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Sent: 09 January 2020 12:56
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Subject: In confidence: Undiagnosed respiratory illness in Wuhan, China - main points from UK IMT - 9/1/20

Dear Quentin,
Rob Smith and I joined this UK IMT called by PHE at short notice this morning – 1100h to 1200h

Main points

1. Background (see attached note for more information)

- a. On 31 Dec 2019, WHO reported cases of undiagnosed respiratory illness in Wuhan city, Hubei province of China. First case identified 12 Dec; 44 cases reported by 03 Jan and by 06 January there were 59 cases with 7 individuals reported to be in a critical condition
- b. This morning (9/1/20) WHO have reported that a “novel coronavirus” has been isolated from one of the affected cases. A non-official (unconfirmed) report has indicated 15 out of the 59 cases to have been diagnosed with this “novel coronavirus”
- c. Potential zoonotic exposure at a large, live, wet market selling seafood is being investigated
- d. There is no evidence of person-to-person transmission or evidence of transmission to Health Care Workers (HCWs)
- e. 48 further individuals who have recently returned from Wuhan to Hong Kong and showing respiratory symptoms have been tested. 47/48 have been diagnosed with a normal, seasonal respiratory pathogen. 1 testing result awaited. No evidence of this “novel coronavirus” in any of them

2. Incident status

- a. PHE are responding to this as an “enhanced incident” because this is a “novel coronavirus” with as yet, unknown consequences
- b. This agent and incident is being managed as a High Consequence Infectious Disease (HCID)

3. Incident response

- a. PHE will be establishing 4 cells to support the response – these being
 - i. Epidemiology
 - ii. Guidance and advice
 - iii. Diagnostics
 - iv. Port Health

4. Initial actions taken by other countries

- a. Few neighbouring countries to People’s Republic of China have started some form of ‘entry screening’ of people returning from Wuhan. The screening measures range from a) thermal imaging b) passenger screening/questioning c)ascertainment of exit screening at China
- b. There are only 3 EU countries that have direct flights from Wuhan. These are
 - i. London Heathrow - 3 flights per week

- ii. Paris – CDG – 5-6 flights per week – have not commenced any screening
- iii. Rome – 3 flights per week - are asking the captain of the flight for confirmation that there were no known passengers who were unwell on the flight

5. Risk Assessment

- a. Chinese New year commences from January 25th and this represents one of the largest movement of humans across the globe
- b. Current Risk Assessment:
 - i. Based on current available information and that the disease is still unknown, the overall risk of this being a new pathogen is considered **Moderate**.
 - ii. Current impact of the disease is: **Low/Moderate**
 - iii. As currently no human to human cases have been reported the risk of transmission is considered: **Low**
 - iv. Based on currently available information on the transmission of the disease (which is scanty) the risk to public health
 - 1. in the People's Republic of China is considered: **Low/Moderate**
 - 2. in the UK is considered: **Low**
 - 3. to UK travellers is: **Low**

6. Diagnostics

- a. PHE's Respiratory Virus Unit have a well-developed and well-tested Pan-coronavirus assay that should detect most coronaviruses
- b. It will take them anywhere between 6-12 weeks to develop a reliable assay to detect any new viruses that may not be detected by existing assays
- c. They will work with China CDC and US CDC to jointly expedite the development, as necessary

7. Guidance and management

- a. Specific guidance on management will be produced by the respective cells. But current advice is
- b. If there is a person presenting with respiratory illness with recent travel from Wuhan
 - i. Consider routine respiratory pathogens
 - ii. Consider testing for Avian Influenza
 - iii. Staff taking samples should wear full respiratory PPE and case should be isolated
 - iv. Treat symptomatically

8. Communication

- a. No travel restriction has been recommended at this point
- b. WHO recommends watchful waiting – no travel restrictions
- c. A CMO's CAS alert for NHS in England is being planned
- d. PHE briefing note will be updated and issued again today
- e. PHE will go proactive on comms
- f. Cross Government comms linking with DHSC will be facilitated by PHE
- g. ECDC rapid risk alert due to be published today/tomorrow.
- h. PHE will update chair of ACDP
- i. We (PHW) have issued our first NHS Wales briefing note yesterday (attached here for reference)

9. Battle Rhythm

- a. Next IMT tomorrow (time tbc)
- b. Likely further meetings over the weekend

10. Other general information

- a. Likely this incident will run for several weeks – need to consider business continuity

- b. as the situation is rapidly evolving there will be lot of changes to guidance, adv, documents etc. PHE have asked for co-operation from DAs on this and offer quick turnaround on issues that require 4 nation agreement

regards

Giri

Dr Giri Shankar

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Wuhan Note
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