Message

From:	Van Tam, Jonathan [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D29C846FC8FA4678B419C6F0DC3836F3-JVANTAM]
Sent:	14/01/2020 6:14:05 PM
To:	Cavanagh, Cheryl [/o=ExchangeLabs/ou=Exchange Administrative Group
	(FYDIBOHF23SPDLT)/cn=Recipients/cn=07dcacc8e17648f9865ff40561ec4923-CCavanag]
CC:	Dodds, Kevin [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=de217b42bf93443b9ace02930082ad6c-KDodds]; [Name Redacted]
	[/o=ExchangeLabs/ou=Exchange Administrative Group
	(FYDIBOHF23SPDLT)/cn=Recipients/cn=915c0e033919434699877394a6dbd27e NR
Subject:	RE: question on wuhan triggers for escalation

Any one of the three would do it.

- 1. For trigger one <u>you mean cases in HCW, not necessarily deaths</u>. HCWs getting it basically indicates P2P transmission and in a sense 1 are a special subset of trigger 2. HCWs are always the canary in the coalmine.
- 2. Trigger 2: obvious, means we then have a situation where even if we turn off the tap (the animal reservoir) this thing can run and run self-sufficiently
- 3. Trigger 3: means that closing the market was not enough and either we have P2P transmission or we have not turned off the tap and the animal reservoir is still out there; or indeed both.

Hope helpful

JVT

From: Cavanagh, Cheryl
Sent: 14 January 2020 17:52
To: Van Tam, Jonathan <jonathan.vantam@dhsc.gov.uk></jonathan.vantam@dhsc.gov.uk>
Cc: Dodds, Kevin <kevin.dodds@dhsc.gov.uk>; Name Redacted Name Redacted</kevin.dodds@dhsc.gov.uk>
Subject: question on wuhan triggers for escalation

Hi JVT

When CMO gave us his three triggers of concern they were:

- Deaths of healthcare workers
- Person to person transmission

• Wider geographical spread (other than isolated cases in travellers who have acquired the virus in Wuhan)

More recently in meetings with PHE (SRG I think) the first one was described as 'Infection in healthcare workers' and that was what I used in the update I drafted for TOTO.

I just want to double check which we should be using? CCS are referring to the original CMO triggers and I don't want there to be inconsistencies . Should I say to CCS that we have reassessed or let DHSC and PHE colleagues know that we need to stick with the original triggers.

Sorry for not picking up til now.

Cheryl Cavanagh Policy Lead for Pan Flu & Infectious Diseases UK Health Security Team Emergency & Health Protection Directorate