

- 2.2 Current PHE risk assessment of the disease is moderate. The PHE risk assessment to the UK population is also moderate. This is a composite of what is known about transmission and the impact on public health globally and in the UK.
- 2.3 Some members commented that there may be sustained transmission outside of Mainland China. Others commented that there is plenty of scope for escalation in the UK and this would be an argument to keep the assessment as moderate rather than high at this time.
- 2.4 PH asked the committee if anyone thought that the PHE risk assessment should change. No objections were raised however after the meeting, JE emailed to say that he was online but for some technical reason could not be heard. JE believes that the risk to the UK population (in the PHE risk assessment) should be high, as there is evidence of ongoing transmission in Korea, Japan and Singapore, as well as in China.
- 2.5 NERVTAG does not recommend a change to the PHE risk assessment at this time.

3 Clinical assumptions to inform SPI-M modelling

- 3.1 There are four specific questions that DHSC would like NERVTAG to consider as well as the SPI-M considerations for modelling and the Reasonable Worst Case (RWC)
- ***What proportion of the population could be infected with SARS-CoV2?***
 - ***What proportion of these could be symptomatic?***
 - ***Within this who will require hospital care?***
 - ***And of those, what proportion will require respiratory support?***
- 3.2 NF introduced the assumptions that SPI-M are working with:
- SPI-M are informed by the Reproduction number (R_0) that they have estimated for the virus which makes a large assumption that children are contributing to transmission and are susceptible even if they have mild or no symptoms. This has led to the assumption that the attack rate would be ***80% in the first year of transmission in the absence of any intervention.***
 - The modellers (including NF) at Imperial College London and those at the LSHTM (including JE) have been undertaking various assessments on the severity of infection and in particular the different case fatality rates which are dependent on the case population.