

Regards

JVT

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**From:** Whitty, Chris  
**Sent:** 09 January 2020 08:49  
**To:** Van Tam, Jonathan <[Jonathan.VanTam@dhsc.gov.uk](mailto:Jonathan.VanTam@dhsc.gov.uk)>  
**Cc:** [Name Redacted] <[Name Redacted]@dhsc.gov.uk>  
**Subject:** Re: Wuhan latest

I agree. This is proportionate unless we start to see human to human transmission (hopefully we won't). My guess is the bigger risk statistically is that this zoonotic coronavirus spreads in whatever it's animal host is.

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**From:** Van Tam, Jonathan <[Jonathan.VanTam@dhsc.gov.uk](mailto:Jonathan.VanTam@dhsc.gov.uk)>  
**Sent:** Thursday, January 9, 2020 8:37:22 AM  
**To:** Whitty, Chris <[Chris.Whitty@dhsc.gov.uk](mailto:Chris.Whitty@dhsc.gov.uk)>  
**Cc:** [Name Redacted] <[Name Redacted]@dhsc.gov.uk>  
**Subject:** Wuhan latest

Hi Chris,

My up to the minute take on things:

1. Rumours are rarely incorrect in this space so as predicted we are heading towards a novel coronavirus; notably with zero reported case fatality so far, though 7 of 59 cases with severe disease is a significantly high 12% case-hospitalisation rate in my view such that established person to person transmission would cause serious hospital surge pressures on a par with a severe panflu virus.
2. Our three triggers are not met at this point, implies no change to UK or global PH threat;
3. The caveat is that inasmuch as two other novel coronaviruses have proven to be transmissible P2P predominantly in HC settings I do not rule out P2P transmission and case numbers in China have swelled from 27 when first reported to 59 now.
4. My hunch is that likely the identification of the novel coronavirus has not been simple and that right now there will be no simple reliable diagnostic test available; it is possible that existing pan-coronavirus PCRs will pick it up OK and that MERS/SARS specific PCRs might cross react, but the latter is all a bit speculative.
5. Essentially if we or any other countries get cases we won't be in a position to diagnose by lab test in the next few weeks; more likely it will be resp infection + travel to Wuhan within last 21 days (we don't know incubation period) + no obvious common RVI cause. The caveat will still be that +ve for flu (and lots in China at present) would not in my view assure no co-infection with something novel.
6. Ben Cowling in HK tells me that they absolutely expect cases (even in the absence of P2P transmission) and the possible case in South Korea is a similar case in point.

UK implications:

1. Just because we may have a tentative novel organism identified (disclosed) by the end of the day simply gives us more info but does not materially change any global or UK PH risks