

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.

ACTION 2: DHSC to endeavour to establish if exit screening is taking place in Wuhan.

5.7 NERVTAG members asked whether advice posters for port of entry are available. RS reported that currently such posters are not available. This was noted by DHSC and will take the lead from the Strategic Response Group and will be a definitive ask from DHSC to PHE.

ACTION 3: DHSC to raise issue of advice posters at port of entry with SRG.

5.8 NERVTAG noted that the body of scientific evidence and previous experiences indicate that port of entry screening, whilst not having zero effect, has very low efficacy and the benefit is very unlikely to outweigh the substantial effort, cost and disruption.

Post-meeting note: Notes from the GHSI information sharing call that the UK participated in on the afternoon of 13th January stated that “According to the WHO, regular exit travel measures are in place in Wuhan, where officials are verifying travellers’ temperature, but no enhanced measures have been added.”

Based on the currently available evidence, taking particular note of SARS rather than influenza and also what we currently know about the novel coronavirus, NERVTAG does support the current position that port of entry screening is not advised. NERVTAG is fully aware of the single case in Thailand detected by a thermal image scan but, in spite of that, the NERVTAG recommendation does not change.

5.10 There were no specific points to raise on the following points of the agenda and agreed to move to AOB: Case and contact definitions (suspected, probable); IPC; Diagnosis; Case and contact management.