COVID-19: Public health update and implications for the NHS in Wales

Health and Social Care Coronavirus Planning and Response Group

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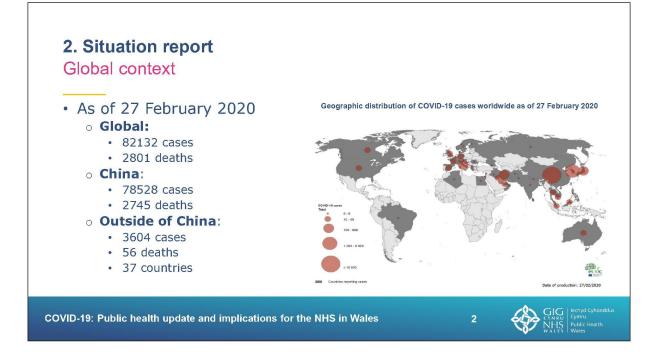
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1. Background Coronavirus

- Novel coronavirus (CoV) newly identified strain in humans
- Virus named SARS-CoV-2
- Disease named COVID-19
- First report in Wuhan City, Hubei Province, China on 31 December 2019
- From epicentre in Wuhan City now cases across 37 countries
- Person to person community transmission evident
- Healthcare worker transmission

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3. Situation report Mainland China

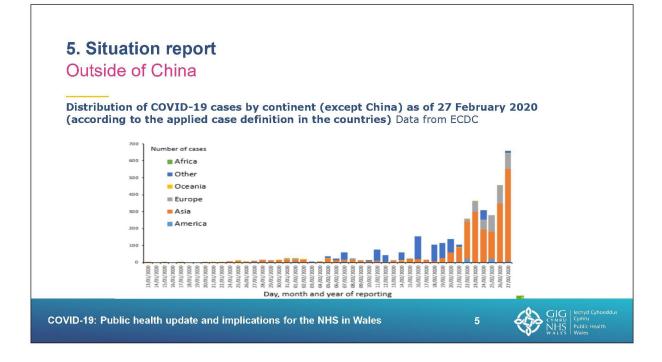
- 65187 of 78191 confirmed cases within Hubei Province (83%)
- 2615 of 2718 deaths within Hubei Province (96%)
- Disparities between mortality rates across China [1]

Region/area	Mortality rate
Wuhan City	>3%
Hubei Province	2.9%
Other Provinces	0.7%

Suggests mortality is correlated with healthcare burden and healthcare resources availability in epicentre of outbreak [1]









7. Situation report

Wales context

- As of Thursday 27 February 263 people tested who met possible case definition
- Any confirmed case will be reported by CMO Wales
- Active surveillance of contacts of confirmed cases (contact with confirmed case outside of UK) undertaken by All Wales Health Protection Team
- Active surveillance involves daily monitoring:
 - $_{\odot}$ Check remain well and no reported symptoms of COVID-19
 - $_{\odot}~$ Ensure remain in home isolation



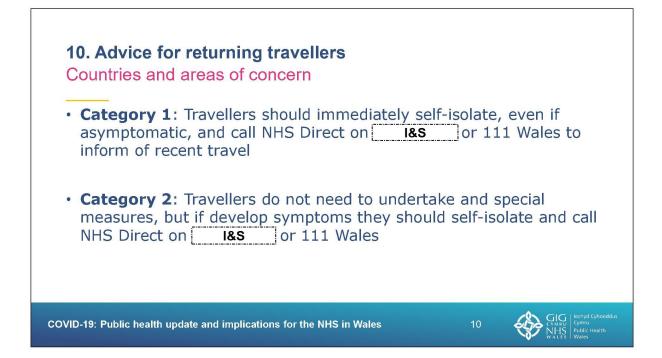
8. Public Health Wales Response Enhanced response

- PHW remain in enhanced response
- Upscaling of All-Wales Health Protection Team capacity
- Helpline open 7 days with dedicated coronavirus team
- Training and upskilling from general public health workforce
- Increased demand following widening of geographical areas of concern
- 500 calls within 24 hour period to PHW following change in case definition





Aim to identify travellers from at risk areas. Home isolate to reduce risk of transmission in community. Phone 111 to ensure that not in contact with healthcare settings when unwell.



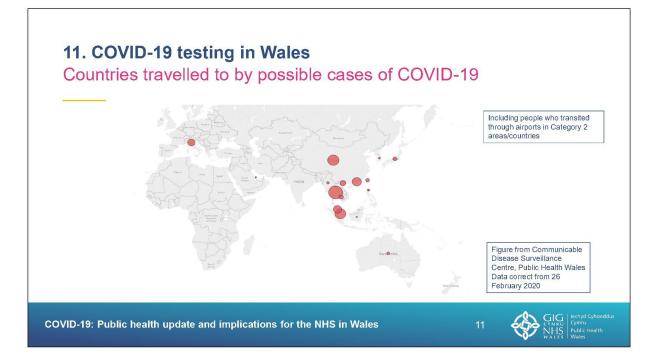


Figure 1 – impact of case definition

Figure 2 - age groups indicated in travel history - younger age groups China. Older age groups to Thailand

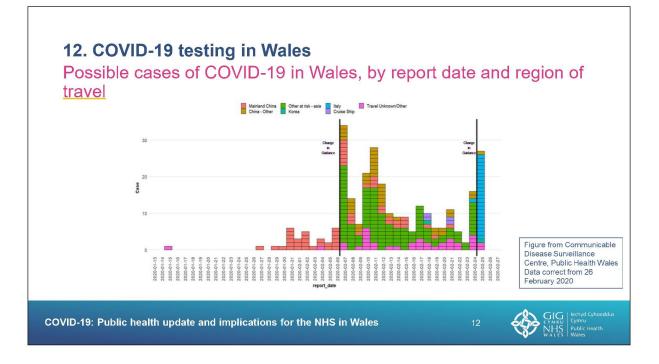
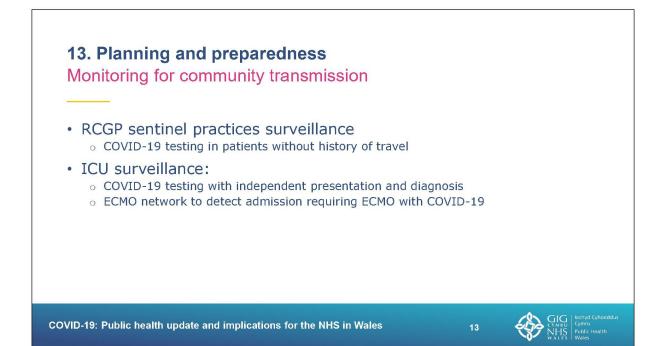


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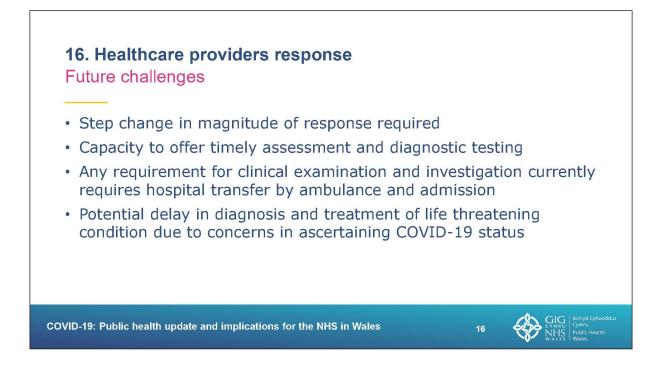


14. Wider partner engagement LRFs

- Signpost to PHE Guidance that receives regular updates to ensure consistent, pragmatic and proportionate messages to the public:
 - Educational settings
 - Staff in transport sector
 - $_{\odot}~$ Employers and businesses
 - $_{\odot}\,$ Social or community care and residential settings
 - $_{\odot}\,$ Decontamination in non-healthcare settings
- Port Health key control measure
 - $_{\odot}\,$ Airport Public Health Enhanced Monitoring within Cardiff Airport
- Enforcement of home isolation
 - $_{\odot}\,$ Exploring option for sustainably obtaining Part 2a orders if required across Wales



15. Public Health Wales response Future demand • Assumptions: 8% of travellers will have an acute respiratory infection [2] o ONS survey data of visits to the UK applied to a Welsh population as a proportion of UK population · Estimates that in Wales over two week period high numbers will meet the case definition for possible COVID-19: $_{\odot}$ 678 individuals who have travelled from Asia & Middle East $_{\odot}$ 642 individuals from Italy will meet the possible case definition for COVID-19 • Estimated 10 fold increased demand with further widening of geographical area within Europe • Estimated 100 fold increased demand to account for historic cases that will then meet possible case definition COVID-19: Public health update and implications for the NHS in Wales 15



17. Planning and preparedness Capacity within containment phase

Contact tracing

- Reproductive number = 3 indicates 30-50 contacts per case
- First generation: 50 contacts
- $_{\odot}$ Second generation: 3 cases, 150 contacts
- $_{\odot}~$ Third generation: 9 cases, 450 contacts

HCID capacity

- $_{\odot}~$ Increase capacity across UK
- $_{\odot}\,$ Consideration of admission for clinically well when capacity reached

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18. Planning and preparedness Pandemic strategic planning

- Movement from containment and treatment phase to escalation
- Surge management
- Prioritisation and triage of service delivery
- Resilience and contingency planning
- Enhanced local public health measures to reduce transmission

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References

- 1. Yueping et al. 2020. Potential association between COVID-19 mortality and health-care resource availability. Lancet Global Health.
- 2. Szilagyi et al. 2016. Incidence and viral aetiologies of acute respiratory illnesses (AIR) in the united states: a population based study. Epidemiology & Infection V144 Issue 10

