



# Minutes (DRAFT)

Minute Ref	<b><u>1. Welcome, Apologies and Roll Call</u></b>	Action
WU/SRG/001	The SRD welcomed everyone to this first meeting.	
	<b><u>2. Identification of AOB Items on the Agenda</u></b>	
WU/SRG/002	AOB items were requested on: <ul style="list-style-type: none"> <li>- Classification of the incident</li> <li>- Port Health</li> <li>- Information cascade from CMO to NHS</li> </ul>	
	<b><u>3. Minutes and Actions from Last Meeting</u></b>	
WU/SRG/003	N/A	
	<b><u>4. PHE Incident Status</u></b>	

WU/SRG/004	<ul style="list-style-type: none"> <li>- Classified as an enhanced incident, following the PHE National Incident and Emergency Response Plan (NIERP)</li> <li>- Incident Management Team (IMT) is in place and met at 1100hrs today</li> <li>- the NICC is coordinating the response, the account is NICC30</li> <li>- Nick Phin is the Incident Director (ID), this will be shared over the week</li> <li>- Meng Khaw is the Strategic Response Director (SRD)</li> </ul>	
	<b>5. PHE Strategic Objectives</b>	
WU/SRG/005	The group discussed and drafted strategic objectives, under the provision that these would be discussed further by the IMT on Friday 10/01 to ensure they aligned with the IMT strategy and consider the duties under IHR:	
WU/SRG/006	<ol style="list-style-type: none"> <li>1. Monitor and assess the risk to public health in the UK</li> <li>2. Facilitate detection, immediate case management and isolation to prevent transmission in the UK</li> <li>3. Develop suitable diagnostic assays for the novel strain</li> <li>4. Provide robust guidance and information for health professionals and the public</li> <li>5. Facilitate PHE's cross-government communications and actions</li> </ol>	
WU/SRG/007	<b>Action 1: Nick Phin to include the draft strategic objectives in the SitRep and to bring these to discuss at IMT tomorrow, before confirmation at next SRG meeting on Monday, 13 January.</b>	<b>Nick Phin</b>
	<b>6. Overview of Current Situation (CRIP)</b>	
WU/SRG/008	<p>Nick Phin (ID,) provided a summary of the current situation, a briefing note has been circulated:</p> <ul style="list-style-type: none"> <li>- On the 31<sup>st</sup> of December 2019, WHO was informed of some cases of a Pneumonia of unknown aetiology by China in the City of Wuhan, Hubei province which has a population of 11- 19 million people.</li> <li>- Some cases were reported as being associated with a market in the city which sold poultry seafood, meat and exotic animals including bats.</li> <li>- At the report to WHO on 3<sup>rd</sup> of January, there were 44 cases of which 11 reported to be severely ill with subsequent updates from Wuhan Health Commission on 5<sup>th</sup> January 2020 reported 59 cases including 7 critical cases and no deaths.</li> <li>- 1<sup>st</sup> case became unwell on 12<sup>th</sup> December 2019 and onset of the last known case was 29<sup>th</sup> of December 2019- no further update since the date.</li> <li>- Today, 9<sup>th</sup> January 2020 WHO issued a statement, reporting that Chinese authorities made preliminary identification of a novel coronavirus from one of the hospitalised patients in Wuhan.</li> <li>- WHO reports contain information that they have conducted sequencing of the viral genome from an isolate from one of the hospitalised patients</li> <li>- non-official reports mention electron microscopy which suggest that 15 of 59 cases have been confirmed as the novel coronavirus.</li> <li>- In reports to date, there is no significant evidence of human to human transmission and no reported evidence of health care workers affected.</li> <li>- A number of cases assessed in Hong Kong (HK) have been reported to have conventional respiratory pathogens.</li> <li>- There are no confirmed cases in HK or other countries other than China</li> </ul>	

WU/SGR/009	<ul style="list-style-type: none"> <li>- Several Countries surrounding China have instituted entry screening ranging from thermal imaging, passenger checks or ascertaining exit screening status in China on departure. It is therefore expected that ports health will be one of the issues to be addressed and may require a separate cell established.</li> <li>- London, Paris and Rome are the European ports of entry receiving direct flights from Wuhan. London (Heathrow) receives 3, Paris 5-6 and Rome 3 flights per week.</li> <li>- The SRG was reminded of the significant travel associated with the Chinese New Year on 25<sup>th</sup> January.</li> </ul> <p>It was stressed that the statement of 'no significant human to human transmission' is yet to be confirmed qualified any further, but it can be stated that no healthcare workers have been infected.</p>	
WU/SGR/0010	<p>The group discussed the briefing note. DHSC colleagues confirmed that no cases were recorded in Singapore, this information came from partners in the Singapore ministry of health. It was unclear whether the term "critically ill" refers to hospitalisations. This information is important for the business continuity management in the NHS. The term could be clarified with WHO but the group is aware that the information flow from China is slow in comparison to reports being received from Hong Kong. A NERVTAG (New Emerging Respiratory Virus Threat Advisory Group) meeting is scheduled for Monday, which will explore this question further.</p>	Jonathan Van Tam/ Nick Phin
WU/SGR/011	<p><b>Action 2: NERVTAG to investigate if the term "critically ill" refers to hospitalisations, and if not, what the numbers of hospitalisations are.</b></p>	
	<p><b><u>7. Risk Assessment</u></b></p>	
WU/SGR/012	<p>An initial risk assessment was done and circulated; the moderate risk of the disease being caused by a new pathogen has been confirmed t.</p> <ul style="list-style-type: none"> <li>- Current impact of the disease is low to moderate - due to the lack of information, minimal apparent evidence of spread and no known affected healthcare workers.</li> <li>- Based on the information at this current time risks are as follows:             <ul style="list-style-type: none"> <li>o In the People's Republic of China is considered: <b>Low/Moderate</b></li> <li>o In the UK population is considered: <b>Very Low</b></li> <li>o To UK travellers is: <b>Low</b></li> </ul> </li> </ul> <p>It was noted that this will be continually reviewed, as the information the risk assessment is based on is now three days old.</p> <p>3 triggers for escalation were suggested as:</p> <ol style="list-style-type: none"> <li>1. Infection of a healthcare worker</li> <li>2. Confirmation of person-person spread</li> <li>3. Geographic spread</li> </ol>	
WU/SGR/013	<p>The group commented on the risk of transmission, as many coronaviruses are zoonotic and previous similar incidents have been known to cause large outbreaks in hospital settings, such as MERS in South Korea.</p>	



<p><b>WU/SRG/014</b></p> <p><b>WU/SRG/015</b></p>	<p>Current actions are for the SRG to support cross-government working and to remain vigilant of updates from WHO and China, while overseeing the work of the IMT. The group was updated on the work that has been initiated at the IMT.</p> <p><u>Diagnostics</u></p> <ul style="list-style-type: none"> <li>- A pan-coronavirus assay, which was used for MERS and SARS is being reviewed for use in diagnosing this new virus. Conversations are being held with the American CDC and Chinese colleagues to see if a test can be developed jointly.</li> </ul> <p><u>Guidance and Management</u></p> <ul style="list-style-type: none"> <li>- Public guidance is available for MERS and SARS and is being reviewed to be adapted for the new virus (working title WN-CoV, Wuhan Novel Corona Virus) and published on the webpages.</li> </ul> <p><u>Business Continuity</u></p> <ul style="list-style-type: none"> <li>- Business Continuity is being reviewed as this incident is anticipated to run for several weeks.</li> </ul> <p><u>Port Health &amp; Travel Advice</u></p> <ul style="list-style-type: none"> <li>- A port health cell will likely be established. Rome is requesting exit screening and a statement from the air crew that no one is ill on the flight</li> <li>- NaTHNaC will be issuing travel guidance. WHO is not recommending travel bans but there will be guidance to avoid wet markets (principally in relation to avian flu) but this guidance is expected to be applicable to this virus as well</li> </ul> <p>The group expects questions of whether there could be thermal imaging or other screening at Heathrow. It would be helpful to revisit the procedure established for SARS and MERS and there should be agreement on a recommendation for government. It was noted that screening is likely to be inefficient due to the incubation time. It was noted that the market several of the cases were linked to has now been closed and that the incident has been running since early December, so a reduction in cases may be expected. This should be discussed and confirmed by NERVTAG on Monday.</p> <p><b>Action 3: Include a discussion about port health and the likelihood of cases arriving in the UK given the closure of the market and the last case becoming known on 29 December on the agenda for NERVTAG on Monday.</b></p>	<p><b>Jonathan Van Tam/ Nick Phin</b></p>
	<p><b><u>8. Forward Look</u></b></p>	
<p><b>WU/SRG/016</b></p>	<p>The SRG agreed for the IMT to establish the following cells:</p> <ul style="list-style-type: none"> <li>- Communications and International Health Regulations</li> <li>- Guidance and Advice</li> <li>- Diagnostics</li> <li>- Epidemiology – this will be reviewed offline and possibly added as an additional cell</li> <li>- Port Health</li> </ul> <p>A question arose around information cascades to frontline healthcare providers. PHE have developed a cascade into NHSE&amp;I, it was requested by NHS EPRR to be included in this.</p>	

	On concerns around alerting clinicians and providing necessary tools for case recognition, it was noted that HPT are already working to adapt FS100 for this purpose. The epidemiology cell will lead on this.	
WU/SGR/017	<u>Next meetings</u> <ul style="list-style-type: none"> <li>- IMT will meet daily, including Saturday</li> <li>- SRG will meet next on Monday, 13 January</li> </ul>	
WU/SGR/018	<b>Action 4: Meera Chand to share the briefing note developed for an information cascade in the NHS with NHS EPRR colleagues.</b>	Meera Chand
WU/SGR/019	<b>Action 5: NHS EPRR to advise on the best cascade system for the NHS.</b>	NHS EPRR
WU/SGR/020	<b>Action 6: IMT to include NHS EPRR in future meetings.</b>	NICC
WU/SGR/021	<b>Action 7: Epidemiology cell to report on case recognition process at next SRG</b>	NR
	<b><u>9. Strategic Communication</u></b>	
WU/SGR/022	<u>DHSC</u> DHSC updated the group that a cross-government call was held and it was agreed to issue a proactive statement on the risk to the UK and on travel advice. This will be cleared internally and by SoS, to be published tomorrow, 10 January. A low volume of media enquiries has been received. The standard avian flu communications plan, which is rolled out each year around Chinese New Year will continue to be published and will fall in line with the new guidance. As part of this plan, stakeholders, including student unions are being provided advice. The updates will be on the gov.uk website and the FCO travel advice will link to the NaTHNaC powered site travelhealthpro.org.uk.	
WU/SGR/023	<u>PHE</u> PHE has updated the briefing note and are issuing it externally to the Microbiology network for onward transmission. Existing guidance is being reviewed and will be linked with the NHS guidance on their public facing website. A SitRep will be issued in the afternoon with an outline of the background, draft strategic aims and a background on current work.	
WU/SGR/024	<u>Message clearance</u> The group discussed the process of message clearance, emphasising that this needs to be adhered to consistently to ensure clarity.	
WU/SGR/025	<b>Action 8: DHSC and NHS EPRR to speak outside of the SRG about their message clearance processes.</b>	DHSC / NHS EPRR
WU/SGR/026	<b>Action 9: NR to clarify which communications route is best for DHSC, and to inform NICC.</b>	NR
WU/SGR/027	<b>Action 10: IMT asked to task the relevant cell with confirming the message clearance structure, considering the decision below.</b>	Nick Phin

WU/SGR/028	<b>Decision 1: EWRS / IHR communications can be shared directly with DHSC for sign-off, copying in Yvonne Doyle and the SRD (Meng Khaw this week).</b>	
WU/SGR/029	<b>Decision 2: PHE internal communications to be cleared first by the ID (Nick Phin this week), sharing with SRD and Yvonne Doyle.</b>	
WU/SGR/030	<b>Decision 3: PHE external communications to be cleared by SRD and Yvonne Doyle.</b>	
WU/SGR/031	<b>Decision 4: All incoming contact to be directed to NICC30 to forward to the appropriate cells.</b>	
	<b><u>10. Strategic Business Continuity Issues (BCI)</u></b>	
WU/SGR/032	ERD/NICC considering a logistics cell to marshal resources across PHE to support this incident.	
WU/SGR/033	<b>Action 11: Nick Phin to discuss establishing a Logistics cell at IMT.</b>	
	<b><u>11. Recovery Issues</u></b>	
WU/SGR/034	N/A	
	<b><u>12. Legal issues</u></b>	
WU/SGR/035	IHR covers SARS, however this does not include MERS or novel coronavirus and it is not notifiable. It was suggested that DHSC may consider reviewing this	
WU/SGR/036	<b>Action 12: DHSC to consider notifiable disease list for IHR.</b>	
	<b><u>13. AOB (previously notified by the chair)</u></b>	
WU/SGR/037	<u>Classification of Incident</u> The group discussed the current incident classification. SARS and MERS are currently considered as HCIDs. At IMT it was proposed to discuss with the 4 nations whether this should be classified as an HCID. NHS E & I commented that they would support a classification of HCID.	
WU/SGR/038	It was agreed that the current guidance will align with SARS guidance, which is for a higher airborne transmissibility, to follow a safety-first principle. It was stressed that this guidance is being refined and will be re-worked as further information emerges. It is important to note that the situation is highly dynamic and developing to manage expectations.	
WU/SGR/039	<b>Action 13: Meera Chand to develop guidance aligned with SARS until further information emerges.</b>	<b>Meera Chand</b>



**Actions Table for PHE SRG**

STATUS	Overdue	In progress	Completed

Minutes Ref	Action Summary	Issued to	Status	Update (Due next meeting)
<b>New Actions- To be communicated to SRG by email correspondence</b>				
<b>WU/SRG/007</b>	Nick Phin to include the draft strategic objectives in the SitRep and to bring these to discuss at IMT tomorrow, before confirmation at next SRG meeting on Monday, 13 January.	<b>Nick Phin</b>		Complete
<b>WU/SRG/011</b>	NERVTAG to investigate if the term "critically ill" refers to hospitalisations, and if not, what the numbers of hospitalisations are.	<b>Jonathan Van Tam/ Nick Phin</b>		Update at meeting
<b>WU/SRG/015</b>	Include a discussion about port health and the likelihood of cases arriving in the UK given the closure of the market and the last case becoming known on 29 December on the agenda for NERVTAG on Monday.	<b>Jonathan Van Tam/ Nick Phin</b>		Update at meeting
<b>WU/SRG/018</b>	Meera Chand to share the briefing note developed for an information cascade in the NHS with NHS EPRR colleagues.	<b>Meera Chand</b>		Was sent, NHS same as PHE
<b>WU/SRG/019</b>	NHS EPRR to advise on the best cascade system for the NHS.	<b>NHS EPRR</b>		Took place during IMT, NHS arrangement viewed as adequate, CMO will review
<b>WU/SRG/020</b>	IMT to include NHS EPRR in future meetings.	<b>NICC</b>		
<b>WU/SRG/021</b>	Epidemiology cell to report on case recognition process at next SRG	<b>NR</b>		Case definition agreed & shared, management guidance on PHE website



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<b>WU/SRG/025</b>	DHSC and NHS EPRR to speak outside of the SRG about their message clearance processes.	<b>DHSC/ NHS EPRR</b>		Will be clarifying in DHSC
<b>WU/SRG/026</b>	<b>NR</b> to clarify which communications route is best for DHSC, and to inform NICC.	<b>NR</b>		
<b>WU/SRG/027</b>	IMT asked to task the relevant cell with confirming the message clearance structure, considering the decision below.	<b>Nick Phin</b>		
<b>WU/SRG/033</b>	Nick Phin to discuss establishing a Logistics cell at IMT.	<b>Nick Phin</b>		
<b>WU/SRG/036</b>	DHSC to consider notifiable disease list for IHR.	<b>DHSC</b>		No update at this point
<b>WU/SRG/039</b>	Meera Chand to develop guidance aligned with SARS until further information emerges.	<b>Meera Chand</b>		On gov.uk website