

Actions from previous meeting

1. DHSC to send PHE isolation plan to behavioural scientists (see further action below).
2. Others in train.

Situation update

3. SAGE is responsible for coordinating science advice across HMG, including from NERVTAG.
4. SAGE agreed that SPI-M (Scientific Pandemic Influenza Group on Modelling) is now a formal sub-group of SAGE for the duration of this outbreak.
5. A separate group has been convened outside SAGE to consider how UK science can contribute to the international effort to tackle the outbreak.
6. DHSC provided an update on current declared cases, deaths and geographic spread.
7. 50% of new cases in China are now occurring outside of Wuhan.
8. Diagnostics: Specific test should be ready by the end of week, with capacity to run 400 to 500 tests per day. Guidance being rolled out to laboratories in the UK. Sensitivity of test unclear, particularly in early phases of illness or when symptoms are mild. Currently it would not be useful to test asymptomatic individuals, as a negative test result could not be interpreted with certainty.

Current understanding of WN-CoV

9. Origin: Current evidence suggests a single point zoonotic outbreak, which is now being sustained by human-to-human transmission. No evidence of ongoing zoonotic transmission.
10. Case fatality rate: currently estimated to be lower than SARS, but many uncertainties remain.
11. Reproductive number: estimated as between 2 and 3, in accordance with estimates from the Chinese authorities, but these figures are uncertain.
12. Doubling rate: estimated at 3 to 4 days.
13. Clinical presentations: varied, from mild coughing to fever and pneumonia. Uncertainty regarding clinical symptoms for individuals with mild illness.
14. Incubation period: likely to be average of 5 days, but considerable variation in specific cases.
15. Duration of infectivity: unknown, but 14 days seems a reasonable estimate.
16. There is limited evidence of asymptomatic transmission, but early indications imply some is occurring. PHE developing a paper on this.
17. Transmission route: respiratory.
18. SAGE urges caution in comparing WN-CoV with SARS and MERS: the transmission dynamics are different.
19. Control measures: ideally infection control in healthcare settings and rapid detection of cases.
20. It was agreed that Pandemic Influenza infection control guidance should be used as a base case and adapted.