

Covid-19 Reasonable Worst Case Scenario (RWCS) – STAKEHOLDER SCRIPT – Accurate as of: 17.02.2020

These lines have been drafted by the NSCT based on CCS and SAGE RWCS planning parameters. The primary audience for these messages are Departmental stakeholders and key non-Governmental partners involved in RWCS planning.

Any sharing of these lines with trusted partners to inform preparation for potential impacts (e.g. supply chains, staff absences) should include explicit caveats that:

- Our understanding of the virus is continuing to evolve. Therefore, the planning assumptions are **subject to change** based on developing evidence base
- HMG will communicate any changes to planning assumptions at the earliest opportunity over **trusted and private channels**
- This material is **not for wider public communication**. Departments and stakeholders are expected to retain version control and clear sensitivity markings when distributing with partners and will be held responsible for leaks
- In the event these lines enter the public domain, Departmental press offices must work with NSCT, No 10, CCS and DHSC to issue reactive lines that contextualize the approach and **prevent inaccurate reporting**.

The Government is taking all necessary precautions to protect the public, including engaging with key industry partners to discuss their preparedness planning.

Our contingency planning is based upon the best scientific evidence available, which is growing every day. We know that:

- Covid-19 is a previously unknown virus, which means the global population has little to no immunity to infection.
- The number of cases of human-to-human transmission across mainland China is doubling every 4 to 5 days
- We have not yet seen sustained human-to-human transmission (i.e. across communities) within the UK, however this eventuality cannot be ruled out
- There are currently no clinical counter measures available to treat Covid-19 and a vaccine is unlikely to be available for many months. Current treatment focuses on relieving the symptoms of infection while the patient's body fights against the virus.

Our planning is not a forecast of what will happen. We are planning for a wide range of scenarios including the reasonable worst case, to ensure we are ready for all eventualities.

Expert modelling estimates that the outbreak in Wuhan will peak about 2-3 months from its initial onset. The peak in the rest of China is uncertain, but could be in the following 1-2 months. The peak for the UK is currently modelled as occurring 2 - 3 months from the onset of sustained human-to-human transmission in the UK.

- We are constantly revising and improving our modelling as we learn more about the virus.

The Government is planning for a wide range of scenarios, including the reasonable worst case. For the UK, this could involve:

- Up to 80% of the population being infected, however not all of these people will experience symptoms and the vast majority of cases will be mild disease. This is based on the currently available scientific evidence.
- The current scientific evidence is not conclusive on the proportion of the population requiring time out of the workforce. SAGE therefore recommends using the planning assumption for pandemic flu, which is of 17-20% workforce absences in the peak weeks.

However, we anticipate that most of these cases would be mild with roughly 4% of people infected requiring hospital care and only 1% of all people with symptoms needing the highest level of critical care.

Covid-19 RWCS Planning Base Parameters – NOT FOR PUBLIC USE – Accurate as of:13.02.2020

This information has been compiled by SAGE and CCS and should NOT be deployed as public messaging. This summary sets out the technical and clinical planning assumptions that the Government is using to design its RWCS response.

This information is not intended for public domain and is for planning purposes and situational awareness only. Topline messaging for stakeholder briefings with trusted partners are provided separately.

1. The Covid-19 outbreak is a novel coronavirus identified in late December 2019. As a previously unknown virus there is little to no immunity in the population. The virus was initially epicentered around Wuhan City, Hubei province. Subsequently, there has been rapid sustained human-to-human transmission across mainland China, with the number of cases doubling every 4 to 5 days.
2. There is evidence of human-to-human transmission within close groups outside of China. There is not currently evidence of sustained human-to-human transmission i.e. across communities, outside of China, but this eventuality cannot be ruled out.
3. Expert modelling estimates that the epidemic in Wuhan will near its peak after ca. 2-3 months from its onset. The peak for China is uncertain, but could be around 1 to 2 months from this point. If there is sustained transmission in the UK, an epidemic would be expected to peak 2 to 3 months from established transmission in the UK, although this figure is very uncertain. There are likely to be only small delays between regions. This assumption will continue to be refined as the modelling develops.
4. SAGE advice is that up to 80% of the population may be infected, however not all of these will experience symptoms and the vast majority of cases will be mild disease. There is currently no conclusive evidence on the length of illness for people with milder symptoms. In severe cases this is likely to last between 15 and 18 days. The current planning assumption is that 2 – 3% of symptomatic cases will result in a fatality. This will be refined as scientific understanding improves and if so is likely to go down rather than up.
5. Most people will become symptomatic within 4 – 5 days of infection, which is longer than the anticipated incubation period for a flu pandemic (1 to 3 days). However, this can range from 1 to 14 days.
6. It is likely a mildly symptomatic person can transmit the virus and current evidence cannot rule out transmission by a totally asymptomatic person. How long a person is infectious for varies depending on severity of individual cases, but 14 days seems to be the upper limit of infectiousness. A person is most infectious when their symptoms begin, on average this is within 2 – 6 days, with their infectivity rapidly falling off after this.

Individual/second order planning assumptions

1. The extent of workforce absences is currently unknown. SAGE have therefore advised use of the pandemic flu reasonable worst case planning assumptions to guide planning in this space. This is not a forecast of what we expect to take place, but the worst case scenario that is considered plausible. These planning assumptions will be refined as the scientific understanding of the virus develops.

2. The pandemic flu planning assumptions indicate a reasonable worst case scenario of 17-20% workforce absences in the peak weeks. 50% of the workforce may require time off at some stage over the entire period of a pandemic, either due to illness or in order to care for others. This figure would be higher if schools were closed. The average duration of absence suggested is 7 to 10 days.
3. Pandemic flu planning assumptions are also currently required to indicate possible numbers requiring assessment by the health service. This assumes that 30% of symptomatic persons would require assessment by the health services. 4% of symptomatic persons would require hospital care, with an average of a six-day stay in hospital. 1% of all those symptomatic would require the highest level of critical care, i.e. intensive care for 10 days.
4. There are currently no clinical counter measures for the treatment of Covid-19. This includes antivirals, antibiotics (although these may be used in the treatments of secondary infections) and a vaccine (although this is likely to be developed over a longer timescale following the UK epidemic).