

# Minutes of the NERVTAG Wuhan Novel Coronavirus Meeting: 13 January 2020

<b>Date &amp; Location:</b>	10:00 – 11:00 (12:00), 13 January 2020 Via telecon only
<b>In attendance:</b>	<p>Peter Horby (Chair), Camille Tsang (Secretariat).</p> <p>NERVTAG Members: Wendy Barclay (WB), John Edmunds (JE), Andrew Hayward (AH), Ben Killingley (BK), Peter Openshaw (PO), Calum Semple (CSm), Jim McMenamin (JMM), Cariad Evans (CE), Neil Ferguson (NF)</p> <p>PHE Observers: Gavin Dabrera (GD), Meera Chand (MC), Robert Sookoo (RS)</p> <p>DHSC Observers: Jonathan Van-Tam (JVT), [REDACTED], [REDACTED], [REDACTED], [REDACTED]</p> <p>NHS-E: Chloe Sellwood (CSw).</p> <p>Go-Science: [REDACTED], [REDACTED]</p>
<b>Apologies:</b>	Ian Brown (IB), Wei Shen Lim (WSL), James Rubin (JR), Maria Zambon (MZ), Robert Dingwall (RD),

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December 2019. They also report 739 close contacts including 419 medical staff who have been followed up, and to date no related cases have been found.

Limited clinical information available suggests some cases have bilateral pulmonary infiltrates. There are further clinical details reported in the media but not included in the official reports from China or WHO.

**Post meeting note:** WHO's [update on 12 January](#) reported symptom onset of the 41 confirmed Wuhan Novel Coronavirus cases ranges from 8 December 2019 to 2 January 2020. No additional cases have been detected since 3 January 2020. The clinical signs and symptoms reported are mainly fever, with a few cases having difficulty in breathing, and chest radiographs showing invasive pneumonic infiltrates in both lungs.

Current reports describe no evidence of significant human to human transmission, including no infections of healthcare workers. Cases of pneumonia possibly linked to Wuhan City have been assessed in Hong Kong and some of the surrounding countries. WHO have stated that "According to Chinese authorities, the virus in question can cause severe illness in some patients and does not transmit readily between people."

Reports suggest airport entry screening has been introduced by Hong Kong, Taiwan, Thailand, Malaysia, Vietnam, the Philippines and Singapore. There is a direct flight from Wuhan to the UK three times a week.

As the situation is evolving, since the papers were circulated, there have been additional developments. A case has been reported from Thailand (ex China) this morning (described below).

3.2 Members noted that it has been stated that there has been no 'significant' human to human transmission, which implies there may be some evidence of limited human to human transmission which has not yet been made available. Given that the onset dates are over a period of almost one month, and now the case in Thailand, we should be cautious at this point in making conclusions about the absence human to human transmission.

3.3 NERVTAG members asked if there was an epi-curve for the incidence. There is currently no official or unofficial epi-curve or excess mortality data published to date. With the evidence that is currently available, the novel virus does not look to be very transmissible.

Post meeting note: JMM has requested that data on excess mortality be added to the list of requests to Chinese authorities to respond to via the PHE National Incident Coordination Centre.

there could have been some cross over of produce from the Huanan seafood market via whole sales to the local fresh market in Wuhan. NERVTAG members commented that this could be a possibility especially considering the long incubation period experienced with coronaviruses.

3.9 The current PHE risk assessment for this virus was presented:

- *Based on current available information, the current impact of the disease is considered: **Low/Moderate***
- *Risk to the UK population is considered: **Very Low***
- *Risk to UK travellers is: **Low***
- *The probability that a cluster in the UK of cases of severe acute respiratory infection of unexplained aetiology requiring intensive care admission is due to WN-CoV remains **very low**, but warrants investigation and testing.*
- *The risk to contacts of confirmed cases of WN-CoV infection is **low** but contacts should be followed up for 14 days following last exposure and any new febrile or respiratory illness investigated urgently.*
- *To note this risk assessment will be reviewed as new information becomes available and any potential risks that may become present.*

***The Committee endorsed the PHE risk assessment.***

#### **4. PHE and DHSC Actions to Date**

- 4.1 PHE is monitoring the situation and is treating it as an enhanced incident which includes representation from the devolved administrations public health agencies.
- 4.2 PHE activities include publishing the PHE guidance documents, including the Wuhan novel coronavirus case management algorithm and infection prevention and control guidelines that are publicly available on the GOV.UK website. These will be updated as and when new information becomes available.
- 4.3 Should a significant outbreak occur, mechanisms to alert clinicians exist, including PHE briefing notes, and supporting the CMO in producing CAS alerts. These have been successfully used in the past in relation to MERS-CoV outbreaks.
- 4.4 DHSC actions include alerting the CMO, the ministers, the Government Office of Science (that would convene SAGE), and requesting the NERVTAG meeting to discuss the information to hand and provide advice on port of entry screening, and have asked and been accepted as members of the SRG. The SRG is the PHE Strategic Response Group that sits above the management team supporting the enhanced incident.

## 5. NERVTAG risk assessment and discussion

### 5.1 The current PHE travel advice was presented:

Travellers should practice good general hygiene measures, such as regular hand washing with soap and water at all times, but especially before and after visiting farms, barns or wet market areas. More generally, travellers are also advised to avoid consumption of any food that may be contaminated with animal secretions unless peeled and cleaned and/or thoroughly cooked. Travellers should follow the advice of local health authorities. There are currently no travel restrictions to or from Wuhan City, China.

Travellers developing fever and a cough within 14 days of travel from Wuhan City, China should seek medical advice and must report their travel history so that appropriate infection control measures and testing can be undertaken. People who are acutely ill with an infectious disease are advised not to travel but to seek health advice immediately.

### ***The Committee endorsed the PHE travel advice.***

### 5.2 PHE are highlighting the current incident in Wuhan as part of information that is normally sent out for avian influenza for Chinese New Year and this includes avoiding visits to live animal markets.

### 5.5 Previous advice and scientific data on port of entry screening for SARS, pandemic influenza and Ebola were presented and discussed.

### 5.6 NERVTAG members noted that data and guidance on pandemic influenza is not directly relevant for this novel coronavirus because pandemic influenza is efficiently transmitted from person to person and has a short incubation period. The incubation period distribution is likely to be relatively long for this novel coronavirus when taking into account the long incubation period seen in both SARS and MERS. Pitman et al (2005) and others have looked at port screening for SARS, which is a more appropriate model in this circumstance. The modelling study by Pitman et al (2005) commented that when exit screening is implemented in a country with a known SARS outbreak or influenza epidemic, entry screening in England would not be effective in preventing the importation of SARS or influenza. If there is already exit screening in place in Wuhan, additional entrance screening in the UK is likely to have a low yield. Therefore, NERVTAG would like to know whether exit screening is taking place in China. If exit screening is in place, NERVTAG noted that the benefit of entry screening would be extremely low.

## 6. AOB: HCID interim status

6.1 NERVTAG were briefed that the novel coronavirus has been reviewed by the 4 Nations Public Health Agencies who have recommended it is designated as an interim airborne HCID, although this now has to be considered by other bodies. The group had requested that this information was provided to the Chair of NERVTAG. NERVTAG have noted this and has not raised any specific problems around this precautionary measure.

6.2. Next meeting will be in 2 weeks' time.

*ACTION 4 Secretariat to arrange another meeting in around 2 weeks' time.*

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