Message

From: WOOLHOUSE Mark [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C4153BCEE124D7181397F6F48883523-MEJW]
Sent: 21/01/2020 9:18:54 AM
To: cmo@gov.scot
Subject: re: novel coronavirus
Attachments: ATT41874

Dear Catherine,

You will be well aware of developments to the ongoing outbreak of respiratory disease caused by a novel coronavirus and currently centred on Wuhan, China.
I expect that my comments here will reflect and repeat what you are hearing from our colleagues in HPS and NHSS. But I am writing in the spirit that this is better said twice.

The obvious concern (increased by yesterday's not unexpected announcement of human-human transmission) is that this will become a pandemic, and therefore will affect Scotland. This is not yet certain, but in my judgement it is likely, certainly sufficiently likely that we should be prepared for the eventuality. Other colleagues share this view.

There are some instructive parallels with the H1N1 pandemic in 2009-10. Indeed, one possibility is that this could turn out to be quite similar in some key respects: a widespread epidemic fuelled by mild cases but with mortality among vulnerable patients.

Such an epidemic would be difficult to track. As in 2009-2010 what would be needed is an integrated surveillance set up that combines clinical surveillance, genomic surveillance, and serological surveillance. (The latter requiring an appropriate test; we and, I am sure, many others are working on this already). This should be unexceptionable. My reason for writing now is to emphasize that, based on experience of 2009-10, that system needs to put in place in advance of the arrival of the virus, so the sooner the better. If we wait until after the virus has arrived then we will miss information of public health value and our efforts to prevent of control the epidemic will be compromised.

A key element of any response will be data communication, both between the agencies involved and with the wider public health community. We have corresponded on this issue before and your office has assured me that, however formidable the obstacles to sharing health data in Scotland might be in normal circumstances, it would happen much more smoothly during a health emergency. That assurance may soon be tested.

In 2009-10 we were slow off the mark. Despite the assurances of the then Cabinet Secretary for Health that Scotland was among the best prepared countries in the world, it turned out that we weren't. I am hoping that history won't repeat itself. (And, of course, I am hoping that the situation will not develop as I fear it might, but I do think we have to consider this a real possibility).

Yours sincerely,
Mark Woolhouse

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