

UPDATED, valid as of 1700 23 January

Precautionary SAGE meeting on Wuhan Coronavirus (WN-CoV)

22 January 2020

Held in 10 Victoria St, London SW1H 0NN

Situation update

1. DHSC provided an update on current declared cases, deaths and geographic spread.
2. China has recently revised case definitions. This makes comparisons difficult.
3. It was reported that diagnostic testing capability in Wuhan is overwhelmed.
4. There is considerable uncertainty around the data, with almost certainly many more cases than have been reported; a reasonable worst case cannot be made reliably under such circumstances.
5. WHO has received some environmental sampling from Wuhan: information on the zoonotic reservoir may be forthcoming shortly.
6. **** Following the meeting, authorities in Wuhan announced the suspension of public transport, including outbound trains and flights, from 0200 GMT 23 January. ****

Current understanding of WN-CoV

7. There is evidence of person-to-person transmission. It is unknown whether transmission is sustainable.
8. The incubation period is unclear – but appears to be within 5 to 10 days; 14 days after contact is a sensible outer limit to use.
9. It is highly probable that the reproductive number is currently above 1.
10. It is currently estimated that the mortality rate for WN-CoV is lower than for SARS, but it is too early to reliably quantify that rate.
11. There is insufficient information currently on the genetic strain to comment on WN-CoV's origin.
12. There is no evidence yet on whether individuals are infectious prior to showing symptoms.
13. There is no evidence that individuals are more infectious when symptoms are more severe, but that is likely.
14. There appears to be very little genetic diversity in WN-CoV based on sequences available so far.
15. It is reasonable to argue – based on lessons from MERS and SARS, and consistent with exported cases of WN-CoV – that individuals returning from Wuhan are no longer at risk if they show no symptoms after 14 days.

Summary and review of NERVTAG conclusions

16. NERVTAG does not advise port of entry screening, irrespective of the current limited understanding of the epidemiology.
17. NERVTAG does not advise use of screening questionnaires, pilot declarations or requiring confirmation of exit screening at Wuhan.
18. NERVTAG does support public health information efforts via leaflets, posters and broadcast messengers to passengers.
19. SAGE supports NERVTAG's position both on the value of port screening and on monitoring measures.
20. SAGE would review its position on port screening only if a simple, specific and rapid test was available and was deployable at scale across the UK. Temperature and other forms