

person to person in household and healthcare settings but sustained person to person transmission in the wider community has not been observed. On balance, a likelihood score of 3 (<1/20 but >1/200) is therefore considered a reasonable assumption.

#### **Likelihood – confidence assessment**

There is significant uncertainty about the frequency with which an emerging infection may develop the ability to transmit from person to person.

### **HUMAN WELFARE**

#### **Fatalities (UK)**

Total number

- 200

No notice and excess deaths

- Using the upper bounds, 3 no-notice deaths (i.e. in first two weeks) and a further 197 excess (using average from range above).

Impact on fatality management processes

- Two – Local/regional fatality management processes under significant pressure

Notes

- See explanatory notes (19e) for further details on fatalities. For fatality management process, level two has been indicated as infection control precautions may be required if post-mortem examinations need to be undertaken. For variation 2, the outbreak of a disease such as Ebola, special handling would be required for all of the deceased due to the infectiousness of the body which would likely increase the impact.

#### **Casualties (UK)**

Total number

- 2000

No notice and excess casualties

- Using the upper bounds, 20 no-notice, 1,800 excess

#### **Casualties abroad (British Nationals)**

0

#### **Fatalities abroad (British Nationals)**

0

#### **Fatalities and Casualties abroad (non British Nationals)**

8774

#### **Crisis Hub cases**

0

#### **Shelter and evacuation**

Evacuation in the UK

- 0

Temporary shelter requirements

- 0

Long term shelter requirements

- 0
- British Nationals requiring evacuation abroad or repatriation
- Unknown

### **Human welfare - confidence assessment**

For the number of casualties and fatalities, the lower bound is based on the MERS outbreak in South Korea. However, there is the potential for this to be much higher. During the SARS outbreak in 2003, there were approximately 350 reported deaths in China although this was where the outbreak originating. Both figures could be higher or lower than this depending on how communicable the disease is, as well as how quickly the disease is recognised and prevented from spreading further using infection control measures.

There is considerable uncertainty regarding the impact of the outbreak on British Nationals Overseas. This scenario has not been modelled by the FCO or Department of Health. The number of non-British fatalities and casualties abroad will depend on the country where the outbreak occurs and the response of the responding health system. For MERS there have been 2,102 casualties; 733 deaths from 2012-2017 but for SARS there were 8,096 casualties and 774 deaths from Nov 2002 – July 2003. The figures presented are therefore based on the SARS outbreak in 2003.

### **BEHAVIOURAL IMPACT**

#### **Public outrage (score)**

3

#### **Explanatory notes**

Even though the Government and other authorities can do little to prevent the emergence of natural diseases, there would be some outrage directed at the authorities associated with a perceived failure to contain the outbreak, given the numbers of fatalities and casualties. There would also be anger that diseases were not prevented from spreading to the UK. Blame would be dependent on where the disease has come from but there would be strong views that this should have been prevented.

#### **Public perception (score)**

3

#### **Explanatory notes**

There is likely to be widespread and prolonged anxiety amongst the public for their own health the health of family and friends (especially children and the elderly) as well as a lack of understanding of the risks of infection as this is a new disease. There is likely to be increased anxiety regarding travel to and from the countries affected. Anxiety may be heightened by how Government and media handles the situation and informs the public about the risks and provides advice on protective measures they may take to lessen its impact.

#### **Behavioural impact – confidence assessment**

*Not available*

### **ECONOMIC IMPACT**