more was known, and the most obvious way to do so would be to limit ingress of the virus. The routine risk assessments for South Africa and Botswana were both very high and of medium confidence. There were practical steps that would be taken: an exercise would be carried out using the Passenger Locator Form to identify those who had come into the country in the previous ten days; appropriate surveillance through PCR testing and sequencing would also be used as assurance that the variant was not present in the country. The Committee should consider the immediate suspension of flights from southern Africa. There was clear evidence to implement this for South Africa and Botswana; Lesotho and Eswatini were also recommended as enclosed countries; and the Committee should also consider Namibia and Zimbabwe due to their proximity. In addition,

placing these countries on the red list would reduce further ingress of the virus. The earliest these countries could be placed under red list regulations would be at 4pm the following day, however there was a 72 hour stand up period needed for the Managed Quarantine Service and therefore this would not be in place until 4pm on Monday of the following week. Legal advice was required for this interim period, and work to understand how many additional hotel rooms would be needed over that period.

THE CHIEF MEDICAL OFFICER FOR ENGLAND said that there were a worrying number of mutations and the variant was spreading very quickly in a highly immune population. In time, these may become less concerning, and may not lead to hospitalisations and deaths. However, it would be prudent to take a cautious approach at this point and then back out if needed.

The Committee:

— took note.

Options to Respond to the Variant

THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the paper before the Committee set out a number of decisions needed, including on regulations. It would be important to understand the number of British nationals that there were in South Africa. There would need to be a renewed focus on vaccine boosters, and the communications messaging.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the science, and clinical risk, were clear: there was significant risk from this variant. The full analysis was not yet available, but what was known was that there was the potential for high transmissibility and vaccine evasion. This variant could also reduce the effectiveness of Ronapreve, the only approved monoclonal antibody which was important for the vulnerable. The recommended short-term position was set out in the paper. It would not be possible to completely stop the variant from entering the country, but the recommended measures would slow it down and would provide the delay needed to better understand the variant, help manage the pressures being faced by the country's health systems as we headed into deeper winter, and encourage increased vaccine booster uptake.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the paper recommended the immediate suspension of direct flights from southern Africa. This included South Africa, Botswana, Lesotho and Eswatini. It was also suggested to include Namibia and Zimbabwe. Once inbound travellers had been identified, they would be asked to take a PCR test. This work was already underway to understand if the variant was already here, and to promote more boosters. Countries with strong travel links with South Africa should be assessed so that those who had travelled through those countries could also be offered a PCR test. Tests could also be checked for S-gene target failure which could be used as a proxy to detect cases domestically. There would need to be continued engagement with South Africa, the EU and other partners.

Concluding, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the flight ban and red listing of the countries in question should be announced that same day. Under the regulations, travellers coming back to the country would be subject to mandatory hotel quarantine. 670 hotel rooms were available immediately, but would take 72 hours to stand up. There was the potential that British and Irish nationals would be stuck in South Africa, and clarity was needed on the legal position for the interim period before hotel rooms would be ready.

In discussion the following points were made:

- a) there was support for precautionary, swift and comprehensive action. Public safety should come first, and the public needed to feel that the Government was protecting them from this variant;
- b) there were practical concerns that needed consideration: 3,900 people had flown out in the last week to South Africa, who would need to come back at some point. 400 people per day was the usual number. There was no way to stop British or Irish citizens from coming back to this country, and the legal basis for bringing them back without somewhere to stay in a red list service was unclear. It would be possible to reduce the number of travellers by banning flights, but this move would do immense damage to a travel sector which was already damaged. It would lead to the cancellation of travel bookings, including Christmas, denting the entire sector again;

- c) including countries in restrictions, in particular banning direct flights, where there was as yet no cases of the variant would cause huge bilateral challenges. If the UK chose to move alone in this way, it would be a lightning conductor for anger and frustration. A move should be taken with eyes open to the implications;
- d) banning direct flights had the potential to create a perverse incentive, and infection could be spread wider if more travellers rushed to return to the UK;
- e) travel advice relating to these countries from the Foreign, Commonwealth and Development Office would need to be aligned with domestic guidance;
- f) there were no direct flights from South Africa to Northern Ireland, but people could fly into Dublin. If the decision was taken to impose flight bans, alignment would be needed with the Irish Government;
- g) there was support for looking at the wider Sub-Saharan region, and it was suggested that PCR testing for all travellers returning from Sub-Saharan Africa should be stepped up;
- h) finding a way to compress the timeframe to stand up capacity in the Managed Quarantine Service would be welcomed;
- i) it would be important to catch individuals who came in through other countries as early as possible;
- j) clarity on the plan between that day and the Monday of the following week would be essential;
- k) a plan was needed for in the event that those who had travelled from the countries in question and were already here said no to a PCR test;
- l) clear communications was important. If the data showed that the variant to be less concerning than thought at this time, the Government should say so and a review point should also be built in to consider this. In addition, it would be important to consider public fears about the cancellation of Christmas and holiday plans. This should be mitigated through clear communications. so as not to heighten public fears. South

Africa had behaved in an exemplary manner, and the Government should be positive about this in any communications;

- m) Her Majesty's Treasury would not expect a request for support from the transport sector;
- n) there was support for cross-UK alignment. Understanding what the Irish Government were doing would be welcomed, given the possibility of travellers entering via Dublin. It would be good to have clarity over transit through other countries;
- o) Border Force stood ready to alter the Passenger Locator Form, and to do so from the following day if needed, and to stand up a dedicated red list terminal, providing that Heathrow was content;
- p) clarity would also be needed on enforcement during an interim period before the Managed Quarantine Service would be available. Those with right of abode could not be refused entry, but they could be prosecuted and fined for failing to comply with requirements. Prosecution was not being recommended, but clarity was needed on what should be done at the border. This would not be a visa ban, but a visitor ban, and the Government needed to be clear on this;
- q) prosecution of British and Irish travellers returning home if the system was not there yet would not be sustainable;
- r) there was an important epidemiological point that the longer people were in a country with the variant transmitting, the higher the risk was that they got the virus, so there should be no delay to them returning home;
- s) encouraging people to come back before Monday of the following week and take PCR tests should be investigated if this presented a better approach. There were currently very high booking rates so it would be challenging to find empty rooms for managed quarantine;
- t) impacted countries should be informed directly by the Government at ambassadorial level, rather than finding out via a press release;

- u) a clear exit strategy was needed, as this move would have profound impact; and
- v) work was needed immediately on antivirals as this variant could potentially impact on how we used antivirals and the quantity needed.

Responding, THE CHIEF EXECUTIVE OF THE UK HEALTH SECURITY AGENCY said that in terms of a review process, it would be important to manage expectations on this. Immediate action would create a necessary pause to understand the risk, as some live virus was needed in order to do proper studies, which would take several weeks. That process would provide clinical information which would contribute to the review. There was a big caveat around testing capacity, with very high case rates already across the UK and lab capacity maximised in recent days. If individuals declined a test, which was not unusual, it would be followed up with a further request.

Summing up, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that there was wide consensus across departments and the devolved administrations on the need for pace, given the significant potential risk to the UK from the new variant. The Committee agreed to a temporary ban of direct flights from South Africa, Namibia, Zimbabwe, Botswana, Lesotho and Eswatini until the Managed Quarantine Service hotel capacity could be stood up.. There was agreement to implement the regulations to add these six countries to the red list by the following day and for the UK Health Security Agency to offer PCR tests to recent arrivals from these countries. The UK Health Security Agency was already in the process of operationalising calls to those who had been in South Africa, Namibia, Botswana and Zimbabwe and returned in the previous ten days. Travel advice from the Foreign, Commonwealth and Development Office and the Department for Transport would need to be aligned. The Covid-19 Taskforce should work immediately with other departments to agree on the precise timing of an announcement and the details of what would be expected of passengers between the announcement and the Managed Quarantine Service going live. The UK Health Security Agency should continue to assess countries with strong travel links to South Africa and return to the Committee with any further recommendations.

Continuing, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the importance of communications had come through strongly and communications should be clear that this was a

UK-wide approach, reinforce the messaging around not travelling to South Africa, and not heighten any public fears about the cancellation of Christmas plans. Communications should also reinforce the positive message on the excellent scientific and sequencing capabilities of South Africa and encourage other countries to be as open with international information sharing. There should be engagement with the South African Government at ministerial level with an offer of scientific and expert support ahead of any public announcement, and also engagement at an EU level to encourage an aligned response. The next three-week review point for the red list would take place on 9 December that year, so it was important that an exit strategy should be ready for the Committee to consider at that point.

Concluding, THE CHANCELLOR OF THE DUCHY OF LANCASTER said that the UK Health Security Agency should commence their studies as soon as the virus became available. It was noted that the timeframes involved would mean this would take a number of weeks to complete. There should also be an assessment of the role of antivirals in light of the new variant.

The Committee:

— took note.