

Message

From: Orford, Rob (HSS - Primary Care & Health Science) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7D38A628177A448789839F37A51FAF75-ORFORD, ROB]
Sent: 11/10/2020 2:06:47 PM
To: Atherton, Frank (HSS - Chief Medical Officer) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f89dd16eea4492188440f6fb67d90a2-Atherton, F]
Subject: FW: PHW/WG - National Assessment

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Sent: 11 October 2020 13:33

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Subject: RE: PHW/WG - National Assessment

Dear All,

Ahead of our meeting at 2pm, I have put some high level points that could help us focus the discussion. This is only a guide (not an exhaustive list)

1. Key strategic intent
 - what is the strategy for Wales?
 - o options – is it suppression followed by ambition for elimination or is it suppression to an acceptable baseline endemicity until vaccine/treatment available?
 - o If aiming for elimination – are we in a position to deal with the collateral damage that comes from that effort – e.g. economy, jobs, interrupted education
 - o If aiming for acceptable baseline endemicity – what level should it be set at? what are the options to protect vulnerable groups under this strategy
2. Where will the current picture take us to in a few weeks time?
 - Case incidence will continue to rise – including to 200/100000 7 day rolling incidence by end of October
 - Associated hospital admission will go up – proportion to ITU will go up
 - Deaths going up
 - outbreaks in Health care settings and care homes
 - university outbreaks will contribute to significant new case burden.
3. What does global experience suggest?
 - Countries that have gone for suppression followed by intent to eliminate have **3 key factors** in their success
 - o Very stringent border control to keep imported infections to a lowest possible effect
 - stopping all non-essential travel
 - strict enforcement of returning traveller quarantining and evidencing it
 - o Highly functional test, trace and isolate programme –
 - unlimited access to rapid testing and results (symptom onset to test result back with patient in 24hrs; all successful contact traced and isolated within next 24 hrs- so an end-to-end process around a given case all completed in 48hrs)