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Transparency data

Precautionary SAGE 1 minutes: Coronavirus (COVID-19) response, 22 January 2020

Updated 4 March 2022

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Precautionary SAGE meeting on Wuhan Coronavirus (WN-CoV), 22 January 2020.

Held in 10 Victoria St, London SW1H 0NN.

Addendum

This addendum clarifies the roles of the <u>SAGE</u> attendees listed in the minute. There are 3 categories of attendee. Scientific experts provide evidence and advice as part of the <u>SAGE</u> process. <u>HMG</u> attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees

Scientific experts:

- Patrick Vallance (GCSA)
- Chris Whitty (<u>CMO</u>)
- Ben Killingley (<u>UCL</u>)
- Carole Mundell (CSA FCO)
- Cathy Roth (DflD)
- Charlotte Watts (CSA DflD)
- Christine Middlemiss (CVO Defra)
- David Lalloo (LSTM)
- James Rubin (King's College London)
- Jeremy Farrar (Wellcome)
- Jim McMenamin (Health Protection Scotland)
- John Edmunds (LSHTM)
- Jonathan Van Tam (Deputy <u>CMO</u>)
- Maria Zambon (PHE)
- Neil Ferguson (Imperial)
- Pasi Penttinen (ECDC)
- Peter Horby (Oxford)
- Phil Blythe (CSA DfT)

Observers and government officials:

- Kavitha Kishen (DfT)
- Rupert Shute (dCSA HO)
- Samantha Harris (GOS)
- Stuart Wainwright (GOS)
- Tasha Grant (CCS)

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were observers and government officials were not consistently recorded therefore this may not be a complete list.

Situation update

- 1. DHSC provided an update on current declared cases, deaths and geographic spread.
- 2. China has recently revised case definitions. This makes comparisons difficult.
- 3. It was reported that diagnostic testing capability in Wuhan is overwhelmed.
- 4. There is considerable uncertainty around the data, with almost certainly many more cases than have been reported; a reasonable worst case cannot be made reliably under such circumstances.
- 5. <u>WHO</u> has received some environmental sampling from Wuhan: information on the zoonotic reservoir may be forthcoming shortly.
- 6. Following the meeting, authorities in Wuhan announced the suspension of public transport, including outbound trains and flights, from 2am <u>GMT</u> 23 January.

Current understanding of WN-CoV

- 7. There is evidence of person-to-person transmission. It is unknown whether transmission is sustainable.
- 8. The incubation period is unclear but appears to be within 5 to 10 days; 14 days after contact is a sensible outer limit to use.
- 9. It is highly probable that the reproductive number is currently above 1.
- 10. It is currently estimated that the mortality rate for <u>WN-CoV</u> is lower than for <u>SARS</u>, but it is too early to reliably quantify that rate.
- 11. There is insufficient information currently on the genetic strain to comment on WN-CoV's origin.
- 12. There is no evidence yet on whether individuals are infectious prior to showing symptoms.
- 13. There is no evidence that individuals are more infectious when symptoms are more severe, but that is likely.
- 14. There appears to be very little genetic diversity in <u>WN-CoV</u> based on sequences available so far.
- 15. It is reasonable to argue based on lessons from <u>MERS</u> and <u>SARS</u>, and consistent with exported cases of <u>WN-CoV</u> that individuals returning from Wuhan are no longer at risk if they show no symptoms after 14 days.

Summary and review of NERVTAG conclusions

- 16. <u>NERVTAG</u> does not advise port of entry screening, irrespective of the current limited understanding of the epidemiology.
- 17. <u>NERVTAG</u> does not advise use of screening questionnaires, pilot declarations or requiring confirmation of exit screening at Wuhan.
- 18. <u>NERVTAG</u> does support public health information efforts via leaflets, posters and broadcast messengers to passengers.

- 19. <u>SAGE</u> supports <u>NERVTAG</u>'s position both on the value of port screening and on monitoring measures.
- 20. <u>SAGE</u> would review its position on port screening only if a simple, specific and rapid test was available and was deployable at scale across the <u>UK</u>. Temperature and other forms of screening are unlikely to be of value and have high false positive and false negative rates.

Transport-related issues

- 21. The European Centre for Disease Prevention and Control (<u>ECDC</u>) has just published 'Risk assessment guidelines for infectious diseases transmitted on aircraft (<u>RAGIDA</u>) Middle East Respiratory Syndrome Coronavirus (<u>MERS-CoV</u>)'.
- 22. <u>ECDC</u> advises use of <u>MERS</u> guidelines for the current outbreak, but acknowledges the limitations of its evidence base.

UK health readiness and planning

- 23. The <u>UK</u> currently has good centralised diagnostic capacity for <u>WN-CoV</u> and is days away from a specific test, which is scalable across the <u>UK</u> in weeks. The sensitivity of the test is currently unknown. There are conflicting reports of the sensitivity of diagnostic tests from upper respiratory tract sampling.
- 24. DHSC is developing advice for UK healthcare workers on testing potentially infected individuals.
- 25. <u>SAGE</u> agreed that <u>DHSC</u> and <u>PHE</u> criteria for testing potentially infected individuals were appropriate, those with symptoms or signs of <u>WN-CoV</u>, and a history of travelling to or living in Wuhan in the 14 days prior to symptom onset, including those who accessed Wuhan healthcare facilities. <u>SAGE</u> advised that <u>DHSC</u> and <u>PHE</u> should be ready to revise those criteria as the situation evolves.
- 26. <u>DHSC</u> and <u>PHE</u> also preparing plans for isolating potentially infected individuals and the follow up of contacts.

Actions

- CMO to share the latest iteration of the PHE isolation plan for suspected cases and contacts with some of the SAGE participants, in particular behavioural scientists, to get their view of its proportionality and advice on how to communicate uncertainty, in order to improve subsequent versions
- CMO/DHSC and PHE to consider how NHS primary care facilities might respond to an increase of cases and potential cases
- CMO/DHSC and FCO to work together to ensure consistent messaging on travel advice to/from Wuhan
- 27. There are no practical preventative actions that <u>HMG</u> might undertake ahead of Chinese New Year.

Triggers for escalating HMG response

- 28. Of <u>DHSC</u>'s current triggers, there has been infection of healthcare workers and probably some sustained human-to-human transmission, but not geographical spread unconnected to Wuhan.
- 29. <u>SAGE</u> agreed that <u>HMG</u> should review its response either in the case of onward spread of <u>WN-CoV</u> person to person outside of China or a severe confirmed case in the <u>UK</u>.
- 30. <u>SAGE</u> is unable to say at this stage whether it might be required to reconvene.

Summary of actions

- <u>CMO</u> to share the latest iteration of the <u>PHE</u> isolation plan for suspected cases and contacts with some of the <u>SAGE</u> participants, in particular behavioural scientists, to get their view of its proportionality and advice on how to communicate uncertainty, in order to improve subsequent versions
- <u>CMO</u>, <u>DHSC</u> and <u>PHE</u> to consider how <u>NHS</u> primary care facilities might respond to an increase
 of cases and potential cases
- <u>CMO</u>, <u>DHSC</u> and <u>FCO</u> to work together to ensure consistent messaging on travel advice to/from Wuhan

Attendees

SAGE participants:

- Patrick Vallance
- Chris Whitty
- Carole Mundell
- Cathy Roth
- Charlotte Watts
- Christine Middlemiss
- James Rubin
- Jonathan Van Tam
- Neil Ferguson
- Peter Horby

By phone

- Ben Killingley
- David Lalloo
- Jeremy Farrar
- Jim McMenamin
- John Edmunds
- Maria Zambon
- Pasi Penttinen
- Phil Blythe

Observing:

- Kavitha Kishen
- Rupert Shute
- Samantha Harris
- Stuart Wainwright
- Tasha Grant

6 Observers and 5 Secretariat redacted.

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