

Eighteenth SAGE meeting on Covid-19, 23rd March 2020
Held in 10 Victoria Street

Summary

1. UK case accumulation to date suggests a higher reproduction number than previously anticipated. High rates of compliance for social distancing will be needed to bring the reproduction number below one and to bring cases within NHS capacity.
2. Public polling over the weekend on behaviour indicated significant changes but room for improvement in compliance rates.
3. Estimated Covid-19 fatalities are anticipated to overlap with those who are likely to be within the final year of their lives. It is important to get an accurate excess deaths estimate, including potential deaths due to the measures taken.
4. Given the clear links between poverty and long-term ill health, health impacts associated with the economic consequences of interventions also need to be investigated.
5. Antibody screening for healthcare workers should aim to identify those with immunity who can care for the most vulnerable patients.

Situation update

6. The NHS is surging bed capacity over the next fortnight, with a focus on London.
7. The data suggest that London is 1-2 weeks ahead of the rest of the UK on the epidemic curve. Case numbers in London could exceed NHS capacity within the next 10 days on the current trajectory.
8. The accumulation of cases over the previous two weeks suggests the reproduction number is slightly higher than previously reported. The science suggests this is now around 2.6-2.8. The doubling time for ICU patients is estimated to be 3-4 days.
9. Increased community testing and surveillance will be invaluable to measure the effects of the interventions taken.
10. Genome sequencing is providing insight into the seeding of cases across the UK. Results suggests that there have been introductions from different parts of the world as well as community transmission and some nosocomial clusters (i.e. in hospital settings).
11. PHE are seeking to understand environmental dispersal of the virus in hospitals. They are working with SPI-M and NERVTAG, and will bring a paper back to SAGE.

ACTION: PHE, SPI-M and MoD Chief Scientific Adviser to review how the true infection rate in the community can be ascertained as a basis to measure the effects of interventions (Report back to SAGE w/c 30 March)

ACTION: NERVTAG and DSTL to investigate spread of Covid-19 in hospitals and environmental dispersal of the virus (Report back to SAGE w/c 30 March)

Clinical update

12. Emerging data on the virus is supportive of prior clinical knowledge. Reports of possible cardiac complications need further investigation.
13. Hospitalisation data for around 500 UK patients is being collected through the CO-CIN system, providing a detailed report of cases. The proportion of severely ill patients who have single organ compared to multi-organ failure is important for planning.
14. The RECOVERY trial started recruiting patients on 19th February, with wide participation from NHS trusts. Four other trials were discussed. Coordination of trial activity was discussed and a clinical trials forum is being explored.