

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.

21. Currently no evidence of control measures having an impact on transmission rate, but this is to be expected: not enough time has passed since implementation of measures.

22. SAGE supported the principle of self-isolation (but requires behavioural science input on public communication).

23. SAGE endorsed NERVTAG's position that those coming into contact with returning travellers to the UK, for example Border Force agents, do not need additional infection control measures to those currently advised.

Actions

- SPI-M to advise on actions the UK could take to slow down the spread of the outbreak domestically, even if widespread globally
- PHE to share paper on asymptomatic transmission with SAGE

Reasonable Worst-Case Scenario (RWCS)

24. There are a number of scenarios that this outbreak could follow, depending on virulence and transmissibility.

25. The current RWCS is similar to an influenza pandemic where no vaccine or specific treatment is available.

26. The RWCS for the UK should be based on a reproductive number of 2.5 (middle of current estimates) and should assume that some of those who have returned from China are infectious.

27. SAGE also agreed that the UK RWCS should be based on pandemic influenza planning.

Action

- DHSC to use existing planning assumptions for an influenza pandemic to develop a reasonable worst case for WN-CoV in the UK