Message

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(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D29C846FC8FA4678B419C6F0DC3836F3-JVANTAM]

Sent: 25/01/2020 06:46:37

To: Reed, Emma [/o=ExchangeLabs/ou=Exchange Administrative Group

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Subject: FW: Clinical advice to NHS - suspected cases and close contacts

Attachments: Suspected case status.docx

Hi Emma,

We discussed the need to follow up on slightly 'lost' or delayed actions from this past week – inevitable and understandable in the fog of war. We discussed this particular issue last night when the French news came in. You asked and I confirm that <u>SPOC and NICC30</u> have had everything below already and the attached table above.

The SAGE action below assigned to CMO is unresolved; as far as I know. I am less concerned about the SAGE action *per se* and now more concerned that it feels like the three French cases bring ever closer the likelihood that the UK will soon get a case or cases and the close contacts issue then becomes really live.

The attached table represents CMO and DCMO views on how close contacts of *suspected cases* should be handled; that is to say cases under testing. I do not know if PHE agrees with our views , nor what PHE are doing/have been doing precisely for the 19+ cases we have tested to date (all of which were negative) in terms of advice given to the close contacts. But I suspect as the suspected cases have NOT been in extremis, no voluntary or enforced isolation has been required.

I am not sure this is fully nailed down. It could of course be that PHE have fully resolved this already, but if so I think DCMO and CMO would like to see the finalised protocols and to comment and probably the SPOC needs it on record.

Similarly if we do get a *confirmed case* I feel absolutely sure that we want to be isolating all close contacts (the Chinese are doing this for 14 days; I would not be reassured by anything less than 10 and 14 seems safer – Chris and me have not discussed this for confirmed cases but I can't see him disagreeing), and the media and politicians will ask in short order about contacts. Given that the two Paris confirmed cases were in Chinese tourists and we may yet find they were part of an organised coach tour (where the entire party will essentially have been close contacts travelling together in a coach with potentially sub-optimal ventilation especially in colder weather), the question arises about how to isolate multiple close contacts of a confirmed case when their homes (the go-to isolation location for a symptomless close contact) are in fact 1000s of miles away. I would rather these principles are thought through in advance than when we are on the back foot and under immense time pressures.

CMO in copy.

ATB

JVT