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Scientific Advisory Group for Emergencies

Transparency data

SAGE 10 minutes: Coronavirus (COVID-19) response, 25 February 2020

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Tenth SAGE meeting on Wuhan Coronavirus (COVID-19), 25 February 2020.

Held in 10 Victoria St, London, SW1H 0NN.

Addendum

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are 3 categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees

Scientific experts:

- Patrick Vallance (GCSA)
- Chris Whitty (CMO)
- Brooke Rogers (King's College London)
- Charlotte Watts (CSA DfID)
- Graham Medley (LSHTM)
- James Rubin (King's College London)
- Jeremy Farrar (Wellcome)
- John Aston (CSA HO)
- John Edmunds (LSHTM)
- Jonathan Van Tam (dCMO)
- Maria Zambon (PHE)
- Neil Ferguson (Imperial)
- Phil Blythe (CSA DfT)
- Sharon Peacock (PHE)
- Steve Powis (NHS)

Observers and government officials:

- Ben Warner (No.10)

Secretariat: [redacted]
Names of junior officials and the secretariat are redacted.

Participants who were observers and government officials were not consistently recorded therefore this may not be the complete list.

Summary

1. SAGE advises that surveillance measures, which commenced this week, will provide actionable data to inform HMG efforts to contain and mitigate spread of COVID-19.

2. The risk of public disorder in the UK I defined to include opportunistic crime, community tension and rioting I is assessed to be very low in response to an epidemic. Pro-social behaviour and altruism are more likely public responses; public communications should seek to guide and promote such behaviours.

Previous actions

3. SAGE agreed that information from FCO posts overseas would not provide suitable data for modelling purposes, although any clinical data will be useful. Google data is unlikely to be relevant at this stage of the outbreak because of diagnostic uncertainty.

Action

- NHS England to work with NERVTAG to ensure data collection and clinical trial plans are implemented as soon as possible

National case surveillance

4. SAGE agreed that PHE's surveillance approach provides sufficient sensitivity to detect an outbreak in its early stages. This should provide evidence of an epidemic around 9 to 11 weeks before its peak.

5. It was noted that increasing surveillance coverage beyond the current approach would not significantly improve our understanding of incidence.

6. Detection through surveillance of a severely ill case would indicate existence of a significantly larger number of cases in the community.

7. A case detection through surveillance measures should prompt a review of additional mitigations that could be implemented locally or nationally. It would not automatically constitute a trigger point to cease containment activity already underway.

8. PHE continue to focus on contact tracing if cases are confirmed. PHE is sourcing commercial solutions for point of care testing in hospitals as a priority.

Actions

- dCMO, PHE and NHS England to explore testing options for suspected pneumonia cases in hospitals which aren't or haven't become severe
- SPI-M to advise, as soon as possible, on the implications for geographical spread of an outbreak in one location

Measures to limit spread

9. Interventions should seek to contain, delay and reduce the peak incidence of cases, in that order. Consideration of what is publicly perceived to work is essential in any decisions.

10. SAGE discussed a paper modelling four non-pharmaceutical interventions: university and school closures, home isolation, household quarantine and social distancing, including use of interventions in combination.

11. All measures require implementation for a significant duration in order to be effective.

12. Evidence from social distancing and school closures implemented in Hong Kong, Wuhan and Singapore indicates that these measures can reduce the COVID-19 reproduction number to approximately 1 (a 50% to 60% reduction). Reduced spread in the UK through a combination of these measures was assessed to be realistic.

13. Any combination of measures would slow but not halt an epidemic. NHS needs must be considered in any decisions to alter the epidemic curve.

14. Extremely mild symptoms should be enough to trigger home isolation if this intervention is to be adopted. This would need to be clearly communicated to the public.

15. Although current confidence in SPI-M modelling conclusions is low, and further review is needed, SAGE agreed that further work is unlikely to generate different conclusions in the short term and that policy decisions would need to be based on the currently available modelling outcomes and the experience from other countries I Singapore, China.

Action

- SPI-M to provide a consensus statement for SAGE on 3 March 2020 covering measures to seek to achieve containment, delay and adjustment of epidemiological peak I and the effects of early implementation of those measures

Behavioural considerations

16. Public messaging is likely to be most effective if recommendations to act are definitive, rather than presented as optional or voluntary measures.

17. Publicly perceived efficacy of any measure is key. Public uptake is significantly impacted by whether government is seen to be acting competently and whether people believe that the intervention would work.

18. The UK government will need to clearly communicate its rationale for its decisions. This is particularly important where

the UK response differs to other countries'.

19. Advice to businesses to begin preparing for measures such as homeworking and social distancing would give owners time to plan and demonstrate that the UK has a strategy and is adhering to it.

Action

- SPI-B to advise on what measures to limit spread the public will perceive as effective

Risk of public disorder

20. SPI-B advised that large scale public disorder during an epidemic is very unlikely. Altruism and pro-social behaviour are more likely public responses.

21. Flash points tend to happen where there is a perceived lack of equity, substantial police absenteeism, pre-existing social tensions or where the government response is perceived to be inadequate. People actively attempting to sow discord can also be a trigger, especially online.

22. Disorder is possible if there is a perception that the police are unable to retain control. Further assessment to understand the role of the police would be of value.

23. There is commonly a difference between the evidence for and public perception of what constitute effective measures to manage spread. The aim of any measures introduced should be communicated early, clearly and consistently to improve public understanding and expectations.

24. Public compliance is likely to be enhanced when a sense of collectivism or community spirit is promoted.

25. Government messaging may benefit from alignment with WHO messaging on a potential pandemic: this could offer an opportunity to lay out what a pandemic would look like in the UK, and what businesses and individuals might need to plan for.

Next SAGE meeting

26. SAGE will meet next on Thursday 27 February 2020 to review reasonable worst case planning assumptions and modelling to inform the NHS response.

List of actions

- NHS England to work with NERVTAG to ensure data collection and clinical trial plans are implemented as soon as possible
- dCMO, PHE and NHS England to explore testing options for suspected pneumonia cases in hospitals which aren't or haven't become severe
- SPI-M to advise, as soon as possible, on the implications for geographical spread of an outbreak in one location
- SPI-M to provide a consensus statement for SAGE on 3 March 2020 covering measures to seek to achieve containment, delay and adjustment of epidemiological peak I and the effects of early implementation of those measures
- SPI-B to advise on what measures to limit spread the public will perceive as effective

Attendees

SAGE participants:

- Patrick Vallance (chair)
- Chris Whitty
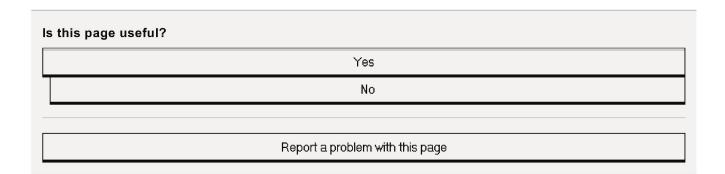- Ben Warner,
- Charlotte Watts
- Graham Medley
- James Rubin

- Jeremy Farrar
- John Aston
- John Edmunds
- Jonathan Van Tam
- Neil Ferguson
- Sharon Peacock,
- Steve Powis,

By phone:

- Brooke Rogers
- Maria Zambon
- Phil Blythe

2 scientific experts and 5 Secretariat are redacted

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