

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 (ECDC) has just published "Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) - Middle East Respiratory Syndrome Coronavirus (MERS-CoV)".
22. ECDC advises use of MERS guidelines for the current outbreak, but acknowledges the limitations of its evidence base.

#### **UK health readiness and planning**

23. The UK currently has good centralised diagnostic capacity for WN-CoV – and is days away from a specific test, which is scalable across the UK 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. SAGE agreed that DHSC and PHE criteria for testing potentially infected individuals were appropriate, i.e. those with symptoms or signs of WN-CoV, 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. SAGE advised that DHSC and PHE should be ready to revise those criteria as the situation evolves.
26. DHSC and PHE also preparing plans for isolating potentially infected individuals and the follow up of contacts.

**ACTION: 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.

**ACTION: CMO/DHSC** and **PHE** to consider how NHS primary care facilities might respond to an increase of cases and potential cases.

**ACTION: 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 HMG might undertake ahead of Chinese New Year.

#### **Triggers for escalating HMG response**

28. Of DHSC'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. SAGE agreed that HMG should review its response either in the case of onward spread of WN-CoV person to person outside of China or a severe confirmed case in the UK.
30. SAGE is unable to say at this stage whether it might be required to reconvene.