



## BRIEFING PAPER

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# Coronavirus Bill: Background

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This briefing paper is one of a collection of Commons Library briefings on the [Coronavirus Bill](#) (the Bill). It deals with the reason for the Bill and the final provisions around commencement, expiry and regulation making powers. The other briefing papers, dealing with other parts of the Bill and general background, are available on the Commons Library website ([Coronavirus Bill: Overview](#)).

# 1. Why the Bill has been introduced

On 31 December 2019, an outbreak of a pneumonia of unknown cause, detected in Wuhan, China, was first reported to the WHO Country Office in China. The disease was subsequently identified as a coronavirus and later classified as a new disease called covid-19. Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, certain coronaviruses can cause a range of respiratory infections, from the common cold through to diseases that are far more severe, such as Severe Acute Respiratory Syndrome (SARS).<sup>1</sup> Covid-19 is the infectious disease caused by the most recently discovered coronavirus. It was unknown before the outbreak began in Wuhan and has since spread to over 100 countries. By the 18 March 2020, the WHO reported that, globally, there were 191,127 confirmed cases and 7,807 deaths.<sup>2</sup> In addition to China, major outbreaks have occurred in Italy, Iran, Spain and South Korea. Further details about the virus can be found in section 3 below.

On 11 March 2020, the World Health Organization (WHO) declared Covid-19 to be a pandemic and called on all countries to “activate and scale up [their] emergency response mechanisms”.<sup>3</sup> To date, the Government has taken several steps to curb the spread of the virus in the UK. These include introducing [regulations](#) to screen and quarantine individuals suspected of having the virus (where necessary), implementing an [Action Plan](#), and publishing a range of public guidance and information. In addition, the UK Public Health Agencies “are supporting the rapid development of specific tests for this coronavirus” while the Government has announced £40 million for COVID-19 research, including developing vaccines.<sup>4</sup>

Most recently, the Government introduced the [Coronavirus Bill 2019-21](#) which had its First Reading on 19 March 2020. Ahead of the Second Reading of the Bill on Monday 23 March, this briefing paper provides background to both the measures the Government has introduced so far and the nature of the virus, together with an overview of the Bill and why it is required. Statistics on the number of cases of, and deaths from, COVID-19 are also set out, along with the Government’s most recent announcements on the virus.

## 1.1 The Health Protection (Coronavirus) Regulations 2020

On 10 February 2020, the Government introduced the [Health Protection \(Coronavirus\) Regulations 2020](#) (under the *Public Health (Control of Diseases) Act 1984*, as amended by the *Health and Social Care Act 2008*). The measures are aimed at preventing further, serious transmission of the virus by providing new powers – effective immediately – for medical and public health professionals “to screen, isolate and detain those at risk of

<sup>1</sup> World Health Organization, [Q&A on coronaviruses \(COVID-19\)](#), 9 March 2020

<sup>2</sup> World Health Organization, [Coronavirus disease 2019 \(COVID-19\) Situation Report – 58](#), 18 March 2020

<sup>3</sup> World Health Organization, [WHO Director-General's opening remarks at the media briefing on COVID-19](#), 11 March 2020

<sup>4</sup> Department of Health and Social Care, [Coronavirus: action plan. A guide to what you can expect across the UK](#), 3 March 2020, para 4.28-4.30

spreading Covid-19".<sup>5</sup> If necessary, the Regulations also allow the police to "to detain and direct individuals in quarantined areas at risk or suspected of having the virus".<sup>6</sup> The Government explained that the powers are to ensure:

NHS staff dealing with possible cases can be confident the necessary powers are in place to keep individuals in isolation where public health professionals believe there is a reasonable risk an individual may have the virus.<sup>7</sup>

The House of Lords [debated and approved the regulations on 9 March 2020](#). During the debate, Lord Bethell explained that while the Government expected the majority of individuals:

to comply with public health advice without the need for legal enforcement, it is important that we remain suitably prepared for all eventualities. Given the seriousness of the threat posed by Covid-19, the regulations are a reasonable and necessary part of our strategy to protect the public.<sup>8</sup>

The regulations have a sunset clause and will automatically expire after two years, unless a Minister makes further regulations to stop any provision in the initial regulations from expiring. The Minister may apply this extension for up to 6 months at a time. They also only apply to England. During the debate in the Lords, concerns were raised that the limited territorial extent of the regulations could lead to variations and inconsistencies in the UK's response to covid-19. Lord Bethell stated that the Government was continuing to consult with the devolved Administrations regarding appropriate measures for Wales, Scotland and Northern Ireland and that included "options in primary legislation that would cover the entirety of the UK".<sup>9</sup>

## 1.2 Why is a Bill needed?

The Government confirmed that it was considering introducing emergency legislation to address Covid-19 in its Coronavirus Action Plan, published on the 3rd March 2020 (see section 2). It was stated in the Action Plan that the Government would "consider legislative options, if necessary, to help systems and services work more effectively in tackling the outbreak" and would ensure that "any necessary changes to legislation [were] taken forward as quickly as possible".<sup>10</sup> On 8 March 2020, the Secretary of State for Health and Social Care, Matt Hancock, confirmed that there would be a "[COVID-19 Emergency Bill](#)" as part of the Government's plans to move from the "contain" to "delay" phase of the Government's 4-stage strategy (as set out in the Covid-19 Action Plan).<sup>11</sup>

Further information on the Bill, and the rationale for its introduction, was published on 17 March 2020. Guidance issued by the Department of Health and Social Care on [What the coronavirus bill will do](#) stated that the measures were aimed at enhancing the ability of public bodies to provide a consistent and effective response to tackling the Covid-19

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<sup>5</sup> [HL Deb 9 March 2020](#) c415GC

<sup>6</sup> Department of Health and Social Care, [Coronavirus: action plan, A guide to what you can expect across the UK](#), 3 March 2020, para 4.8

<sup>7</sup> Press release: '[Health Secretary announces strengthened legal powers to bolster public health protections against coronavirus](#)', Department of Health and Social Care, 10 February 2020

<sup>8</sup> [HL Deb 9 March 2020](#) c417GC

<sup>9</sup> [HL Deb 9 March 2020](#) c417GC

<sup>10</sup> Department of Health and Social Care, [Coronavirus: action plan, A guide to what you can expect across the UK](#), 3 March 2020, paras 4.51 and 3.8

<sup>11</sup> Press release: '[Government outlines further plans to support health and social care system in fight against COVID-19](#)', Department of Health and Social Care, 8 March 2020

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emergency.<sup>12</sup> The Bill covers a wide range of areas where provisions may be necessary to respond to the “circumstances that may arise as a result of the covid-19 pandemic”.<sup>13</sup>

The overriding aim of the Bill is to protect life, and the public health of the nation, through limiting the spread of the infection while also reducing pressures on key services. Many of the measures, for example, are intended to ensure that the health and social care systems are “supported to deal with significant extra pressure” while trying to ease the “burden on frontline NHS and adult social care staff” wherever possible.<sup>14</sup> A Government news story on the Bill explained that the measures fall into five categories:

1. increasing the available health and social care workforce – for example, by removing barriers to allow recently retired NHS staff and social workers to return to work (and in Scotland, in addition to retired people, allowing those who are on a career break or are social worker students to become temporary social workers)
2. easing the burden on frontline staff – by reducing the number of administrative tasks they have to perform, enabling local authorities to prioritise care for people with the most pressing needs, allowing key workers to perform more tasks remotely and with less paperwork, and taking the power to suspend individual port operations
3. containing and slowing the virus – by reducing unnecessary social contacts, for example through powers over events and gatherings, and strengthening the quarantine powers of police and immigration officers
4. managing the deceased with respect and dignity – by enabling the death management system to deal with increased demand for its services
5. supporting people – by allowing them to claim Statutory Sick Pay from day one, and by supporting the food industry to maintain supplies.<sup>15</sup>

Further details about specific aspects of the Bill can be found in a series of [Library Briefings](#).

A further aim of the Bill is to enable a UK-wide response to the pandemic. As noted above, concerns were raised during the Lords debate on the [Health Protection \(Coronavirus\) Regulations 2020](#) as to how ‘England-only’ powers might interact with similar powers across the devolved nations. The Explanatory Notes state that the Bill aims “to level up across the UK, so that the actions to tackle this threat can be carried out effectively across all four nations”.<sup>16</sup> The Notes give the following description of how this will work in practice:

The commencement (and all associated decisions) will be activated to implement a COBR decision. UK Government Ministers will control the use of provisions on matters that are reserved or England only. This is intended to be a streamlined system that is nonetheless consonant with the role of the Devolved Administrations.<sup>17</sup>

Since announcing the Bill, the Government has stressed that the measures are “temporary” and “proportionate” and will only be used when “strictly necessary”.<sup>18</sup>

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<sup>12</sup> Department of Health and Social Care, [Guidance: What the coronavirus bill will do](#), 17 March 2020  
<sup>13</sup> [Explanatory Notes to the Coronavirus Bill 2019-20](#), para 7,

<sup>14</sup> Department of Health and Social Care, [Guidance: What the coronavirus bill will do](#), 17 March 2020

<sup>15</sup> News story: [Emergency bill to strengthen coronavirus \(COVID-19\) response plans](#), Department of Health and Social Care, 17 March 2020; Department of Health and Social Care, [Guidance: What the coronavirus bill will do](#), 17 March 2020

<sup>16</sup> [Explanatory Notes to the Coronavirus Bill 2019-20](#), para 6

<sup>17</sup> [Explanatory Notes to the Coronavirus Bill 2019-20](#), para 10

<sup>18</sup> News story: [Emergency bill to strengthen coronavirus \(COVID-19\) response plans](#), Department of Health and Social Care, 17 March 2020; Department of Health and Social Care, [Guidance: What the coronavirus bill will do](#), 17 March 2020

While the legislation will be time-limited to two years (see section 5 below for further discussion), the Explanatory Notes state that it contains flexibility, so that “many of the measures [...] can be commenced from area to area and time to time”.<sup>19</sup>

## 2. Coronavirus action plan

The Government published its coronavirus action plan on 3 March, setting out what the UK had done and was planning to do in response to the Covid-19 outbreak. The plan was based on the government’s experience in dealing with other infectious disease, and influenza preparedness work. The plan set out:

- what we know about the virus and the disease it causes
- how we have planned for an infectious disease outbreak, such as the current coronavirus outbreak
- the actions we have taken so far in response to the current coronavirus outbreak
- what we are planning to do next, depending upon the course the current coronavirus outbreak takes.
- the role the public can play in supporting this response, now and in the future.

### Planning principles

The action plan makes reference to the existing [UK influenza preparedness strategy 2011](#) which describes the government’s strategic approach for responding to an influenza pandemic,<sup>20</sup> and indicates the government’s “significant preparedness for work for an influenza pandemic”.<sup>21</sup>

The plans draw on the idea of a “reasonable worst-case scenario”. The government said that the plan is not a forecast of what is most likely to happen, but “will ensure we are ready to respond to a range of scenarios”.

The plan outlines a number of principles that the UK and Devolved Administrations aim to work to. These include health and science related outcomes; undertaking risk assessments, using scientific advice and evidence to inform decision making and minimising the potential health impact by slowing spread in the UK and overseas.

The plan also aims to minimise the impact on the UK and global economy and key public services, provide resources for agencies responsible for responding to the outbreak and maintain trust and confidence amongst the organisations and people who provide key public services and those who use them.

The ability to adapt is noted within the plan, which state:

The UK Government and the Devolved Administrations have been planning an initial response based on information available at the time, in a context of uncertainty, that can be scaled up and down in response to new information to ensure a flexible and proportionate response.<sup>22</sup>

In responding to Covid-19, the plan states that the government is taking account of the international situation, advice from WHO and evidence derived from surveillance and data modelling.

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<sup>19</sup> [Explanatory Notes to the Coronavirus Bill 2019-20](#), para 7

<sup>20</sup> [The UK Influenza Preparedness Strategy 2011](#), DHSC, 10 November 2011

<sup>21</sup> [Coronavirus: action plan](#), HM Government, 3 March 2020

<sup>22</sup> [Coronavirus: action plan](#), HM Government, 3 March 2020

The Scientific Advisory Group for Emergencies (SAGE) provides expert medical scientific advice, and the four UK governments' Chief Medical Officers are advising health and social care systems and government agencies.

The action plan states that the government will step up the central co-ordination of its overall response via the Civil Contingencies Committee (often referred to as COBR or COBRA). The respective crisis management mechanisms across the Devolved Administrations operate in similar terms to that of COBRA, with all four co-ordination centres linked up on UK-wide planning and delivery of the response to Covid-19.

### A four-phased response

Fundamental to the action plan is a four phased response deployed to respond to COVID-19:

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- **Delay:** slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- **Research:** better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.<sup>23</sup>

The UK is currently in the delay phase.

The Contain response involved identifying and isolating infected persons and employing contact tracing to limit the spread. The initial cases largely involved individuals who recently returned from abroad or had been in close contact with others who had done so. During the Contain phase, Border Force and the Foreign and Commonwealth Office assisted with the repatriation of British nationals and their dependents from affected areas overseas, and new regulations were introduced to permit the detention of individuals in quarantine.

The Delay phase is centred on slowing down widespread exposure to Covid-19 in order to push the burden of the disease to the summer months when flu and winter illnesses are not putting so much pressure on GP consultations and hospital admissions. In order to achieve this, the plan states, social distancing measures such as school closures, encouraging home working and reducing the scale of large-scale gatherings would be considered (which have now been implemented).

The Research phase involves gathering evidence about effective interventions in order to inform decision-making. The Government has liaised with research bodies, such as the National Institute for Health Research to support and co-ordinate research during the Covid-19 outbreak.

The Mitigate phase would focus on providing essential services and helping those most at risk to access the right treatment, requiring coordinated efforts from public services.

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<sup>23</sup> [Coronavirus: action plan](#), HM Government, 3 March 2020

The decision to move to subsequent phases is taken on advice from the UK's CMOs, taking into account the degree of sustained transmission and failure of other measures in other countries to reduce spread.<sup>24</sup> On 12 March, the government [announced](#) that the UK was moving from the contain phase to the delay phase.<sup>25</sup>

## 3. The Covid-19 Virus

On 31 December 2019 a number of severe cases of pneumonia of unknown cause were reported in Wuhan, China.

Testing ruled out the known Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV) viruses<sup>26</sup>, but sequencing of the virus showed that it belonged to this same family of viruses- known as coronaviruses.

Coronaviruses are a large family of viruses that cause illness ranging from the common cold, to more severe diseases such as MERS-CoV and SARS-CoV. Coronaviruses are named for their appearance as their microscopic structure is reminiscent of a corona, or crown.<sup>27</sup>

On 7 January 2020, the Chinese authorities identified a new type of coronavirus<sup>28</sup>, that had not been previously identified in humans.<sup>29</sup> The World Health Organisation announced that the disease caused by the novel coronavirus would be called Covid-19.<sup>30</sup>

The virus causing Covid-19 has officially been named SARS-CoV-2,<sup>31</sup> and has also been referred to as the 'novel coronavirus', or nCoV.<sup>32</sup>

The virus' genetic structure suggests that it evolved from an animal coronavirus. Many people among the early reported cases had visited the Wuhan Seafood Market, which sells a large number of live animals. The market was closed on 1 January 2020.<sup>33</sup>

Further analysis suggests it is related to bat coronaviruses. It is also likely that both MERS- and SARS-coronaviruses came from bats. Reports of connections with snakes are very early and research has not yet been replicated.

### 3.1 How is Covid-19 transmitted?

We do not yet know the exact source of the current Covid-19 outbreak.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people.<sup>34</sup> Many people among the early reported cases had visited the Wuhan Seafood Market, which sells a large number of live animals. The coronavirus' genetic structure suggests that it evolved from an animal coronavirus.

It is likely that a secondary reservoir animal, being sold alive or dead as meat at the Wuhan Market, may have transmitted the virus to the initial cases.

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<sup>24</sup> [Coronavirus: action plan](#), HM Government, 3 March 2020

<sup>25</sup> [COVID-19: government announces moving out of contain phase and into delay](#), DHSC, 12 March 2020

<sup>26</sup> [Novel Coronavirus- China](#), WHO, 12 January 2020

<sup>27</sup> [What is Coronavirus?](#), John Hopkins Medicine, [accessed 19 March 2020]

<sup>28</sup> [Novel Coronavirus- China](#), WHO, 12 January 2020

<sup>29</sup> [Coronavirus](#), WHO, [accessed 19 March 2020]

<sup>30</sup> [Rolling updates on coronavirus disease \(COVID-19\)](#), WHO, 18 March 2020

<sup>31</sup> [COVID-19: epidemiology, virology and clinical features](#), PHE, 18 March 2020

<sup>32</sup> [Novel Coronavirus- China](#), WHO, 12 January 2020

<sup>33</sup> [Novel Coronavirus- China](#), WHO, 12 January 2020

<sup>34</sup> [Coronavirus](#), WHO, [accessed 19 March 2020]



Initially Covid-19 did not seem to be passing from one human to another but on 23 January, the World Health Organization's (WHO) Emergency Committee noted that human to human transmission was occurring.<sup>35</sup>

The World Health Organisation (WHO) website provides a series of answers in response to [FAQs on COVID-19](#). One answer explains how Covid-19 is spread:

**How does COVID-19 spread?**

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick.

WHO is assessing ongoing research on the ways COVID-19 is spread and will continue to share updated findings.<sup>36</sup>

WHO advises that the likelihood of acquiring Covid-19 from an asymptomatic individual is "very low":

**Can CoVID-19 be caught from a person who has no symptoms?**

The main way the disease spreads is through respiratory droplets expelled by someone who is coughing. The risk of catching COVID-19 from someone with no symptoms at all is very low. However, many people with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel ill. WHO is assessing ongoing research on the period of transmission of COVID-19 and will continue to share updated findings.<sup>37</sup>

There is strong evidence that the virus that causes Covid-19 is mainly transmitted through contact with respiratory droplets rather than through air.<sup>38</sup>

Whilst initial investigations suggest that the virus may be present in faeces, the risk of acquiring Covid-19 from the faeces of an infected person appears to be low. Spread via this route is not a main feature of the outbreak, however, does present another reason for maintaining effective hand hygiene.<sup>39</sup>

Current estimates suggest that on average, an individual carrying the virus can infect a further two or three people.<sup>40</sup> There are also some suggestions that some coronavirus carriers may be "super-spreaders" and able to infect up to ten close contacts.<sup>41</sup> This has not yet been confirmed. SARS-CoV and MERS-CoV spread via droplets of saliva, urine, faeces and blood, which may be indicative of how coronavirus is spread. Transmission can be from direct contact with these or contaminated surfaces. Therefore, new coronavirus cases need to be promptly isolated, and good infection control measures implemented.

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<sup>35</sup> [Statement on the meeting of the International Health Regulations \(2005\) Emergency Committee regarding the outbreak of novel coronavirus \(2019-nCoV\)](#), WHO, 23 January 2020

<sup>36</sup> [Q&A on coronaviruses \(COVID-19\)](#), WHO, [accessed 9 March 2020]

<sup>37</sup> [Q&A on coronaviruses \(COVID-19\)](#), WHO, [accessed 9 March 2020]

<sup>38</sup> [Q&A on coronaviruses \(COVID-19\)](#), WHO, [accessed 9 March 2020]

<sup>39</sup> [Q&A on coronaviruses \(COVID-19\)](#), WHO, [accessed 9 March 2020]

<sup>40</sup> [Report of the WHO-China Joint Mission on Coronavirus Disease 2019 \(COVID-19\)](#), WHO, 28 February 2020

<sup>41</sup> [COVID-19: preparing for superspreader potential among Umrah pilgrims to Saudi Arabia](#), S Ebrahim, Z Memish, The Lancet, 27 February 2020



## 3.2 What are the symptoms of Covid-19?

A Public Health England (PHE) [webpage](#) provides a summary of the common presentation of Covid-19 in affected people:

Initial clinical findings from patients to date have been shared by China and WHO. Fever, cough or chest tightness, and dyspnoea [shortness of breath] are the main symptoms reported. While most patients have a mild illness, severe cases are also being reported, some of whom require intensive care.<sup>42</sup>

A wider ranging scope of symptoms is provided by an analysis of 55,924 laboratory confirmed cases.<sup>43</sup> A summary of typical signs and symptoms and their prevalence rate is provided below:

- Fever - 87.9%
- Dry cough - 67.7%
- Fatigue - 38.1%
- Sputum (phlegm) production - 33.4%
- Shortness of breath - 18.6%
- Sore throat -13.9%
- Headache- 13.6%
- Myalgia (muscle pain) or arthralgia (joint pain)- 14.8%
- Chills- 11.4%
- Nausea or vomiting- 5.0%
- Nasal congestion- 4.8%
- Diarrhoea -3.7%
- Haemoptysis (coughing up blood)- 0.9%
- Conjunctival congestion- 0.8%

## 3.3 What have clinical observations shown about the progression of COVID-19?

People with Covid-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days).<sup>44</sup>

In a recent [study](#), researchers examined the case histories of 138 hospitalised patients in the main Wuhan teaching hospital.<sup>45</sup> The study (which should be considered within the context of it being a single study), reported that:

- The median age of patients was 56 years (range 22–92 years)
- 54% of patients were male

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<sup>42</sup> COVID-19: epidemiology, virology and clinical features, PHE, 18 March 2020

<sup>43</sup> [Report of the WHO-China Joint Mission on Coronavirus Disease 2019 \(COVID-19\)](#), WHO, 28 February 2020

<sup>44</sup> [Report of the WHO-China Joint Mission on Coronavirus Disease 2019 \(COVID-19\)](#), WHO, 28 February 2020

<sup>45</sup> [Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China](#), D Wang, B Hu, C Hu et al, JAMA, 7 February 2020

- Acquisition through in-hospital transmission was common (also seen with MERS-CoV and SARS-CoV)
- Typical symptoms included fever (98.6%), fatigue (69.6%) and dry cough (59.4%)
- All patients had a characteristic chest computed tomography (CT) showing areas of infection in both lungs
- 26% of patients needed intensive care support (ICU). These patients tended to be older (66 years vs. 51 years) and were more likely to have other health conditions (72% vs. 37%)
- The time course between infection to the presentation of initial symptoms:
  - Shortness of breath – 5 days
  - Hospital admission – 7 days
  - Acute respiratory distress syndrome (needing ICU) – 8 days
- Overall mortality 4.3%

### 3.4 What is the mortality rate?

Epidemiologists use the case-fatality rate (CFR) when talking about the deadliness of an infection. CFR is hard to estimate early in an epidemic because many patients have not yet, and may not, recover. Current estimates in China are that 21% of patients get severely ill and 3% die.<sup>46</sup> The overall CFR varies by location, intensity of transmission and scale of testing. The mortality rate may appear higher in countries that have carried out lower levels of testing.

## 4. Statistics on Coronavirus

Data on the number of cases and associated deaths and recovery is constantly changing. To get the latest information possible it is advisable to use following online resources.

### 4.1 UK data

- Public Health England update a dashboard daily showing reported cases of coronavirus in the UK, as well as cases by upper tier local authority in England and the number of deaths: [PHE Coronavirus cases](#)
- The Scottish Government publish details of confirmed cases at health board level and the number of deaths in Scotland: [Coronavirus in Scotland](#)
- Public Health Wales provide details of confirmed cases and deaths for Wales including health board level figures: [PHW Daily statement on coronavirus](#)
- The Public Health Agency of Northern Ireland publish details of confirmed cases for Northern Ireland: [Coronavirus situation in Northern Ireland](#)

### 4.2 International data

John Hopkins University have been at the forefront in providing data to advance the understanding of the virus to guide policymakers' response and inform the public. Their coronavirus resource site includes regular updates from each nation on the number of confirmed cases, deaths and recovered cases: [John Hopkins Coronavirus Resource Centre](#)

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<sup>46</sup> [Report of the WHO-China Joint Mission on Coronavirus Disease 2019 \(COVID-19\)](#), WHO, 28 February 2020

## 5. Final Provisions of the Bill

### Signatures of Treasury Commissioners

In some legislation, powers are given to the Treasury, rather than a Secretary of State or other individual, to make secondary legislation or issue warrants etc. In such circumstances, two of the Commissioners of the Treasury are required to sign instruments, in order for them to have statutory force.<sup>47</sup> The requirement for two signatures is found in section 1 of the *Treasury Instruments (Signature) Act 1849*. That Act reduced the number of signatures required from three to two.<sup>48</sup>

Clause 67 of the *Coronavirus Bill 2019-21* would reduce the number of Commissioners of the Treasury required to sign from two to one. It also allows Treasury Ministers who are not Commissioners of the Treasury to be regarded as Commissioners for the purposes of signing.

There are currently eight commissioners, all MPs:

- the First Lord of the Treasury, the Prime Minister, Boris Johnson;
- the Second Lord of the Treasury, the Chancellor of the Exchequer, Rishi Sunak; and
- six junior Lord Commissioners of the Treasury: James Morris, Rebecca Harris, Iain Stewart, David Rutley, Maggie Throup and Michael Tomlinson.<sup>49</sup>

There are currently six ministers in the Treasury, including the Chancellor of the Exchequer. The other five are: Steve Barclay (Chief Secretary to the Treasury); Jesse Norman (Financial Secretary to the Treasury); Lord Agnew; John Glen (Economic Secretary to the Treasury); and Kemi Badenoch (Financial Secretary to the Treasury).

### Commencement

**Clauses 73-76** cover the timings of the Bill, including when and how provisions can be activated and when they will expire. Under clause 73(1), the measures in the Bill, other than those set out in subsection 2, will begin once the Bill has received Royal Assent. Clause 73(2), however, lists 14 different sections of the Bill (and associated Schedules) that will only come into force through regulations made by a Minister of the UK Government. These cover matters including:

- Emergency volunteering leave and compensation;
- Temporary modification of mental health and mental capacity legislation;
- Local authority care and support;
- Registration of deaths and still-births;
- Medical certificates for cremations;
- Power to require information relating to food supply chain (and related provisions).

To facilitate a flexible and targeted response to the pandemic, **Clause 73(10)** enables the provisions in subsection 2 to commence on different days in different areas. For certain

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<sup>47</sup> See for example the [Double Taxation Dispute Resolution \(EU\) Regulations 2020](#) (SI 2020/51), which were [signed \(made\)](#) by Rebecca Harris and Michelle Donelan on 22 January 2020. The powers to make these regulations were conferred on the Treasury by [section 128A](#) of the *Taxation (International and Other Provisions) Act 2010*

<sup>48</sup> *Treasury Instruments (Signature) Act 1849* (chapter 89), [section 1](#)

<sup>49</sup> HM Government, [First Lord of the Treasury](#), and [Ministers](#) (see Whips)

provisions, the Bill also stipulates that the Minister must have regard to any advice from the Chief Medical Officer / Deputy Chief Medical Officer of the relevant country of the UK before giving a particular direction.

Once the provisions are in place, **Clause 74** gives a Minister the power, through making a regulation, to suspend or subsequently reactivate provisions in the Bill. Again, to enable an agile response to Covid-19, subsection 5 allows the Minister to “make different provision for different purposes or areas”. Subsection 6 sets out those provisions where the power to halt or reinstate a measure will not apply.

### Sunset Clause

The measures in the Bill are intended to be time limited. **Clause 75** states that the “Act expires at the end of the period of 2 years beginning with the day on which it is passed”. This is subject to several exceptions, as set out in subsection 2, while **Clause 76** enables a Minister to extend or curtail the expiry date of provision(s) in the Bill. Subsection 3 stipulates that the maximum length of any extension is six months at a time. This would use either the made affirmative or draft affirmative procedure. The Delegated Powers memorandum states that after this time the Government would “need to come back to Parliament for a further debate on extending the Bill”.<sup>50</sup>

Concerns have been raised regarding the length of the sunset clause and there have been calls for it to be shorter. For example, Labour have called for the legislation to be subject to a vote every six months.<sup>51</sup>

The Government also comments on the reason for the [fast-track nature of the Bill in the Explanatory Notes](#).

### Power to Amend Existing Legislation

Clause 77 and 78 contain powers to amend primary legislation by regulation, otherwise known as Henry VIII powers.

**Clause 77** provides for the Coronavirus Bill to be amended in the future if the secondary legislation modified by this Bill changes during the lifetime of this Bill. The power in Clause 77 is specific to this Bill and regulations may be made by a UK Government Minister. Consent of the relevant devolved administration would be required for devolved matters. The SI procedure would follow the choice set out in clauses 79-82 below using either the draft or made affirmative.

**Clause 78** provides a power for consequential amendments to be made to other primary or secondary legislation so that it aligns with this Bill. Regulations may be made by a UK Government Minister and consent of the relevant devolved administration would be required for devolved matters. The Delegated Powers Memorandum states:<sup>52</sup>

424. A power to make consequential provision is a power commonly taken in Bills to deal with any small additional changes that are necessary in consequence of the changes contained in that Bill.

425. While the government has endeavoured to include those consequential provisions identified so far on the face of the Bill given the speed at which the Bill has needed to be produced to respond to the coronavirus emergency it is only prudent

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<sup>50</sup> Coronavirus Bill, [Memorandum from the Department of Health and Social Care to the Delegated Powers and Regulatory Reform Committee](#), 19 March 2020, para 412

<sup>51</sup> Labour Press Release, [Jeremy Corbyn demands effective action for people during coronavirus outbreak](#), 18 March 2020

<sup>52</sup> Coronavirus Bill, [Memorandum from the Department of Health and Social Care to the Delegated Powers and Regulatory Reform Committee](#), 19 March 2020, para 424-5

that the government takes a power to deal with consequential amendments or modifications that are identified at a later date.

The negative procedure applies to changes to secondary legislation while changes to primary legislation would use draft or made affirmative.

## Statutory Instrument procedures

**Clause 79** sets out the procedures to be followed when making regulations under clauses 76-78. For clause 76, if a provision is to expire early, the [draft affirmative procedure](#) is to be used. For those provisions where the expiry is being delayed, either “the made affirmative or the draft affirmative procedure can be used”.<sup>53</sup> The ‘made affirmative’ procedure is used when changes to the law are required urgently. Under this procedure, if the SI is not approved by Parliament within a set time limit (usually 28 or 40 days), the change to the law is reversed. The Delegated Powers Memorandum states that if:

Parliament or the relevant national authority are sitting as normal (and the need to extend doesn’t come as surprise) the government would expect to follow the draft affirmative procedure so that Parliament can debate the extension before it comes into force.<sup>54</sup>

The circumstances under which the ‘made affirmative’ procedure is anticipated being used are described as follows:

the government may need the made affirmative as a back-up to ensure that the Bill can remain in force if Parliament or the relevant national authority are not sitting at the time regulations need to be made to extend the Bill or if the need to extend arises unexpectedly so that there is not sufficient time to complete the normal draft affirmative procedure before the provisions expire.<sup>55</sup>

Clauses 80-82 mirror these provisions for the devolved legislatures.

For Clauses 73-76, the Minister may make regulations that relate to devolved matters only with the consent of the relevant Devolved Administration. The Explanatory Notes state that the devolved administrations can exercise the power “in so far as the provision being commenced is within the legislative competence of the relevant devolved legislature”.<sup>56</sup>

## Territorial Extent

This is a wide-ranging Bill that affects all parts of the UK. The territorial extent of the Bill is variously, the UK, England and Wales, Scotland and Northern Ireland. Sections on each clause deal with extent and application, while [Annex A of the Explanatory Notes](#) contains a detailed table of extent.

Some provisions in the Bill fall within the legislative competence of the devolved legislatures, so the [legislative consent procedure](#) will be applied. The [Scottish Government have indicated their support for the Bill](#). The Scottish Parliament is expected to debate a Legislative Consent Motion for the Bill on 24 March. In Wales, the [First Minister welcomed the Bill](#) noting that it had been worked on by all devolved Governments alongside the UK Government. The [Legislative Consent Motion in Northern Ireland](#) is expected to be considered by the Assembly on Tuesday 24 March.

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<sup>53</sup> Explanatory Notes to the Coronavirus Bill 2019-20, para 525

<sup>54</sup> Coronavirus Bill, [Memorandum from the Department of Health and Social Care to the Delegated Powers and Regulatory Reform Committee](#), 19 March 2020, para 414

<sup>55</sup> Coronavirus Bill, [Memorandum from the Department of Health and Social Care to the Delegated Powers and Regulatory Reform Committee](#), 19 March 2020, para 415

<sup>56</sup> [Explanatory Notes to the Coronavirus Bill 2019-20](#), p64-65

## 6. Government Announcements

- [\*Statement from the 4 UK Chief Medical Officers on novel coronavirus\*](#), Department of Health and Social Care, 30 January 2020
- [\*CMO confirms cases of coronavirus in England\*](#), Department of Health and Social Care, 31 January 2020
- [\*Coronavirus: Health Secretary's statement to Parliament\*](#), Department of Health and Social Care, 11 February 2020
- [\*COVID-19: Health Secretary's statement to Parliament\*](#), Department of Health and Social Care, 26 February 2020
- [\*Health Secretary sets out government 'battle plan' for COVID-19\*](#), Department of Health and Social Care, 1 March 2020
- [\*Coronavirus action plan: Health Secretary's statement to Parliament\*](#), Department of Health and Social Care, 3 March 2020
- [\*Coronavirus \(COVID-19\) action plan\*](#), Department of Health and Social Care, 3 March 2020
- [\*CMO for England announces first death of patient with COVID-19\*](#), Department of Health and Social Care, 5 March 2020
- [\*Government outlines further plans to support health and social care system in fight against COVID-19\*](#), Department of Health and Social Care, 8 March 2020
- [\*PM statement on coronavirus: 9 March 2020\*](#), 10 Downing Street, 9 March 2020
- [\*COVID-19: government announces moving out of contain phase and into delay\*](#), Department of Health and Social Care, 12 March 2020
- [\*PM statement on coronavirus: 12 March 2020\*](#), 10 Downing Street, 12 March 2020
- [\*Prime Minister to lead cross-government drive to defeat coronavirus\*](#), 10 Downing Street, 15 March 2020
- [\*Controlling the spread of COVID-19: Health Secretary's statement to Parliament\*](#), Department of Health and Social Care, 16 March 2020
- [\*PM statement on coronavirus\*](#), 10 Downing Street, 16 March 2020
- [\*New government structures to coordinate response to coronavirus\*](#), 10 Downing Street, 17 March 2020
- [\*Emergency bill to strengthen coronavirus \(COVID-19\) response plans\*](#), Department of Health and Social Care, 17 March 2020
- [\*What the coronavirus bill will do\*](#), Department of Health and Social Care, 17 March 2020
- [\*Number of coronavirus \(COVID-19\) cases and risk in the UK\*](#), Department of Health and Social Care and Public Health England, frequently updated (accessed 19 March 2020)
- [\*Coronavirus \(COVID-19\): guidance\*](#), Public Health England, frequently updated (accessed 19 March 2020)
- [\*Coronavirus \(COVID-19\): UK government response\*](#), Department of Health and Social Care and Public Health England, frequently updated (accessed 19 March 2020)

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