

Extra £800 million to support Scotland, Wales and Northern Ireland through Covid-19 this year

News story

New funding of £800 million is being guaranteed for the devolved administrations in Scotland, Wales and Northern Ireland to support people, businesses and public services with the ongoing impact of Covid-19.



- UK Government guarantees extra £800 million of new funding for Scotland, Wales and Northern Ireland
- new funding will continue to help the devolved administrations to support people and businesses through coronavirus
- all parts of the UK will continue to receive direct support provided by the UK Government, including furlough and business loans

Today's announcement increases the UK Government's unprecedented upfront guarantee this year to at least £16.8 billion on top of funding outlined in Spring Budget 2020.

This funding can be spent on priorities such as the NHS and business support.

This means a further £400 million for the Scottish Government, £200 million for the Welsh Government and £200 million for the Northern Ireland Executive.

Any changes to devolved funding are normally confirmed towards the end of the financial year – but in July the UK Government introduced an unprecedented guarantee to provide them with funding certainty to respond to Covid-19.

Today's announcement ensures that all parts of the UK can continue their response to Covid-19 through the winter months.

The Chief Secretary to the Treasury Steve Barclay MP said:

We've already committed unprecedented levels of support to

Scotland, Wales and Northern Ireland.

This extra funding will provide the nations with the certainty they need to plan through these difficult months.

We remain committed to an economic recovery for the whole of the United Kingdom and will continue to work closely with the devolved administrations to support people and businesses.

People and businesses in Scotland, Wales and Northern Ireland will also continue to benefit from the UK Government's unprecedented £280 billion UK-wide economic response package.

This includes schemes such as the Coronavirus Business Interruption Loan Scheme and the Bounce Back Loan Scheme providing billions in support to businesses across the three regions.

Alongside this, millions of jobs in the three regions continue to be supported through the Coronavirus Job Retention Scheme and the Self-Employment Income Support Scheme.

Further information

- In July we announced an unprecedented upfront guarantee that the devolved administrations would receive at least £12.7 billion in additional resource funding this year to help them respond to coronavirus. In October we uplifted that by £1.3 billion to at least £14 billion, and in November we uplifted it further by £2 billion to at least £16 billion.
- The devolved administrations are able to spend this funding as they see fit across their devolved responsibilities.
- The guarantee applies to 2020-21 only, and final Barnett figures for 2020-21 will be confirmed at Supplementary Estimates 2020-21.
- This is on top of the borrowing powers the devolved administrations already have, which they can use to supplement the share of UKG borrowing they receive through the Barnett formula.
- Spending Review 2020 also confirmed £2.6 billion to the devolved administrations related to Covid-19 through the Barnett formula for 2021-22, on top of their combined baseline of over £60 billion.

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SECRETARY OF STATE APPOINTS NEW

MEMBERS TO THE PARADES COMMISSION FOR NORTHERN IRELAND

The appointment of a new Chair, The Very Reverend Dr Graham Forbes, and four of the Commissioners, Derek Wilson, Marian Cree, Eimear McAllister and Joe McVey will take effect on 1 January 2021. A further Commissioner, Joelle Black, will take up the appointment with effect from 1 April 2021. These appointments will be for three years.

Background

The Parades Commission for Northern Ireland was established in 1997 and took on its full powers in 1998 through the Public Processions (Northern Ireland) Act 1998. The Commission operates as a Non-Departmental Public Body sponsored by the Northern Ireland Office.

Under the terms of the Act, the Secretary of State for Northern Ireland is responsible for making appointments to the Parades Commission. The appointments are made in accordance with paragraph 3 of Schedule 1 of the Act.

Further information on the Parades Commission for Northern Ireland can be found [here](#)

Biography of Appointees

Rev Dr Graham Forbes is a retired Anglican clergy and former Provost, St Mary's Cathedral, Edinburgh. He has held a wide variety of public appointments including former chair of the Office of the Scottish Charity Regulator, chair of the Mental Welfare Commission for Scotland, Armed Forces Pay Review Body and Scottish Criminal Cases Review Commission.

Derek Wilson is a former banker who chaired the Northern Ireland mortgage committee of UK Finance. He currently serves on the Northern Ireland Housing Executive Board, and Audit and Risk Assurance Committee.

Marian Cree is Legal Service Oversight Commissioner for Northern Ireland and formerly the Northern Ireland representative at the Competition and Markets Authority.

Eimear McAllister is a Barrister who now focuses on legal services regulation. She is currently Chair of fitness to practise panels for the Health and Care Professions Council (HCPC), a member of a High-Speed Two Ltd (HS2) property acquisition panel and a member of the Parole Board.

Joe McVey is CEO of Brain Injury Matters, an organisation supporting those impacted by acquired brain injury. He holds a number of board and trustee positions and is currently serving on the Board of the Equality Commission.

Joelle Black is a Barrister who is Principal Public Prosecutor with the Public Prosecution Service. She is a serving Commissioner with the Parades Commission and is due to stand down on 31 March 2021, but will now assume a further three year period of appointment.

Terms of appointment

These positions are part-time for a period of three years.

The position of Chair attracts a fixed annual remuneration of £50,000 and the member position receives a fixed annual remuneration of £22,000.

These positions are not pensionable.

Political Activity

All appointments are made on merit and with regards to the statutory requirements. Political activity plays no part in the selection process. However, in accordance with the original Nolan recommendations, there is a requirement for appointees' political activity in defined categories to be made public.

None of the appointees has declared any political activity in the past five years.

Regulation

The Office of the Commissioner for Public Appointment (OCPA) regulates these appointments and an independent panel member oversaw all stages of the process.

Statutory Requirements

The Secretary of State has made these appointments in accordance with the Public Processions (Northern Ireland) Act 1998.

Remarks delivered by H.E. Governor Nigel Dakin CMG, and Chief Medical Officer, Dr Nadia Astwood, at the national press conference on COVID

vaccination

His Excellency the Governor's remarks:

Good afternoon Turks and Caicos. For those listening on the radio I am joined in the Cabinet Room by: the Minister for Health, the Honourable Edwin Astwood; the Chief Medical Officer, Dr Nadia Astwood and; the CEO of our Hospital's, Dr Denise Braithwaite. We are also joined remotely by members of the press.

Given we speak to you on the day before Christmas Eve, all of us wish to pass on our seasons greetings to you and your families. We of course wish you all hope and happiness over this period but, given this teams professional roles, the thing we wish you the most – is your good health. If you have that you have everything, and it is the thing that once lost, you wish would most return.

If I may, on behalf of you, I'd like to pass on thanks to this team who have worked literally tirelessly since March. If Doctors Astwood and Braithwaite and the Permanent Secretary of Health, Desiree Lewis, have had a day off since March, I haven't noticed it, but what I have noticed is the consistent 15 hour days and the extraordinary weight they and their teams have carried on our nations behalf. Thank you.

And now to business. On the 7th January a British Airways flight will leave the UK bringing the first batch of COVID19 vaccines to TCI. In the first delivery we will receive 9,750 doses. Since each person requires two doses, administered 21 days apart, this is enough to vaccinate 4,875 people. Initially around 10% of our population.

Having discussed with the CMO, myself and Mandy will be amongst the first to take it, if not the first. We feel privileged to be in this position. We go into Christmas looking forward in the first weeks of January when we will be able to protect our health and – most importantly – we both want to take the first step, which benefits every resident of these Islands, by joining what will be a daily increasing group who are not just looking after their health, but the whole Island's health.

We want to be part of the movement that will get TCI as quickly as we can to herd immunity and to do that all of us have to think not only of ourselves but also of the contribution we are making to these islands. If we get this right we will give a huge economic boost to TCI. We will steal custom from others as we increasingly become known as one of the safest destinations in the region. We are not just securing health we are generating employment and future prosperity and we can get there long before others if we are smart. For Mandy and myself this is a win/win/win.

The vaccine we are receiving is the Pfizer vaccine. As the CMO will amplify in a moment the vaccine does not inject COVID19 into you, it instead uses RNA to trick the body into producing viral proteins, which then deliver immunity.

RNA is in all living cells and it essentially acts as the messenger in your body. RNA is completely different to your DNA: DNA is a complex double strand, whereas RNA is a relatively simple single strand. The RNA that you are injected with is destroyed very quickly by the body. The two key points are: there is absolutely no original infectious material used in this type of vaccine and the vaccine does not, and indeed RNA cannot, alter your DNA.

It has been approved by the United Kingdom, the United States, by Canada, by Switzerland and the European Union for use in all its 27 states. Vaccinations have already started in the UK where over 140,000 vaccinations have taken place and in the US where over 500,000 people have been vaccinated.

Vaccinations begin across the EU starting on 27th December.

Apart from ourselves, three other Overseas Territories will receive the Pfizer vaccine they are: Bermuda, Cayman and Gibraltar. We've been chosen because we have direct flights in from UK – important because the vaccine has to be transported at minus 70 degrees – and there is a belief we are ready and prepared to use the vaccine to good effect. This should be seen as a further vote of confidence in us. Work has already begun on the complex logistics and we are confident we can roll this out across the Islands.

This is an enormously generous offer from the UK and a quite extraordinary opportunity for TCI. Given this is a voluntary programme, it's a moment for us to seize or to lose. Our destiny is in our hands. If we can't demonstrate there is demand for the vaccines on the Island, or if we fail to use those vaccines to the best possible effect, it will be hard for myself, the Premier and others assembled around me today to make the case that more should be sent to us. If we get this collectively wrong we may end up with a very small (and I would say a very privileged group) vaccinated while the majority are not. I want to avoid that outcome.

Our aim is simple, to remove the threat we have lived with over the last year and then return the Islands to normalcy. In doing that, as a secondary benefit, we want to position the Islands as not only one of the most attractive places in the world to visit but also, because of the immunity and responsibility of our amazing people, one of the safest. We hope that everyone listening can share that national goal with us. We hope all of you can see the opportunity that is in our grasp.

In 2020 there have been very few advantages in being a small Archipelago of Islands, competing against the world, but with a vaccine about to be delivered we suddenly have an opportunity to capitalise on our size. It's relatively straightforward for us to make our whole population safe, quickly, in ways not open to much larger populations.

Being small – and if we properly engage in this – we have the chance of being one of the first places in the world to lift restrictions, to return to the world we once knew, to offer our visitors the ability to vacation in an extraordinary place with an extraordinary degree of safety. It will make us a world leader in 2021.

Vaccines typically require years of research and testing before reaching the

clinic. However, 2020 has been unprecedented and so, with unprecedented urgency, the world's vaccine development and manufacturing skills have turned to address the threat. The whole of humanity have been impacted at the same time. Pharmaceutical companies, and indeed bioscience as a discipline – have galvanised around one goal with scientists working 24/7 shifts to get to the prize as fast as they could within the parameters that have to be met. Standard processes and procedures have remained in place to ensure the safety of any vaccine that is authorized or approved for use.

We know that there are many on the Island that will want access to the vaccine immediately, particularly as it will be initially in short supply. We also know that there will be those who have concerns and it may be that it's those we most wish to vaccinate – such as the elderly – or those who are most at risk – who have the greatest fears. We want to properly respect those concerns, to give you the best information we can so you make the best decision you can and we intend to use the rest of the conference explaining what we think are the main questions that you will have.

I have come directly from a National Security Council meeting and we have a Cabinet starting at 1pm so we have an hour together today. But we wanted to get information out to you before the Christmas break and this fires the starting pistol for a widespread public information campaign that will run in the New Year.

I can imagine that – even as I speak – there are sceptical voices in the Facebook chat. So I say again, we respect that nervousness and we hope you have an open and inquisitive mind. We hope that you will do your own research and weigh up the benefit to yourself, your family and the nation by participating. We have an enviable record of vaccinating infants here – indeed world leading – not least because parents understand the extraordinary responsibility invested in them to keep their child safe. As adults we have to reflect on this and realise this isn't just about keeping ourselves safe but our whole community safe.

We therefore have one request of you. We all know that in this time of social media, where messages can be rapidly forwarded to many, where the originator loses control of what is said, or indeed a malicious individual sets a metaphorical fire burning with the intention of making something go viral through sensationalism. We all know this can do immense damage to notions of truth, and balance and facts.

A minority, quite possibly not even living on these Islands, will try and make mischief. The good news is that this often self corrects quickly as other voices join a conversation because this issue is just too important to the Territory for a proper debate to be shouted down or distorted by those whose aim is to harm or to vandalise. It is too important to our health, to workers jobs, to the ability of the elderly to relax and enjoy the company of their grandchildren, to household incomes, to children's education, to the ability to gather again in large congregations in churches, to conduct normal weddings and funerals and on, and on.

We will therefore do everything we can to give you the best information we

can. And in the immediate future, following the imminent Cabinet, formal structures will be set up in the centre of Government that will bring together Ministry of Health professionals, private doctors, the Hospital, Church leaders, community leaders, the main employers including the Chamber of Commerce so we can develop and deliver a national approach to this potentially national leap forward.

We therefore want to start with what we think are some of the initial questions you may have that sets a foundation for further information to build on. So I now hand over to the Chief Medical Officer, Dr Astwood and then turn to the Minister of Health to make his comments before opening up for questions.

Chief Medical Officer, Dr Nadia Astwood's, remarks:

Frequently Asked Questions (FAQs)

How effective and safe is this COVID-19 vaccine?

The vaccine offers up to 95% protection against the virus. The vaccine has been shown to be 95% effective at preventing laboratory-confirmed COVID-19 illness in people without evidence of previous infection. Vaccines need to be demonstrated to be safe and efficacious, they must be approved by national regulators, manufactured to exacting standards, and distributed. The vaccine was initially evaluated in clinical trials in six countries: the USA, Germany, Brazil, Argentina, South Africa and Turkey.

These clinical trials looked at two different age groups (18 to 55 years and 65 to 85 years) and at different dose levels.

Over 43,500 participants took part. Half of the participants received the COVID-19 vaccine and the other half received a placebo vaccine. Results from phase three clinical trials suggest that the vaccine can prevent 95% of vaccinated adults from getting COVID-19 and that the vaccine works equally well in people in different age groups, races and ethnicities. The observed efficacy in adults over 65 years of age was over 94%.

The UK was the first country to approve the Pfizer vaccine after having been reviewed and approved by its regulatory bodies which ensured that the standards of safety, quality and effectiveness were met by reviewing the technical data provided. Since the approval by the UK of this vaccine, other countries have had their regulatory bodies such as the Food and Drug Administration in the USA, the European Medicines Agency and Health Canada among others approve this vaccine for use in their respective countries. The rigorous review of the technical information and approval by these and a growing number of countries of this vaccine further supports the safety and efficacy of the vaccine and should provide further encouragement to persons in the TCI to take the vaccine.

(Countries which have approved Pfizer vaccine include Switzerland, USA, UK, EU, Malaysia, Bahrain, Saudi Arabia and Mexico with the list continuing to grow).

The Pfizer/BioNTech is an mRNA vaccine. What does that mean?

The types of vaccines that currently exist rely on the same basic principle: to stimulate our immune system to responding to a real viral threat by mimicking a natural infection without actually causing you to be sick. The COVID19 vaccines work by producing immunity without having to get the infection. Many vaccines put a weakened or inactivated germ into our bodies in order to trigger an immune response, however this is not the case for mRNA vaccines.

mRNA stands for 'messenger RiboNucleic Acid' and both this and viral vector vaccines (such as those used for small pox and Ebola) deliver genetic material to the person who is vaccinated to cause the body to produce viral proteins, which then triggers immune responses. The protein which is produced is a piece of the spike protein which is found on the surface of the virus. This causes the body to produce antibodies which will protect the individual from getting infected if the virus enters the body. The mRNA itself is broken down very quickly by the body so no original infectious material is used in this type of vaccine.

mRNA vaccines have been worked on by researchers for decades and have been held to the same rigorous safety and effectiveness standards as all other types of vaccines. The vaccine does not 'alter your DNA'. The Pfizer-BioNTech COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

Will I get side effects with the Covid-19 vaccine?

Most of the side effects are very mild, similar to those after any other vaccine, these side effects usually start within a day or two of getting the vaccine. They may include pain, swelling and redness on the arm where you received the vaccine, but they should go away in a few days. The most common other events were fatigue (4% of people) and headache (2%) where older adults had fewer side effects. Most reported side effects were mild. Flu like symptoms including fever, chills, tiredness, and headache were more common after the second dose of the vaccine.

It has been well publicized that a few people have experienced more severe side effects, so caution should be exercised in considering the vaccine for those with a history of severe allergies. This risk of this reaction is remote and measures will be in place to respond in the event of such a reaction occurring.

How can a safe COVID-19 vaccine be made so quickly?

Although vaccine development typically takes many years, scientists had already begun research for coronavirus vaccines during previous outbreaks caused by related coronaviruses such as SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome). That earlier research provided a head start for rapid development of vaccines to protect against infection with the novel coronavirus SARS-CoV2, the virus that causes COVID-19.

They have also overlapped different stages of the process, such that manufacturing was already well underway whilst the clinical trials were still ongoing.

Who can get the COVID-19 vaccine?

The vaccine has been trialled in adults. There may be some circumstances in which children may be given the vaccine, for example if they are in a medical high risk group.

The TCI's vaccination strategy will broadly follow that recommended by WHO (World Health Organisation), PAHO (Pan American Health Organisation) and PHE (Public Health England). The priorities as with any vaccine are to reduce mortality (death) and serious illness related to COVID19 and to protect health care staff and priority settings. As such, the priority groups for the first phase of vaccination will include the elderly, health care workers, those with underlying medical conditions who are at the greatest risk for hospitalisation if infected and those living and working in congregated settings such as long-term care facilities. Once these priority groups are addressed, additional front-line workers who work in public facing settings who are at increased risk of exposure to the virus, will be targeted followed by the wider general public. As more vaccine becomes available, the plan is to offer it to everyone residing in the TCI.

How will the COVID-19 vaccine be administered?

The Pfizer/BioNTech COVID-19 vaccine will be administered by intramuscular injection in the upper arm, similar to the flu shot which is administered annually.

If a woman is pregnant, can she get the COVID-19 vaccine?

There have been no specific studies in pregnant women. Although there is no known risk associated with vaccines during pregnancy or breastfeeding, we still await more evidence to confirm whether the vaccine is suitable for pregnant women, and therefore it is not recommended at this time that this group receives the vaccine at this time.

What about children?

The data which is currently available pertains to persons aged 16 years and over. Children will not be a priority group for a vaccine early in vaccine deployment as vaccine trials have only just begun in children and therefore, there is very limited data on this group. Children and young people have a low risk of COVID19 and indeed severe disease or death when compared to adults and so COVID-19 vaccines are not routinely recommended for children and young people under 18 years of age.

If I'm immunocompromised. Can I get the COVID-19 vaccine?

Yes. Individuals who are immunosuppressed or have, for example, HIV infection (regardless of CD4 count) should be given COVID-19 vaccine.

I'm healthy, why should I get vaccinated?

COVID-19 can either make you have a sniffle or serious, life-threatening complications and for others, they may not experience any symptoms at all; therefore, there is no way to know how COVID-19 will affect you. If you get sick, you will almost certainly spread the disease to friends, family, and others around you. Getting vaccinated helps towards stopping the pandemic so that we can return our lives and ensure that our economy thrives. We can then go back to normalcy without the fear of getting sick.

How many doses do you need of this COVID-19 vaccination?

You will need two doses of the Pfizer/BioNTech COVID-19 vaccine for it to be fully effective; the two injections should be 21 days apart. I would like to stop and highlight this requirement as the vaccine will only have its full efficacy in preventing the disease after receiving the second dose, therefore everyone must complete the course of two vaccines and be prepared to do so in order to benefit from the protection being offered.

The vaccine is administered on day one, immunity starts to develop by day 12 after the vaccine is given and the second dose is administered on day 21. Full immunity develops a week after this date or at day 28. This is why it is so critical for everyone to understand the importance of getting the second dose.

How long is the duration of protection?

Immunity provided by the Pfizer/BioNTech COVID-19 vaccine reaches its full effect seven days after the second dose. The duration of protection against COVID-19 is currently unknown however, we will know how long the immunity produced by the vaccine lasts as more data is collected. It is too early to know at this stage whether this will be a one-off or whether it will become a requirement for persons to receive an annual vaccine much like the flu vaccine.

How much does it cost to get vaccinated?

The Government is providing the vaccine without a charge.

Will the COVID-19 vaccine give me COVID-19?

No, the Pfizer/BioNTech COVID-19 vaccine does not have any viable virus particles so the vaccine cannot cause the disease. The vaccine we are using is mRNA which uses the genetic sequence for the spike protein from the surface of the SARS-CoV-2 virus to enable it to be transported into the cells of the body. The cells then produce the spike proteins which allow our immune system to produce antibodies and activate T-cells to respond to any future encounter. This does not cause COVID-19 but means that if the body is exposed to the virus, the immune system would recognise and attack the virus.

I have had COVID-19 already, do I need to get vaccinated?

Yes. Previously infected individuals can be at risk of COVID-19 (i.e.,

reinfection) and could benefit from vaccination. Naturally acquired immunity following infection seems to be relatively short lived, hence the vaccine being recommended in those who have previously been infected.

If you have previously been infected and have recovered, you are encouraged to get the COVID-19 vaccine, leaving at least four weeks from the time of infection.

Once I get vaccinated, can I still get sick?

It is possible you could still get sick as the vaccines are 95% effective, therefore there is a 5% chance that if you are exposed to COVID-19, you might get sick.

It is also possible to get sick with COVID-19 a few weeks after the vaccination if you have been exposed to the virus. It takes a few weeks to build an immune response after being vaccinated. So, it is possible that someone could be infected with the virus that causes COVID-19 and get sick just before or just after vaccination. This further reinforces the importance of people continuing to wear face coverings, practice social distancing and proper hygiene.

Will the COVID-19 vaccine be compulsory?

No, it is not compulsory however it is strongly encouraged. You will receive paperwork showing that you have been vaccinated and looking to the future it may well become a requirement for travel internationally that proof of vaccination must be demonstrated. There is global precedent for this with previous infectious diseases e.g. yellow fever.

Will we still need to wear masks and practice physical distancing once vaccinated?

The wearing of masks and practising of physical distancing will be required until a large proportion of the population is vaccinated and we are sure that the vaccine provides long-term protection. Herd immunity is achieved when a sufficient proportion of the population is made non-infectious through vaccination so that the likelihood of an infectious individual transmitting to a susceptible individual is very low. This is what we need to aim for so that we can protect those who have not been or cannot be vaccinated. Until we have achieved herd immunity, the basic public health requirements of wearing face coverings, social distancing and practicing proper hygiene will need to be continued by all.

Where do I get the COVID-19 vaccine?

The locations for the delivery of the vaccines will be announced shortly but it will be administered in clinical settings in order to allow Primary Health staff to monitor persons after they have received the vaccine.

What is the take home message?

Getting vaccinated is one of many steps you can take to protect yourself and

others from COVID-19. Protection from COVID-19 is critically important because for some people, it can cause severe illness or death.

Stopping a pandemic requires the use of all of the tools available to us including vaccines. Vaccines work with your immune system so your body will be ready to fight the virus if you are exposed. Other steps, such as masks and social distancing, help reduce your chance of being exposed to the virus or spreading it to others. Together, COVID-19 vaccination and following key public health recommendations to protect yourself and others will offer the best protection from COVID-19.

The MOH will be sharing information on the vaccine including frequently asked questions through its website (www.gov.tc/moh/coronavirus/), Facebook page (TCI Health Promotions & Advocacy) as well as other communication avenues. Through the communications committee, we will be regularly sharing clear and accurate information with everyone to make sure that you can understand the risks and benefits of getting vaccinated so that you can make informed decisions when it comes to your health.

Please be sure to get your information from reputable sources in order to make the best possible decision for yourself, your family, your community and the country.

Confirmed cases of COVID-19 variant from South Africa identified in UK

Update on COVID-19 variants detected in UK

As of Thursday 14 January 2021, 35 genomically confirmed and 12 genomically probable cases of the SARS-CoV-2 variant which originated in South Africa (called VOC202012/02 in the UK, also named B1.351 and 501Y.V2 internationally) have been identified in the UK.

Two variants of interest have also been identified in Brazil. The first variant is variant under investigation (VUI) 202101/01 – this variant has a small number of mutations. The spread and significance of this variant remains under investigation. In partnership with COG-UK, 8 genomically confirmed cases of this variant have now been identified in the UK. All necessary public health action is being taken to follow-up the cases.

The second variant has been designated a Variant of Concern by NERVTAG, now termed VOC202101/02, and this variant has more mutations. We have NOT detected this second Brazil originated strain in the UK – this has been detected in Manaus and travellers arriving in Japan.

Laboratory work has begun on the VOC 202012/02 in the UK and is routinely

undertaken on all variants under investigation or of concern once samples are available.

Dr Susan Hopkins, COVID Strategic Response Director at Public Health England, said:

We are continuing efforts to understand the effect of the variants on transmissibility, severe disease, mortality, antibody response and vaccine efficacy.

For now, our advice remains the same following detection of a Brazilian variant in the UK, even though this is not the variant detected in Manaus with more mutations: the best way to stop the spread of the virus is to wash your hands, wear a face covering and keep your distance from others. Whilst in lockdown, it is important that we also stay at home unless it is absolutely essential to go out.

Through COG-UK, the UK is a global leader in SARS-CoV-2 genomics, providing around 48% of the genomic data supplied to [GISAID](#), the scientific initiative which allows global, real-time surveillance of the COVID-19 pandemic.

WGS is vital to the global response to the pandemic, allowing us to monitor and understand the evolution of new COVID-19 variants and respond with timely public health interventions.

In addition to the travel ban imposed on South Africa on 23 December 2020, the [Department for Transport \(DfT\) has announced new restrictions](#) for everyone arriving into the country from Namibia, Zimbabwe, Botswana, Eswatini, Zambia, Malawi, Lesotho, Mozambique, Angola, Mauritius and Seychelles.

The restrictions follow new data on the steep rise in incidence of the B1.351 variant, which has vastly increased the risk of community transmission between these 9 southern African countries, as well as the Seychelles and Mauritius which have strong travel links with South Africa.

From 15 January 2021, the DfT has also imposed a subsequent travel ban to the UK from several South American countries and countries with strong travel links to Brazil. Passengers who have been in or transited through Argentina, Brazil, Bolivia, Chile, Cape Verde, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Panama, Portugal (including Madeira and the Azores), Peru, Suriname, Uruguay and Venezuela in the last 10 days will no longer be granted access to the UK.

British and Irish Nationals (and or third country nationals with residence rights in the UK) who have travelled from or transited through these countries must self-isolate for 10 days, as must members of their household. Contact tracing and testing of close contacts of confirmed cases will be used to identify and manage potential transmission. The decision to impose these restrictions has been taken to prevent the spread of the variant of

coronavirus, known as VOC202101/02, into the UK.

The Isolation Assurance Service (IAS) will be contacting all returnees from all southern African countries, Mauritius and Seychelles to reinforce the advice to self-isolate, to encourage testing even if asymptomatic and to inform anyone treating/testing them of their recent travel.

Regular updates of confirmed variant cases will be provided on this page.

Previous

Wednesday 23 December

The 2 cases were identified in the UK on 22 December 2020 and both have been in contact with someone who has travelled from South Africa. Public Health England's Health Protection Teams have followed up with both cases and contact tracing is underway.

The new variant named B1.351 (also referred to as 501Y.V2) was first detected in Nelson Mandela Bay, South Africa, in samples at the beginning of October. Molecular dating suggests that it could have been in circulation from the end of August.

The rapid spread of the variant in South Africa could be an indication of increased transmissibility but this is not yet confirmed. PHE is investigating this variant and will share its findings in due course. There is currently no evidence to suggest that the variant has any impact on disease severity, antibody response or vaccine efficacy. Epidemiological and virological investigations are also ongoing in South Africa.

It is not uncommon for viruses to undergo mutations; seasonal influenza mutates every year. More than 4,000 variants of SARS-CoV-2 have been identified in the UK and variants have been observed in many other countries.

Dr Susan Hopkins, Chief Medical Adviser on COVID-19 to PHE & Test and Trace, said:

We are investigating this new variant of SARS-CoV-2 which originated in South Africa. Viruses often evolve and this is not unusual. We are carrying out work as a priority to understand the potential risk this variant may cause. It is important to say that there is currently no evidence that this variant causes more severe illness, or that the regulated vaccine would not protect against it.

The best way to stop infection is to stick to the rules – wash our hands, wear a face covering and keep our distance from others.

The recommended control measures to limit the spread of the new variant continue to be testing, following the existing public health guidance and

abiding by the restrictions, including 'Hands, Face, Space' and limiting your number of contacts. The Department for Transport have announced new restrictions for everyone arriving in the country from South Africa.

Travel ban implemented to protect public health following South Africa COVID-19 outbreak

- passengers travelling from South Africa into England from 9am Thursday 24 December will not be permitted to enter, reflecting increased risk from new strain of coronavirus
- British and Irish Nationals, visa holders and permanent residents arriving from South Africa will be able to enter but are required to self-isolate for 10 days along with their household
- travellers urged to continue to check the latest advice from the FCDO

The government has responded urgently to new evidence which demonstrates the need to temporarily suspend entry for passengers arriving from South Africa to England.

From 9am Thursday 24 December 2020, visitors arriving into England who have been in or transited through South Africa in the previous 10 days will not be permitted entry and direct flights will be banned. This excludes cargo and freight without passengers.

This does not include British and Irish Nationals, visa holders and permanent residents, who will be able to enter but are required to self-isolate for 10 days along with their household.

The decision follows the release of further information from health authorities in South Africa reporting an outbreak of coronavirus (COVID-19), with a variant strain spreading in some provinces.

This is different to the UK variant, meaning a travel ban is critical to prevent further domestic infection.

The UK does not currently have a travel corridor with South Africa, and so anyone who has returned from the country recently should already be self-isolating for 10 days and should continue to do so.

Any exemptions usually in place – including for those related to employment – will not apply and passengers arriving in England from South Africa after 9pm on 23 December cannot be released from self-isolation through Test to

[Release.](#)

People who share a household with anyone self-isolating after returning from South Africa will now also need to self-isolate until 10 days have passed since anyone they live with was last in South Africa.

The UK government is working closely with international partners to understand the changes in the virus that have been reported in South Africa and we are conducting a programme of further research here in the UK to inform our risk assessments.

British and Irish Nationals, visa holders and permanent residents who are arriving from South Africa will be required to show a complete [passenger locator form](#) on arrival into the UK. This is critical in being able to track the virus in case of any local outbreaks.

The Home Office will step up Border Force presence to ensure that those arriving to England from South Africa are compliant with the new restrictions.

The ban and expanded self-isolation measures will be kept under review.

Decisions on border measures can be changed rapidly if necessary to help stop the spread of the disease. Likewise travel advice is constantly updated with the latest information for British and Irish nationals. Britons in South Africa should continue to check the [Foreign, Commonwealth and Development Office travel advice](#) and sign up to email alerts.