

**Response to your request:**

- 1) Copies of the first 10 (from earliest) e-mails sent to, from or within your organisation in January and February this year which make reference to a “new” “virus” and/or “coronavirus” outbreak originating in “China”, and/or “Wuhan” and/or “Hubei”.

**Email 1 – See ATTACHMENT 1**

**From:** [REDACTED]

**Sent:** 10 January 2020 08:50

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

For information in relation to the Chinese coronavirus cases

Thanks

[REDACTED]

**From:** [REDACTED]

**Sent:** 09 January 2020 16:42

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Dear All,

As promised, the ECDC have just circulated their threat assessment for Wuhan Coronavirus (my shorthand) on EWRS.

I am sure that HPS will also receive this and may adjust their alert accordingly.

The assessment clearly mentions no evidence of human to human transmission in this paper. It also indicates that current advice based on the limited information available at the moment, standard infection prevention and control and appropriate hygiene measures might be sufficient if cases were identified in EU countries.

Doubtless more information to come.

Kind regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 09 January 2020 10:32

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Dear All,

Not much to add to [REDACTED] comments apart from adding [REDACTED] to the copy list for information for the on-call team awareness and to say that EWRS the ECDC early warning system is asking countries to exchange information "*following the reports and as of 5 of January, 59 cases with no deaths associated of pneumonia of unknown aetiology have been reported in Wuhan City, China, with a common exposure in Wuhan South China Seafood City market.*

*SARS and MERS coronavirus, influenza or avian influenza viruses as well as adenovirus have been excluded as the causative agent of these cases. No human to human transmission nor cases among health care workers have been reported.*

*Reports of laboratory investigations show a possibility of a new coronavirus being the origin of this outbreak.*

*In light of the recent developments and ahead of the publication of the RRA [from ECDC], we would like to invite EWRS users to share relevant information and measures taken by their country."*

When I see the rapid risk assessment from ECDC I will share it with you.

Kind regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 09 January 2020 10:02

**To:** [REDACTED]

**Subject:** Re: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Thanks [REDACTED]. Phoned in to HPS' TC and no other new information. Next TC on Monday next week.

[REDACTED]

**From:** Smith G (Gregor)

**Sent:** Thursday, 9 January 2020 09:46

**To:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

A really helpful update [REDACTED] – thanks. Likely to continue to shift quickly I suspect – my own view is that while there is no evidence of human case-case transmission this does not need escalated to ministers but a watching brief on developments is required.

Thanks – appreciate this.

**Dr Gregor Smith**

**Deputy Chief Medical Officer for Scotland**

**Scottish Government**

**Honorary Clinical Associate Professor, University of Glasgow**

Room 1E:02A St Andrews House

Regent Road Edinburgh EH1 3DG

[REDACTED]

Twitter: @DrGregorSmith

**From:** [REDACTED]

**Sent:** 09 January 2020 08:01

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Hi [REDACTED]

I had been aware of this mystery illness affecting over 59 people linked with the Wuhan City sea food and live animal market in China over the Christmas and New Year from various national and international communications.

This is a fast moving situation and in fact news emerging from China overnight confirm that scientists there has isolated a novel coronavirus from one of the patients, so the briefing sent by HPS yesterday is already out of date. I will join the TC this morning that HPS has arranged in case they have other intelligence through PHE and/or ECDC.

If it is confirmed as a coronavirus, this will be the third novel coronavirus that causes severe human illnesses, the other two being the SARS (severe acute respiratory syndrome) that affected 3100 people in 37 countries with 774 fatalities and MERS CoV (Middle east Respiratory Syndrome) that are still causing sporadic cases and some clusters in some of the middle east countries.

My understanding of the situation so far is that:

- Almost all cases diagnosed so far have a direct link to the Wuhan sea food market that also sells other live animals.
- Coronaviruses are usually found in animals with human infected by direct exposure unless there is evidence of human to human transmission as occurred with SARS
- So far there is no evidence of human to human transmission in these cases in china
- Risk to UK residents is currently considered very low
- Risk to travellers to Wuhan City if not exposed to wild animals is also considered low to moderate
- Currently there are no travel restrictions to China and Wuhan city advised by the Foreign and Commonwealth Office
- There are extant advice for travellers to china to avoid being exposed to poultry and other markets selling live animals to avoid being exposed to bird flu as a number of such sporadic cases have been diagnosed in humans in recent years in china.

My understanding of the HPS alert is that this is mainly to alert clinical community so that if such a suspected case comes back from China, the clinical teams should take relevant travel history and investigate appropriately.

I do not know what criteria if any that we use to decide whether to brief Ministers but my inclination is that it is probably a bit premature but clearly if the situation changes such as evidence of human to human transmission and/or there is an imported suspected case anywhere in the UK, that may be the time to alert colleagues much more widely.

However I will leave this to you and Gregor to decide but meanwhile if you require any other information, please get back to me. Although I am not back at SAH until next Monday, I will try to keep an eye on the “crackberry”.

Regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 08 January 2020 17:52

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Hi [REDACTED]

I've flagged in both [REDACTED] boxes. [REDACTED] is joining a teleconference in this connection tomorrow morning at 9.15 am, see copy of diary entry above and I can ask [REDACTED] to give you a phone thereafter.

Thanks.

[REDACTED]

**From:** [REDACTED]

**Sent:** 08 January 2020 17:39

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

**Importance:** High

Folks

Is this something I should be worried about as I'm not sure how often an 'unknowing pathogen' appears? Given the links we have with China and the work in hand to build on these to increase trade and tourism I'm mindful on whether we should be engaging with our colleagues in International Division and/or Ministers.

[REDACTED]

**From:** HPSALERT [REDACTED]

**Date:** Wednesday, 08 Jan 2020, 5:27 pm

**To:** [REDACTED] **Cc:** [REDACTED]

**Subject:** HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Dear colleagues,

Please find attached an HPS Briefing note regarding a cluster of pneumonia of unknown aetiology in Wuhan City, China.

**Situation:**

On 31 December 2019, WHO was informed by the People's Republic of China of cases of pneumonia of unknown microbial aetiology associated with Wuhan City, Hubei Province, China. As of on 05 January 2020, there were 59 cases reported, including 7 critically ill patients, with no deaths. Influenza, adenovirus, SARS-CoV and MERS-CoV have been

ruled out. Investigations for other pathogens continue. It is possible that this cluster represents the emergence of a novel pathogen.

This is an evolving situation and further updates will be provided.

In the case of being alerted to a possible case, Health Protection Teams are requested to directly contact HPS:

- Office hours: [REDACTED] or [REDACTED]
- Out of hours: HPS on call [REDACTED]

Please see the attached briefing note for further details and note that this is for information ahead of planned TC with HPTs on Thursday 09 January 09:15.

Best regards,

[REDACTED]

HPZone Summary:

<b>Heading</b>	Cluster of pneumonia of unknown aetiology in Wuhan City, China
<b>Source</b>	HPS Briefing Note 2020/01, 08/01/2020
<b>Summary</b>	On 31 December 2019, WHO was informed by the People's Republic of China of cases of pneumonia of unknown microbial aetiology associated with Wuhan City, Hubei Province, China. As of on 05 January 2020, there were 59 cases reported, including 7 critically ill patients, with no deaths. Influenza, adenovirus, SARS-CoV and MERS-CoV have been ruled out. Investigations for other pathogens continue. It is possible that this cluster represents the emergence of a novel pathogen. This is an evolving situation and further updates will be provided.
<b>Reference</b>	Full briefing at <a href="http://www.shpir.hps.scot.nhs.uk/">http://www.shpir.hps.scot.nhs.uk/</a>
<b>Timescale</b>	To remain on HPZone until 23:59 on 31 January 2020
<b>HPZone Context</b>	China/Wuhan undiagnosed pneumonia

[REDACTED]

## Email 2 – See Attachment 2

**From:** EWRS

**Sent:** 09/01/2020 18:36

**Subject:** OFFICIAL: New EWRS events (request for information): Pneumonia of unknown aetiology, Wuhan, China

**OFFICIAL**

Dear colleagues,

Please find attached a new EWRS event regarding pneumonia of unknown aetiology in Wuhan City, China and a Threat Assessment Brief produced by ECDC. We are currently drafting a response to provide the requested information.

**This came via EWRS mechanism:-**

**Please note that if this is classification 'Restricted' (i.e. any EWRS message) it should be treated discreetly. If you need further details do contact the person indicated in the body of the attached EWRS message (if any) but explain how you came to be aware and emphasise you are dealing with the issue in confidence.**

**FOR INFORMATION AND ACTION AS APPROPRIATE**

Best wishes,

[REDACTED]

**Email 3 – Attachment** [REDACTED], See **ANNEX B**

[REDACTED]

**From:** [REDACTED]

**Sent:** 13 January 2020 08:33

**To:** [REDACTED]

**Subject:** FW: HPS Briefing Note 2020/02 - Cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus

**Importance:** High

Hi,

For information please see the attached briefing note from HPS regarding the potential novel coronavirus in Wuhan City China

Thanks

[REDACTED]

**From:** [REDACTED]

**Sent:** 10 January 2020 17:10

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: HPS Briefing Note 2020/02 - Cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus

**Importance:** High

Dear colleagues

Apologies if this is a duplicate.

HPS have convened a meeting with the NHS boards on Monday which will be moved from its original time slot to 13.00-14.00 hours to facilitate my/our attendance at the UK NERVTAG/PHE chaired Wuhan IMT meetings at 10.00-11.00 and 11.00 -12.00 respectively on Monday.

A HPS news item is on our website re this too

<https://www.hps.scot.nhs.uk/news/detail?id=23653>

Best wishes

[REDACTED]

**From:** HPSALERT [REDACTED]

**Sent:** 10 January 2020 15:40

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** HPS Briefing Note 2020/02 - Cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus

**Importance:** High

Dear colleagues,

Please find attached an updated HPS Briefing note regarding a cluster of pneumonia of in Wuhan City, China, now associated with a novel coronavirus.

This is an evolving situation and further updates will be provided.

In the case of being alerted to a possible case, Health Protection Teams are requested to directly contact HPS:

- Office hours: [REDACTED] or [REDACTED];
- Out of hours: [REDACTED]

Health Protection teams should communicate the information in this briefing note within their NHS Board, including with Emergency Departments, acute medical services and primary care **during working office hours**.

HPZone Summary:

<b>Heading</b>	Cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus
<b>Source</b>	HPS Briefing Note 2020/02, 10/01/2020
<b>Summary</b>	On 31 December 2019, WHO was informed by the People's Republic of China of cases of pneumonia of unknown microbial aetiology associated with Wuhan City, Hubei Province, China. As of on 05 January 2020, there were 59 cases reported, including 7 critically ill patients, with no deaths. Influenza, adenovirus, SARS-CoV and MERS-CoV have been ruled out. Investigations for other pathogens continue. WHO statement confirmed identification of a novel coronavirus. This is an evolving situation and further updates will be provided.
<b>Reference</b>	Full briefing at <a href="http://www.shpir.hps.scot.nhs.uk/">http://www.shpir.hps.scot.nhs.uk/</a>
<b>Timescale</b>	To remain on HPZone until 23:59 on 31 January 2020
<b>HPZone Context</b>	Wuhan novel coronavirus

Kind regards

[REDACTED]

## Email 4 – See Attachment 3

**From:** EWRS

**Sent:** 10 January 2020 14:25

**To:** [REDACTED]

**Subject:** OFFICIAL: Updated EWRS events (request for information): Pneumonia of unknown aetiology, Wuhan, China

**OFFICIAL**

Dear colleagues,

Please find attached an updated EWRS event regarding pneumonia of unknown aetiology in Wuhan City, China and a Threat Assessment Brief produced by ECDC. We have included our response with the requested information.

Kind regards,

[REDACTED]

**This came via EWRS mechanism:-**

**Please note that this is classification 'Restricted' and should be treated discreetly. If you need further details do contact the person indicated in the body of the EWRS message (if any) but explain how you came to be aware and emphasise you are dealing with the issue in confidence.**

[REDACTED]

## Email 5 – See Attachment 4

**From:** EWRS

**Sent:** 10 January 2020 17:35

**To:** [REDACTED]

**Subject:** OFFICIAL: Updated EWRS event (request for information): Pneumonia of unknown aetiology, Wuhan, China

**OFFICIAL**

Dear colleagues,

Please find attached an updated EWRS event regarding pneumonia of unknown aetiology in Wuhan City, China. With this update, responses from Romania, Czech Republic, Norway and the Netherlands are included.

Kind regards,

[REDACTED]

**This came via EWRS mechanism:-**

**Please note that this is classification 'Restricted' and should be treated discreetly. If you need further details do contact the person indicated in the body of the EWRS message (if any) but explain how you came to be aware and emphasise you are dealing with the issue in confidence.**

**FOR INFORMATION AND ACTION AS APPROPRIATE**

[REDACTED]

**Email 6**

**From:** [REDACTED]

**Sent:** 13 January 2020 14:25

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Incident Update

Thanks [REDACTED]

[REDACTED]

**From:** [REDACTED]

**Sent:** 13 January 2020 13:58

**To:** [REDACTED]

**Cc:**[REDACTED]

**Subject:** RE: HPS Incident Update

No significant update from HPS.

HPS continue to have weekly TC with PHE and they will have one further TC with NHS Boards next Monday unless anything significant emerges before then.

[REDACTED]

**From:** [REDACTED]

**Sent:** 13 January 2020 10:47

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Incident Update

Thanks [REDACTED] and I will phone in to TC this afternoon although I doubt if there would be any new information on the update sent by [REDACTED] on Saturday.

All the information emerging from China through the WHO seems reassuring that control measures taken by the Wuhan City authorities in promptly closing and disinfecting the sea food/live animal market have probably controlled this outbreak/cluster although the original source of the virus yet to be identified. There are still no evidence of person to person transmission and the number of confirmed cases have been downgraded to 41 from the previous 59 suspected.

There was a fatal case but this person had multiple other pathology, however a number of patients still remain critically ill.

Regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 13 January 2020 10:27

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** HPS Incident Update

Hi,

Notes from today's meeting:

- NHS Borders – There was a chemical Fire in Walkerburn on Friday which resulted in two people being admitted to hospital with minor injuries. There was some concern about asbestos dust being released in to the air but this appears to have dispersed and things are back to normal.
- NHS Highland – updated on the possible VHF which was being managed at the end of last week – a debrief and lessons learned will be held this week.
- NHS Lanarkshire – reporting 5-6 cases on Mumps in one town, all ranging in age 18-20.
- NHS Lothian – managing 2 cases of iGAS and also seeing a few mumps cases.
- NHS Shetland – managing a case of pertussis in a HCW – the person has had no contact with patients only with fellow HCW – contacts are being followed up.
- NHS Tayside – Also seeing mumps cases
- HPS – novel coronavirus Wuhan City - HPS are attending a UK NERVTAG meeting and PHE chaired Wuhan IMT this morning.  
A T/C is scheduled for this afternoon to update the Boards on this.

Thanks

[REDACTED]

**Email 7 – Later version of Email 3. Attachment [REDACTED], See ANNEX B**

**From:** [REDACTED]

**Sent:** 13 January 2020 08:41

**To:** [REDACTED]

**Subject:** FW: HPS Briefing Note 2020/02 - Cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus

**Importance:** High

Hi,

You may already be aware of this but please see attached HPS briefing note regarding a cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus. The majority of cases appear to be linked to a seafood market in the city.

Thanks

[REDACTED]

**From:** [REDACTED]

**Sent:** 10 January 2020 17:10

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: HPS Briefing Note 2020/02 - Cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus

**Importance:** High

Dear colleagues

Apologies if this is a duplicate.

HPS have convened a meeting with the NHS boards on Monday which will be moved from its original time slot to 13.00-14.00 hours to facilitate my/our attendance at the UK NERVTAG/PHE chaired Wuhan IMT meetings at 10.00-11.00 and 11.00 -12.00 respectively on Monday.

A HPS news item is on our website re this too

<https://www.hps.scot.nhs.uk/news/detail?id=23653>

Best wishes

[REDACTED]

**From:** HPSALERT

**Sent:** 10 January 2020 15:40

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** HPS Briefing Note 2020/02 - Cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus

**Importance:** High

Dear colleagues,

Please find attached an updated HPS Briefing note regarding a cluster of pneumonia of in Wuhan City, China, now associated with a novel coronavirus.

This is an evolving situation and further updates will be provided.

In the case of being alerted to a possible case, Health Protection Teams are requested to directly contact HPS:

- Office hours: [REDACTED] or [REDACTED];
- Out of hours: [REDACTED]

Health Protection teams should communicate the information in this briefing note within their NHS Board, including with Emergency Departments, acute medical services and primary care **during working office hours**.

HPZone Summary:

<b>Heading</b>	Cluster of pneumonia in Wuhan City, China, associated with a novel coronavirus
<b>Source</b>	HPS Briefing Note 2020/02, 10/01/2020
<b>Summary</b>	On 31 December 2019, WHO was informed by the People's Republic of China of cases of pneumonia of unknown microbial aetiology associated with Wuhan City, Hubei Province, China. As of on 05 January 2020, there were 59 cases reported, including 7 critically ill patients, with no deaths. Influenza, adenovirus, SARS-CoV and MERS-CoV have been ruled out. Investigations for other pathogens continue. WHO statement confirmed identification of a novel coronavirus. This is an evolving situation and further updates will be provided.

<b>Reference</b>	Full briefing at <a href="http://www.shpir.hps.scot.nhs.uk/">http://www.shpir.hps.scot.nhs.uk/</a>
<b>Timescale</b>	To remain on HPZone until 23:59 on 31 January 2020
<b>HPZone Context</b>	Wuhan novel coronavirus

Kind regards

[REDACTED]

### **Email 8 – earlier version of Email 1**

**From:** [REDACTED]

**Sent:** 09 January 2020 10:45

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Hi,

This is just for awareness only at this stage but see below reports of a novel coronavirus associated with a seafood market in Wuhan City, China. So far there have been 59 cases and no deaths. HPS have sent a briefing to Boards for awareness.

Thanks

[REDACTED]

**From:** [REDACTED]

**Sent:** 09 January 2020 10:32

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Dear All,

Not much to add to [REDACTED] comments apart from adding [REDACTED] to the copy list for information for the on-call team awareness and to say that EWRS the ECDC early warning system is asking countries to exchange information “*following the reports and as of 5 of January, 59 cases with*

*no deaths associated of pneumonia of unknown aetiology have been reported in Wuhan City, China, with a common exposure in Wuhan South China Seafood City market.*

*SARS and MERS coronavirus, influenza or avian influenza viruses as well as adenovirus have been excluded as the causative agent of these cases. No human to human transmission nor cases among health care workers have been reported.*

*Reports of laboratory investigations show a possibility of a new coronavirus being the origin of this outbreak.*

*In light of the recent developments and ahead of the publication of the RRA [from ECDC], we would like to invite EWRS users to share relevant information and measures taken by their country.”*

When I see the rapid risk assessment from ECDC I will share it with you.

Kind regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 09 January 2020 10:02

**To:** [REDACTED]

**Subject:** Re: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Thanks Gregor. Phoned in to HPS' TC and no other new information. Next TC on Monday next week.

[REDACTED]

**From:** [REDACTED]

**Sent:** Thursday, 9 January 2020 09:46

**To:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

A really helpful update [REDACTED] – thanks. Likely to continue to shift quickly I suspect – my own view is that while there is no evidence of human case-case transmission this does not need escalated to ministers but a watching brief on developments is required.

Thanks – appreciate this.

**Dr Gregor Smith**

**Deputy Chief Medical Officer for Scotland**

**Scottish Government**

**Honorary Clinical Associate Professor, University of Glasgow**

Room 1E:02A St Andrews House

Regent Road Edinburgh EH1 3DG

[REDACTED]

Twitter: @DrGregorSmith

**From:** [REDACTED]

**Sent:** 09 January 2020 08:01

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Hi [REDACTED]

I had been aware of this mystery illness affecting over 59 people linked with the Wuhan City sea food and live animal market in China over the Christmas and New Year from various national and international communications.

This is a fast moving situation and in fact news emerging from China overnight confirm that scientists there has isolated a novel coronavirus from one of the patients, so the briefing sent by HPS yesterday is already out of date. I will join the TC this morning that HPS has arranged in case they have other intelligence through PHE and/or ECDC.

If it is confirmed as a coronavirus, this will be the third novel coronaviruses that causes severe human illnesses, the other two being the SARS (severe acute respiratory syndrome) that affected 3100 people in 37 countries with 774 fatalities and MERS CoV (Middle east Respiratory Syndrome) that are still causing sporadic cases and some clusters in some of the middle east countries.

My understanding of the situation so far is that:

- Almost all cases diagnosed so far have a direct link to the Wuhan sea food market that also sells other live animals.
- Coronaviruses are usually found in animals with human infected by direct exposure unless there is evidence of human to human transmission as occurred with SARS
- So far there is no evidence of human to human transmission in these cases in china
- Risk to UK residents is currently considered very low
- Risk to travellers to Wuhan City if not exposed to wild animals is also considered low to moderate
- Currently there are no travel restrictions to China and Wuhan city advised by the Foreign and Commonwealth Office

- There are extant advice for travellers to china to avoid being exposed to poultry and other markets selling live animals to avoid being exposed to bird flu as a number of such sporadic cases have been diagnosed in humans in recent years in china.

My understanding of the HPS alert is that this is mainly to alert clinical community so that if such a suspected case comes back from China, the clinical teams should take relevant travel history and investigate appropriately.

I do not know what criteria if any that we use to decide whether to brief Ministers but my inclination is that it is probably a bit premature but clearly if the situation changes such as evidence of human to human transmission and/or there is an imported suspected case anywhere in the UK, that may be the time to alert colleagues much more widely.

However I will leave this to you and Gregor to decide but meanwhile if you require any other information, please get back to me. Although I am not back at SAH until next Monday, I will try to keep an eye on the “crackberry”.

Regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 08 January 2020 17:52

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Hi [REDACTED]

I've flagged in both [REDACTED]boxes. [REDACTED] is joining a teleconference in this connection tomorrow morning at 9.15 am, see copy of diary entry above and I can ask [REDACTED] to give you a phone thereafter.

Thanks.

[REDACTED]

**From:** [REDACTED]

**Sent:** 08 January 2020 17:39

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

**Importance:** High

Folks

Is this something I should be worried about as I'm not sure how often an 'unknowing pathogen' appears? Given the links we have with China and the work in hand to build on these to increase trade and tourism I'm mindful on whether we should be engaging with our colleagues in International Division and/or Ministers.

[REDACTED]

**From:** HPSALERT [REDACTED]

**Date:** Wednesday, 08 Jan 2020, 5:27 pm

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** HPS Briefing Note 2020/01 - Cluster of pneumonia of unknown aetiology in Wuhan City, China

Dear colleagues,

Please find attached an HPS Briefing note regarding a cluster of pneumonia of unknown aetiology in Wuhan City, China.

**Situation:**

On 31 December 2019, WHO was informed by the People's Republic of China of cases of pneumonia of unknown microbial aetiology associated with Wuhan City, Hubei Province, China. As of on 05 January 2020, there were 59 cases reported, including 7 critically ill patients, with no deaths. Influenza, adenovirus, SARS-CoV and MERS-CoV have been ruled out. Investigations for other pathogens continue. It is possible that this cluster represents the emergence of a novel pathogen.

This is an evolving situation and further updates will be provided.

In the case of being alerted to a possible case, Health Protection Teams are requested to directly contact HPS:

- Office hours: [REDACTED]or [REDACTED]
- Out of hours: HPS on call [REDACTED]

Please see the attached briefing note for further details and note that this is for information ahead of planned TC with HPTs on Thursday 09 January 09:15.

Best regards,

[REDACTED]

HPZone Summary:

<b>Heading</b>	Cluster of pneumonia of unknown aetiology in Wuhan City, China
<b>Source</b>	HPS Briefing Note 2020/01, 08/01/2020
<b>Summary</b>	On 31 December 2019, WHO was informed by the People's Republic of China of cases of pneumonia of unknown microbial aetiology associated with Wuhan City, Hubei Province, China. As of on 05 January 2020, there were 59 cases reported, including 7 critically ill patients, with no deaths. Influenza, adenovirus, SARS-CoV and MERS-CoV have been ruled out. Investigations for other pathogens continue. It is possible that this cluster represents the emergence of a novel pathogen. This is an evolving situation and further updates will be provided.
<b>Reference</b>	Full briefing at <a href="http://www.shpir.hps.scot.nhs.uk/">http://www.shpir.hps.scot.nhs.uk/</a>
<b>Timescale</b>	To remain on HPZone until 23:59 on 31 January 2020
<b>HPZone Context</b>	China/Wuhan undiagnosed pneumonia

[REDACTED]

**Email 9 – See Attachment 5**

**From:** EWRS

**Sent:** 14 January 2020 16:52

**To:** [REDACTED]

**Subject:** OFFICIAL: Updated EWRS event (request for information): Pneumonia of unknown aetiology, Wuhan, China

**OFFICIAL**

Dear colleagues,

Please find attached an updated EWRS event regarding pneumonia of unknown aetiology in Wuhan City, China. With this update, responses from Malta, France, Greece, Bulgaria, Latvia, Lithuania and Estonia are included.

**This came via EWRS mechanism:-**

**Please note that this is classification 'Restricted' and should be treated discreetly. If you need further details do contact the person indicated in the body of the EWRS message (if any) but explain how you came to be aware and emphasise you are dealing with the issue in confidence.**

**FOR INFORMATION AND ACTION AS APPROPRIATE**

Best wishes,

[REDACTED]

**Email 10**

**From:** [REDACTED]

**Sent:** 15 January 2020 08:36

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: OFFICIAL: WN-CoV: HCID status - outcome of 4 nations discussion

Hi,

No issues from a policy perspective.

Thanks

[REDACTED]

**From:** [REDACTED]

**Sent:** 15 January 2020 08:03

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: OFFICIAL: WN-CoV: HCID status - outcome of 4 nations discussion

Thanks all,

I have noted the discussion and am also happy with the recommendation.

Kind regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 13 January 2020 15:39

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: OFFICIAL: WN-CoV: HCID status - outcome of 4 nations discussion

Thanks [REDACTED]

HPS is also content with this recommendation.

Best wishes

[REDACTED]

**From:** [REDACTED]

**Sent:** 13 January 2020 14:58

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: OFFICIAL: WN-CoV: HCID status - outcome of 4 nations discussion

Thanks [REDACTED]

Assuming that you at HPS are also content with this recommendation, this seems to be very sensible precautionary approach to take as more information emerges from china on the epidemiology of this emerging infection.

Regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 13 January 2020 14:26

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: OFFICIAL: WN-CoV: HCID status - outcome of 4 nations discussion

Dear [REDACTED] et al

On Friday afternoon, I dialled into a 4 Nations HCID meeting convened by PHE to discuss the novel coronavirus identified in Wuhan and to consider whether this should be added to the UK list of HCIDs.

The group agreed that it should be designated as an HCID and added to the list, recognising that there is still uncertainty regarding some of the criteria used to categorise HCIDs, in particular those relating to case-fatality rate and transmissibility. The HCID status will be kept under review as more information becomes available.

Please see below email from [REDACTED] to [REDACTED], setting out the group's recommendation and the rationale for that.

From a Scotland perspective the main implication of this recommendation would be in relation to the management of any confirmed cases and their possible transfer to one of the NHS England airborne HCID treatment units for ongoing management.

I would be grateful if you can confirm that you are content with this recommendation.

Best wishes

[REDACTED]

Dear [REDACTED],

The High Consequence Infectious Disease (HCID) liaisons from the four nations met this afternoon to discuss whether the disease associated with the detection of the Wuhan novel coronavirus (WN-CoV) should be classified as an HCID in the UK. We discussed each criteria in point, whether existing HCIDs all meet the criteria perfectly, the implications for public health and clinical providers of including or not including WN-CoV on the list, and steps that would be required to remove HCID status in the future, should that be indicated and agreed.

The group agreed there is uncertainty for two of the six criteria: high case fatality rate; and ability to spread in the community and within healthcare settings. However, the group agreed that a precautionary approach is warranted at this stage and such uncertainty should not detract from other reasons to classify WN-CoV as an HCID. The group was happy that WN-CoV met the other four criteria.

Group's recommendation:

**We recommend that the disease caused by Wuhan Novel coronavirus is classified as an Airborne HCID** and, therefore, it should be added to the list of Airborne HCIDs with immediate effect. **This is an interim recommendation** that recognises current uncertainties, the evolving situation in China, and the limited data that have been made available. As such, the group will continue to monitor the outbreak and emerging data, and will keep the assigned HCID status under review.

The representatives agreed to share this recommendation with relevant stakeholders in their respective countries, particularly parent bodies for healthcare providers (such as NHS England).

The discussion points for each of the criteria are outlined in more detail at the end of this message.

Kind regards,

[REDACTED]

## **Consideration of whether the disease caused by Wuhan novel coronavirus (WN-CoV) should be classified as a High Consequence Infectious Disease in the UK**

### **Notes from an extra-ordinary meeting of the 4 nations HCID definition and list group**

**16:00h on 10 Jan 2020, by teleconference**

#### Participants

[REDACTED]

Important caveats:

1. The novel coronavirus, detected in at least one patient in the Wuhan cluster, is assumed to be the cause of multiple cases of human disease; Koch's postulates and other causation criteria not demonstrated yet
2. It is assumed to have a zoonotic reservoir, but there is no evidence an animal reservoir for this virus yet, nor has a specific zoonotic exposure risk been identified to date
3. WHO has stated no *significant* human to human transmission to date, but we are still in the early days of the outbreak and the associated epidemiological investigations
4. Transmission routes unknown (human-to-human and animal-to-human), but it is reasonable to assume airborne transmission (droplets and aerosols) is possible, consistent with what we know about transmission routes for other coronaviruses

For the purposes of this discussion, it is being assumed that Wn-CoV is the cause of acute illness in at least some of the 59 cases in Wuhan reported as of 05 Jan 2020.

#### Existing UK HCID criteria:

- acute infectious disease
- typically has a high case-fatality rate
- may not have effective prophylaxis or treatment

- often difficult to recognise and detect rapidly
- ability to spread in the community and within healthcare settings
- requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely

## Application of the UK HCID criteria to WN-CoV

### **1. Acute infectious disease – YES**

Epidemiological data are limited currently, but the implication from reports from China is that this is an acute infectious disease.

### **2. Typically has a high case-fatality rate – UNCERTAIN**

Too early to say as early days of outbreak and initial cases remain hospitalised, but appears to be capable of causing critical illness (e.g. 7/59 in one report, but it is not clear if these all had a non-seasonal coronavirus or WN-CoV detected or met the probable or confirmed case definitions being used in Wuhan). If WN-CoV causes hospitalisation and/or severe disease/critical illness, it is reasonable to also assume it could also cause fatalities.

### **3. May not have effective prophylaxis or treatment – YES**

While it is possible that experimental agents for the treatment of MERS or SARS could also have an effect in WN-CoV disease, particularly antivirals, there is no current known treatment or prophylaxis for WN-CoV disease. Based on experience from MERS and SARS, it is unlikely that proven effective treatments or vaccines will emerge quickly.

### **4. Often difficult to recognise and detect rapidly – YES**

The outbreak is novel, as is the assumed causative pathogen. Current awareness across the clinical community is likely to be low, despite media coverage and attempts to raise awareness/make information available to healthcare professionals, which may limit clinical recognition of imported or secondary cases should they occur in the UK. Currently there is no specific diagnostic laboratory test for WN-CoV. The diagnostic strategies for the UK are being developed, but in England it is likely that screening for coronavirus will be offered by one or more PHE laboratories (by a gel-based pan-coronavirus PCR), with subsequent exclusion of 4 seasonal coronaviruses by PCR and sequencing of any samples that are positive on the pan-coronavirus PCR. These assays will take a longer time than performing an in-house one-step PCR in an NHS laboratory, such as a rapid influenza PCR.

### **5. Ability to spread in the community and within healthcare settings – UNCERTAIN**

WHO stated on 05 Jan that there is no evidence of significant human-to-human transmission and no health care worker infections have been reported. However, investigations are ongoing and it would be unusual, but not impossible, for all transmissions to be zoonotic in the Wuhan outbreak (59 cases reported as of 05 Jan). There is also no information about the IPC and PPE used in Wuhan and whether it is similar or better than PPE/IPC measures used by UK HCWs assessing acute respiratory illness in a traveller from China. Characterisation of the novel coronavirus is ongoing, but there is unverified information that it is a beta coronavirus, possibly in the same lineage as SARS-CoV. We know that both MERS and SARS coronaviruses have been associated with h2h transmission events in community and hospital settings, including super-spreading events. It appears reasonable at this stage to assume some human-to-human transmission may have occurred or could occur, or even be identified retrospectively as investigations continue. It may be a suitably cautious approach to assume that at least some h2h transmission can occur, with the potential for super-spreading events under certain circumstances, even if there is no evidence of sustained transmission more generally.

**6. Requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely – YES**

The incident in Wuhan is already being managed by PHE as a national enhanced incident, despite not having any cases in the UK. This reflects concerns about this being a novel pathogen, an unquantified potential for in-country, regional and international spread especially as the Lunar New Year approaches in China, and previous experiences with other novel coronaviruses (MERS and SARS) and how they were managed. Given the lack of clinical awareness and experience for this novel disease/pathogen, and a potential risk of nosocomial and community transmission with coronaviruses, significant coordination of activities would be required across public health, the clinical service and government departments.

<<ENDS>>

2) The first 10 e-mails sent to, from or within your organisation in January or February this year which mention the word “pandemic”.

## Email 1 – Attachments [REDACTED], see ANNEX B

**From:** [REDACTED]

**Sent:** 08 January 2020 16:53

**To:** [REDACTED]

**Subject:** DFID EVD Update #113, Dated 8th Jan 2020

Dear all

Please find attached the first **DFID DRC Ebola SitRep** of 2020. The highlights are in the email below, including links to the WHO reports.

The PHE **UK Risk Assessment remains negligible to very low**. The situation remains dynamic and volatile and PHE continue to monitor the outbreak closely. The next monthly update and risk assessment will be on January 15.

Also here are links to a couple of articles which may be of interest:

- US approves first Ebola vaccine amid West African outbreak of the deadly disease that's killed more than 2,000 people and international warnings that Americans 'are not prepared' for a pandemic  
<https://www.dailymail.co.uk/health/article-7814245/US-approves-Ebola-vaccine-amid-West-African-outbreak-deadly-disease.html>
- 'We were so close': how unrest in Congo thwarted the battle against Ebola  
<https://www.theguardian.com/global-development/2019/dec/23/we-were-so-close-how-unrest-in-congo-thwarted-the-battle-against-ebola>

Best wishes,

[REDACTED]

**From:** [REDACTED]

**Sent:** 08 January 2020 16:27

**To:** [REDACTED]

**Subject:** DFID EVD Update #113, Dated 8th Jan 2020

Dear all

Please find attached **DFID EVD update #113, dated 8<sup>th</sup> of January** as well as:

- The UK Response to the Ebola outbreak (updated on 17<sup>th</sup> December)
- [WHO Democratic Republic of Congo: Ebola Virus Disease - External Situation Report 73 \(Link\)](#)

- [WHO Democratic Republic of Congo: Ebola Virus Disease - External Situation Report 74 \(Link\)](#)

### Highlights:

- Last week there were **14 new cases** reported, bringing the total to **3390 (of which, 118 are probable)**.
- **In the last 21 days, there were 42 cases reported in 5 health zones - Mabalako, Butembo, Kalunguta, Katwa and Mambasa. There was a resurgence of cases in Kalunguta, after 63 days without a case, and in Mambasa, after 66 days without a case. There was a confirmed case reported in Beni yesterday, after more than 21 days without cases, linked to a probable case in the Aloya transmission chain.**
- **Eight of the ten cases reported in Butembo and Katwa in the past 14 days are linked to the transmission chain of more than 50 people that originated in Aloya, Mabalako**
- **Response activities in Biakato remain limited**, although some suspect cases are now being admitted to Biakato CTE. **MSF pulled out of Biakato entirely over Christmas. Access to Lwemba also remains challenging.**
- **Case numbers in Aloya are steadily decreasing**, although there are concerns regarding a resurgence following a probable case not previously reported which was also a community death. **Geographic vaccination in Aloya continues** following the surge in cases in December, although WHO are struggling to vaccinate sufficient numbers.
- **Beni experienced further attacks over the holiday period**, though these have had no major impact on response activities.
- **Merck issued a waiver of the experimental vaccine protocol to WHO in December**, allowing a lighter process of consent documentation. At this stage, however, **large teams are still required for the vaccination process**, which has the potential to further alienate communities. **This will change once experimental doses are used up and licensed doses arrive** later this year.
- There has been **no further progress on SRP4.1 and there is still no proposed budget.**

The next update will issue on **the 15<sup>th</sup> of January**. The **Regional Preparedness update for December 2019 will be issued later in the month** once all key regional staff have returned from the Christmas break. Flash updates on new developments will continue to be issued as required.

Warm regards

[REDACTED]

## Email 2

**From:** [REDACTED]

**Sent:** 24 January 2020 15:09

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: URGENT: Novel Coronavirus: Release of facemasks from pandemic stockpiles

Thanks [REDACTED]. [Updated text.](#)

**Date:** 24 January 2020

### **Wuhan Novel Coronavirus (WN-CoV): Distribution of Surgical Facemasks to GP Practices in Scotland**

Dear Colleague

As a precautionary measure and to ensure that practices have readily available supplies, fluid resistant surgical face masks (FRSM) will be distributed to all GP Practices in Scotland.

These are being made available only as a precaution (it is anticipated that GP practices will have such supplies as per standard infection prevention and control precautions) and, in the highly unlikely event that they need to be used, they should be deployed in conjunction with national guidance on managing suspected cases issued by Health Protection Scotland.

Each practice will receive its own supply.

The NHS National Distribution Centre will distribute the stock to the receiving/distribution centres of each territorial Board. **We would be grateful if Boards could arrange for swift onward distribution to each GP Practice in their area.**

NB. This letter will be distributed to GP Practice Managers through the Practice Manager network list.

If you have any queries regarding the issuing of facemasks, please contact [REDACTED]

Please manage any local distribution issues within the NHS Board area.

Yours Sincerely

[REDACTED]

**From:** [REDACTED]  
**Sent:** 24 January 2020 14:49  
**To:** [REDACTED]

**Cc:** [REDACTED]  
**Subject:** FW: URGENT: Novel Coronavirus: Release of facemasks from pandemic stockpiles

Hi [REDACTED]

A couple of comments from comms in case this letter gets into the public domain.

Happy to discuss.

[REDACTED]

**From:** [REDACTED]  
**Sent:** 24 January 2020 12:23  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** RE: URGENT: Novel Coronavirus: Release of facemasks from pandemic stockpiles

Colleagues (now inciding HPS)

NHS National Distribution Centre will commence sending the pandemic facemasks to Boards from today and we will ask Boards to send on to individual GP Practices in their area.

**Grateful for comments on the draft letter below** (and proposed **copy list**) to be sent to Boards and then GP Practices in this regard.

Does anyone have strong views on **who should issue the letter** – HRU are happy to do so, but might it come in theory from HPS – or potential CMO?

**Please reply by 2pm today** as it needs to issue this afternoon.

Thanks

[REDACTED]

To:

Territorial Board Chief Executives

Medical Directors

Directors of Public Health

Primary Care Leads

Logistics/Stores Managers

GP Practice Managers

**Wuhan Novel Coronavirus (WN-CoV): Distribution of Surgical Facemasks to GP Practices in Scotland**

[REDACTED]

The NHS National Distribution Centre will distribute the stock to the receiving/distribution centres of each territorial Board. **We would be grateful if Boards could arrange for swift onward distribution to each GP Practice in their area.**

NB. This letter will be distributed to GP Practice Managers through the Practice Manager network list.

If you have any queries regarding the issuing of facemasks, please contact [REDACTED]

Please manage any local distribution issues within the NHS Board area

**From:** [REDACTED]

**Sent:** 24 January 2020 09:53

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: URGENT: Novel Coronavirus: Release of facemasks from pandemic stockpiles

In terms of info that is going to boards, I'd say something along the lines of:

As a precautionary measure and to ensure that practices have readily available supplies, a number of facemasks from national stockpiles will be released and distributed. These are made available only as a contingency and should be used in conjunction with national guidance on managing suspected cases distributed by Health Protection Scotland.

**Dr Gregor Smith**

**Deputy Chief Medical Officer for Scotland**

**Scottish Government**

**Honorary Clinical Associate Professor, University of Glasgow**

Room 1E:02A St Andrews House

Regent Road Edinburgh EH1 3DG

[REDACTED]

Twitter: @DrGregorSmith

**From:** [REDACTED]

**Sent:** 24 January 2020 09:05

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: URGENT: Novel Coronavirus: Release of facemasks from pandemic stockpiles

Comms Colleagues

Further to the below, I need to draft letters for Boards this morning to tell them about this. It would be helpful to include at least some lines as appropriate which have been requested below. Are you able to assist quickly with this?

Thanks

[REDACTED]

### Email 3

**From:** [REDACTED]

**Sent:** 21 January 2020 11:33

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** novel coronavirus

Dear All,

Here is a draft response:

Dear [REDACTED],

Many thanks for your email.

I wanted to reassure you that I am well aware of developments regarding the novel coronavirus associated with Wuhan (WnCov). I am receiving information from various sources including HPS. However, I am very grateful for your comments and reflections.

I am not surprised by the announcement of human to human transmission and am awaiting news from the surveillance developments in order that we can better gauge the impact of this novel virus. I am grateful for your views that this could become a widespread epidemic fuelled by mild cases but with mortality among vulnerable patients. I can reassure you that both Health Protection and Health Resilience colleagues are closely monitoring the situation and keeping me informed.

I will bear in mind your views on the potential surveillance difficulties facing us with WnCoV. I know that PHE and HPS are actively considering the detailed surveillance needs and investigations required for this novel virus and have no doubt that they, like you, feel surveillance systems need to be in place before the arrival of any cases. I am very much aware of the public health value of such systems and the need to prevent or control any epidemic if it becomes established.

I note your fears that this might develop into a potential pandemic and can assure you that response plans are in place. Colleagues are monitoring the situation and any developments closely and we will respond as required. I am assured by my advisers that, as far as we can judge, the potential public health impact of WnCoV is being appropriately assessed.

Yours etc

I hope that is OK, I am out later this afternoon but will be phoning into a DHSC (UK Gov) T/C this lunchtime with policy colleagues from Health Resilience and Health Protection. I am not sure if this is a resilience meeting rather than HP but we will assess afterwards and keep you informed.

Kind regards

[REDACTED]

**From:** [REDACTED]

**Sent:** 21 January 2020 10:44

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: novel coronavirus

**Importance:** High

Hi [REDACTED]

Please see the attached if you are able to provide a draft response for CMO in this connection.

I've flagged in [REDACTED]'s box.

Many thanks.

[REDACTED]

**From:** Chief Medical Officer  
**Sent:** 21 January 2020 10:14  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** FW: novel coronavirus

[REDACTED]

To see email from [REDACTED]

Grateful if you could provide a draft response for Catherine please.

Many thanks

[REDACTED]

**From:** [REDACTED]  
**Sent:** 21 January 2020 09:19  
**To:** Chief Medical Officer  
**Subject:** re: novel coronavirus

Dear Catherine,

[REDACTED]

#### **Email 4**

**From:** [REDACTED]  
**Sent:** 22 January 2020 22:14  
**To:** [REDACTED]

**Subject:** RE: URGENT: suspected case of coronavirus - BBC Radio Scotland

There may be agreed avenues for handling comms from the pandemic work that we've done with DHSC (though to be clear, this is not close to that stage).

But likewise, it seems strange to me and uncomfortable that we're not handling comms here. This may also be due to the status of the novel virus but I'm blind to any agreed protocol here I'm afraid.

**From:** [REDACTED]

**Date:** Wednesday, 22 Jan 2020, 10:10 pm

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: URGENT: suspected case of coronavirus - BBC Radio Scotland

[REDACTED],

Dropping Ministers off for the moment. Apologies as I'm not sure if there is a precedent for this, but it would be good to understand why DHSC wish to manage all of the comms. Happy to chat if that'd be easier as I had assumed we would be working jointly on comms and messaging in the same way as we are in regards to our response.

**From:** [REDACTED]

**Sent:** 22 January 2020 22:04

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: URGENT: suspected case of coronavirus - BBC Radio Scotland

**Importance:** High

Hi [REDACTED],

To update, we have been advised that DHSC will lead on the comms response for this and to refer any media to them for comment.

Both NHS L and NHS GGC comms team have been advised of this.

Grateful if you could make the Minister aware.

Thank you

[REDACTED]

**From:** [REDACTED]

**Sent:** 22 January 2020 21:41

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: URGENT: suspected case of coronavirus - BBC Radio Scotland

Hi [REDACTED],

As discussed, please find NHS Lothian lines below on this for info.

Professor Alex McMahon, Director of Nursing, Midwifery and Allied Healthcare Professionals, NHS Lothian said,

"A patient who recently returned to Scotland from abroad has been admitted to our Regional Infectious Disease Unit (RIDU) after reporting a raised temperature and cough.

"The patient will be screened for possible infections and as a precaution will be kept in isolation.

"We have robust systems in place to manage patients with suspected infectious disease and follow agreed and tested national guidelines."

[REDACTED]

**From:** [REDACTED]

**Sent:** 22 January 2020 20:12

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** URGENT: suspected case of coronavirus - BBC Radio Scotland

**Importance:** High

Hi [REDACTED],

BBC Radio Scotland have been made aware of the suspected case of conoravirus at NHS Lothian.

Policy have advised the board will know if the patient has flu by 2200 tonight. Comms suggest holding off issuing anything to media until we have this clarified. At that point we can consider handling of a statement along the lines of the below.

I am currently trying to reach the NHS Lothian comms team and will update this copylist.

An SG spokesperson said:

"We aware of a suspected case and will continue to monitor the situation.

"The current advice to travellers is to take simple precautions such as practicing good hand hygiene, personal and [respiratory hygiene](#), and to minimise contact with birds and animals in markets in Wuhan or elsewhere in China.

"Any travellers returning from Wuhan or elsewhere in China that become unwell, particularly with respiratory symptoms, within 14 days of their return, are advised to call their GP or NHS 111 and report their recent travel."

Background:

Further information can be found on the [Fitfortravel](#) website.

[REDACTED]

**From:** [REDACTED]

**Sent:** 22 January 2020 19:21

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: OFFICIAL SENSITIVE - Cluster of pneumonia in Wuhun City, China, associated with a novel coronavirus.

Cabinet Secretary for Health and Sport

Minister for Public Health and Sport

### Purpose

Immediate – for information only

### Situation

NHS Lothian have made us aware of a male presenting at the Edinburgh Royal Infirmary Accident and Emergency Department, who returned from China 11 days ago, with respiratory symptoms. He has had blood samples taken and they have been sent for testing, and results should be received within 48 hours.

### Action

We will receive an update from NHS Lothian by 22:00 as to the situation, and whether he has the flu or is a potential case.

### Comms

Duty Comms are aware of the situation.

### Conclusion

The Minister is invited to note.

[REDACTED]

**From:** [REDACTED]

**Sent:** 22 January 2020 16:35

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: OFFICIAL SENSITIVE - Cluster of pneumonia in Wuhun City, China, associated with a novel coronavirus.

Cabinet Secretary for Health and Sport

Minister for Public Health and Sport

Please see the attached updated briefing on the novel coronavirus.

Kind regards,

[REDACTED]

**From:** [REDACTED]

**Sent:** 17 January 2020 16:36

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** OFFICIAL SENSITIVE - Cluster of pneumonia in Wuhun City, China, associated with a novel coronavirus.

Minister for Public Health, Sport and Wellbeing

**Immediate** – for information only

### **Background**

The purpose of this note is to inform you that there has been a cluster of pneumonia in Wuhun City, China, associated with a novel coronavirus. Coronaviruses are a well-recognised cause of human illnesses that range from mild to severe. Some but not all cases were associated with Wuhan South China Seafood City Market which sells meat, poultry and seafood. As of 16 January 2020 there have been 41 confirmed cases reported in China, including 5 critically ill patients and 2 deaths. There is 1 confirmed case in Thailand and 1 confirmed case in Japan. There is 1 potential UK resident who is currently under investigation and is isolated in hospital in Liverpool. They will be tested using the Public Health England (PHE) pan-coronavirus screening assay and PHE will inform us of the results. The UK patient under investigation does not meet the case definition and has thus far been negative on samples submitted. Re-testing of better quality samples is awaited this evening. The Chinese Authorities have been asked to confirm some information provided by the patient.

The Wuhan Novel coronavirus has been classified as an Airborne High Consequence Infectious Disease (HCID) and has been added to the list of Airborne HCID's.

The risk this outbreak presents to the UK public has been assessed as very low and the risk to travellers to Wuhan is low. The World Health Organization view is that there has been no evidence presented of significant person to person spread .

### **Action**

Health Protection Scotland will continue to monitor the situation with PHE and international partners, including the World Health Organization.

The UK has robust arrangements to manage emerging diseases and can draw on experience of developing pioneering diagnostic tests in humans for the coronaviruses - SARS and MERS.

### **Handling**

There has been no press interest so far. For any media queries, lines to take are:

- The Scottish Government is aware of this and will continue to monitor the situation.
- The current advice to travellers is to take simple precautions such as practicing good hand hygiene, personal and [respiratory hygiene](#), and to minimise contact with birds and animals in markets in Wuhan or elsewhere in China.
- Any travellers returning from Wuhan or elsewhere in China that become unwell, particularly with respiratory symptoms, within 14 days of their return, are advised to call their GP or NHS 111 and report their recent travel.
- Further information can be found on the [Fitfortravel](#) website.

### **Conclusion**

The Minister is invited to note. I will provide further updates following any significant developments.

[REDACTED]

### **Email 5 – Attachment** [REDACTED]

**From:** [REDACTED]

**Sent:** 04 February 2020 14:07

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** 20200130 - Paper 2 Coronavirus Phases (Pan Flu Strategy 2011) (003).pptx

With apologies for the delay in this response, please find attached NI submission for RWCS Planning Assumptions.

Sending directly to CCS as requested and copying to DAs to see.

Kindest

[REDACTED]

**Subject:** URGENT REQUEST FOR ACTION- Corona Virus Planning

Dear Colleagues,

We have received an urgent planning document from the Civil Contingencies Secretariat (CCS) on key priorities for the possible outbreak of the Corona Virus for the UK. This will feed into an overall strategy preparedness strategy for the response.

In the responses, you will be expected to list your readiness and we would kindly ask if risks can be measured in a sensible way to ensure effective planning is carried out.

Further, if there is any additional information you would like to add to the strategy do let us know.

Please send the contributions from your organisation to us with urgency by 5pm today. We will collate over the weekend.

Devolved Administrations – because of limited time we are assuming you will do your returns however if you able to share these with us and there is time, we can try to create a single UK document.

We remain available for questions.

Best regards,

[REDACTED]

## **Email 6 – See Attachment 6**

**From:** [REDACTED]

**Sent:** 04 February 2020 13:28

**To:** Cabinet Secretary for Health and Sport

**Cc:** [REDACTED]

**Subject:** Submission on marketing activity linked to coronavirus

P/S Cabinet Secretary for Health and Sport

Please find attached a submission on options for marketing activity linked to coronavirus following launch of UK-wide activity by Public Health England and Department for Health and Social Care.

Work is underway to prepare for implementation of Option 1 in order that materials can be distributed tomorrow.

Any questions please let me know.

Kind regards

[REDACTED]

**Email 7 – See Attachment 7** (Some redactions within attachment)

**From:** [REDACTED]

**Sent:** 07 January 2020 14:42

**To:** Cabinet Secretary for Health and Sport

**Cc:** [REDACTED]

**Subject:** 2020.01.15 - NHS Chief Executives Business Meeting - Agenda and Papers

**NHS CHIEF EXECUTIVES BUSINESS MEETING**

**DATE:** Wednesday 15 January 2020

**TIME:** 13:00-16:00

**VENUE:** Fettes Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh EH4 2LF

Dear Colleagues

Please find attached the papers, available to me at this time, ahead of the next NHS Chief Executives Business Meeting taking place on Wednesday 15 January 2020.

Lunch will be available before the meeting from 12:30 onwards.

Can I please remind colleagues to refrain from bringing Bananas and Mangos to the meeting due to a colleague with a severe allergy to these products, thanks.

**Action:** I would be grateful if all **Chief Executives and HSC Directors** could:

1. confirm your attendance to me; or
2. let me know if you aren't attending and sending a deputy.

**Apologies already received:** [REDACTED]

**A response by 10:00 on Thursday 9 January 2020, for inclusion in the Director General's briefing, would be appreciated.**

[REDACTED]

**Email 8 – See Attachment 8**

**From:** [REDACTED]

**Sent:** 28 January 2020 17:38

**To:** Cabinet Secretary for Health and Sport

**Cc:** [REDACTED]

**Subject:** URGENT: FOR REVIEW AND AGREEMENT - CORONAVIRUS - NHS (CHARGES TO OVERSEAS VISITORS) (SCOTLAND) AMENDMENT REGULATIONS 2020

PO / [REDACTED],

As discussed earlier;

I attach a submission, draft regulations, policy note and letter to the Presiding Officer for the Cabinet Secretary's consideration.

The amendment to the charging regulations is proposed to be made and laid under emergency procedures tomorrow (29 January) to come into effect 30 January 2020.

It would be most helpful to have Ms Freeman's response as a matter of urgency and an indication of Ms Freeman's availability to sign the regulations tomorrow.

Happy to provide any further detail required,

[REDACTED]

**Email 9 – See Attachment 9** (Some redactions within attachment), see **ANNEX B**

**From:** [REDACTED]

**Sent:** 14 January 2020 17:25

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** Action: Information for FOI request: Business Resilience Update

Hi [REDACTED],

I received the following FOI today:

Under FOISA please provide the item papers that were provided to support the agenda items for the Tuesday 17 September 2019 meeting of the Audit and Assurance Committee

Within the scope of this FOI is a paper you prepared:

4.8	Business Resilience Update	[REDACTED]	<b><u>Not Published</u></b>	[REDACTED – see Attachment 9]
-----	----------------------------	------------	-----------------------------	-------------------------------

Action:

Review the attached document and consider any relevant exemptions for information that cannot be released. Your approach (whether a full release or applying exemptions) needs to be approved by your Deputy Direction.

Grateful if you can action this and send a copy with any redactions highlighted (please don't apply the redactions) **by noon Monday, 20<sup>th</sup> January.**

Please let me know if you have any questions.

Thanks,

[REDACTED]

## **Email 10**

**From:** [REDACTED]

**Sent:** 07 January 2020 10:36

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** Exercise Iris Report - Middle East Respiratory Syndrome Coronavirus (MERS-CoV) - Resilience Leads

Dear Colleagues

### **Exercise Iris Report – Middle East Respiratory Syndrome Coronavirus (MERS-CoV)**

I wanted to ensure that you have all seen the attached Exercise Iris report in relation to Middle East Respiratory Syndrome Coronavirus (MERS-CoV) from 2018. This may be of relevance to resilience planning in your area. Please cascade to relevant individuals, if you have any questions regarding the report please do not hesitate to get in touch.

Kind regards

[REDACTED]

<https://www.gov.scot/publications/exercise-iris-report/>

## REASONS FOR NOT PROVIDING INFORMATION

### An exemption applies

An exemption applies under section s.38(1)(b) (personal information) of FOISA to some of the information you have requested.

Section 38 of the Freedom of Information (Scotland) Act 2002 (FOISA) contains four exemptions, all relating to personal information. Information is exempt from disclosure if it is:

- the personal data of the person requesting the information (section 38(1)(a));
- the personal data of a third party – but only if other conditions apply (section 38(1)(b));
- personal census information (section 38(1)(c)); or
- a deceased person's health record (section 38(1)(d)).

This exemption is not subject to the 'public interest test', so we are not required to consider if the public interest in disclosing the information outweighs the public interest in applying the exemption.

### Exemptions apply, subject to the public interest test

Exemptions under sections; s. 28 (relations within the UK) and s.29(1)(a) (policy formulation) of FOISA applies to some of the information you have requested.

Section 28 of the Freedom of Information (Scotland) Act 2002 (FOISA) exempts information from disclosure where disclosure would, or would be likely to, prejudice substantially relations between administrations in the UK (e.g. between Westminster and Holyrood) of FOISA applies to that information. This has been applied where there have been sensitive communications between the UK Government and the Scottish Government in the early stages of decision making.

Section 29(1)(a) of the Freedom of Information (Scotland) Act 2002 FOISA exempts information from disclosure if it relates to: (i) the formulation or development of government policy (ii) Ministerial communications (iii) the provision of advice by any of the Law Officers (or any request for the provision of such advice) or (iv) the operation of any Ministerial private office. This has been applied where there have been examples of early decision making and informal discussions between policy officials in order to establish early policy around Scotland's response to Covid-19.

These exemptions are subject to the 'public interest test'. Therefore, taking account of all the circumstances of this case, we have considered if the public interest in disclosing the information outweighs the public interest in applying the exemption. We have found that, on balance, the public interest lies in favour of upholding the exemption.