

Message

From: Van Tam, Jonathan [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D29C846FC8FA4678B419C6F0DC3836F3-JVANTAM]
Sent: 09/01/2020 10:45:31
To: Reed, Emma [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=173f921982a14676bd2ddede2616bc10-EReed2]; Response [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5f332169bc34abca69aeb90c911e06e-EPD]; Dodds, Kevin [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=de217b42bf93443b9ace02930082ad6c-KDodds]; Cavanagh, Cheryl [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=07dcacc8e17648f9865ff40561ec4923-CCavanag]; [NR]
[NR]; [NR]
[NR]
CC: [NR] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d21258c9254e4e32942f15c21ee78f6f]; [NR]; Name Redacted
[NR]
Subject: FW: Wuhan latest OFFSEN

Dear All,

I have shared the CMO Office thoughts to date with PHE and we agreed that EPRR, HCID and [NR] should all be sighted on the same. I hope it is helpful.

Regards

JVT

From: Van Tam, Jonathan
Sent: 09 January 2020 10:42
To: Yvonne Doyle <Yvonne.Doyle@phe.gov.uk>
Cc: [Name Redacted]@dhsc.gov.uk>; [Name Redacted]@dhsc.gov.uk>
Subject: FW: Wuhan latest OFFSEN

OFFSEN

Hi Yvonne,

I hope you are feeling a little better.

Here (below) is a consolidated written view of where we think we are re Wuhan, that I thought it would be useful to share with you, and which you may in turn choose to share with Nick, Gavin and others in PHE. The purpose is not to formally ask PHE to do anything (that's not my job) but just to ensure that you are aware of the CMO Office thoughts to date. I hope this is helpful.

I will also forward this to DHSC Response, the HCID Team and Perm Sec Office.

Please can the CMO Office be invited to any incident calls that take place. Of course, call us as needed.

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Regards

JVT

From: Whitty, Chris
Sent: 09 January 2020 08:49
To: Van Tam, Jonathan <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.

C

From: Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Sent: Thursday, January 9, 2020 8:37:22 AM
To: Whitty, Chris <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

2. Cabinet Office and likely Ministers will be sensitive to imported cases because there is a direct flight to Wuhan once every 2-3 weeks. In reality most returnees will route via Seoul or Beijing methinks.
3. But right now all we could do, if we do anything, is identify cases of ARI (possibly limited to hospital though we will miss a lot this way) with a recent 21d travel history to Wuhan. Take appropriate specimens for routine RVIs and stores samples and serum for when there is a decent test available. Maybe **NR** has a pan-corona test she can use now??
4. The risk of imported cases has actually been present since 06 DEC 2019 when the incident began and does not change because we now have a potential identity of the organism; the risk of an imported case does not increase or decrease at this juncture. If we have so far had any such cases we have simply managed them as usual and failed to detect them (assumed they were something else). The risk may have decreased after the market was closed – hard to say.
5. I think it probably is sensible and probably politically hard to resist instigating some form of travel surveillance for Wuhan returning travellers presenting with ARI , but NOT any form of port of entry screening for direct or pan-Chinese flight (to be strongly resisted). But if this surveillance is limited to hospitals we have to be clear that since 7 of 59 cases so far have been non-severe, we will miss mild cases.

I am running this just by you until I get your take but perhaps after that share rapidly with Yvonne.

JVT



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