

Message

From: Orford, Rob (HSS - Primary Care & Health Science) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7D38A628177A448789839F37A51FAF75-ORFORD, ROB]
Sent: 20/02/2020 12:19:38
To: Atherton, Frank (HSS - Chief Medical Officer) [frank.atherton@gov.wales]
CC: Lyons, Marion (DHSS - DHP - Public Health) [marion.lyons@gov.wales]; **NR** (HSS - DHP Public Health) **NR** @gov.wales; Surman, Neil (HSS - DHP Public Health) [neil.surman@gov.wales]; Kamalan, Chrisan (HSS - DHP Public Health) [chrisan.kamalan@gov.wales]; Goulding, David (HSS - DHP Public Health) [david.goulding@gov.wales]; Saeed-Edmonds, Samia (HSS - Planning) [samia.saeed-edmonds@gov.wales]
Subject: IN CONFIDENCE: SAGE: Coronavirus update 4
Attachments: FOR INFORMATION_ SAGE 9 papers.msg; FOR INFORMATION_ SAGE 9 papers.msg

Hi Frank, an update from SAGE meeting today (not yet official advice – not for wider circulation):

- Local transmission detected through screening patients with pneumonia in Iran and Singapore (not related to travel).
- Chair has asked for firmer advice for NHS planning (e.g. % that require hospital admission, % requiring respiratory support (e.g. oxygen or ventilation), projection of peak epidemic and flattening the peak. (See attached consensus paper)
- Are colleagues from NHS Wales/WG involved in NHS England planning discussions to share best practise??
- Contact tracing to continue until trigger events detected e.g. local transmission not linked to travel. Number likely to be increased. (see attached paper)
- From cruise ship – 30-50% asymptomatic-mild.
- Likely that UK testing has missed 40% of positives, due to delay in testing versus detectability of virus.
- 75-80% likelihood that virus is already in circulation.
- Discussion on plans for sentinel surveillance in GPs (200-300 samples per week), ICU and Respiratory Failure units.
- Discussion about school closures, maximum impact 30-40% peak reduction if closed just before peak. Assumes children have a significant role in transmission. (see attached paper)
- SPI-B (Behavioural group) developing advice around Comms e.g. self-isolation. Is there a representative from PHW on this group?? Same question for SPI modelling group.

Best wishes
Rob

From: Orford, Rob (HSS - Primary Care & Health Science)
Sent: 18 February 2020 17:10
To: Atherton, Frank (HSS - Chief Medical Officer) <Frank.Atherton@gov.wales>

Cc: Lyons, Marion (DHSS - DHP - Public Health) <Marion.Lyons@gov.wales>; [NR] [NR] (HSS - DHP Public Health) [NR]@gov.wales>; Surman, Neil (HSS - DHP Public Health) <Neil.Surman@gov.wales>; Kamalan, Chrisan (HSS - DHP Public Health) <Chrisan.Kamalan@gov.wales>; Goulding, David (HSS - DHP Public Health) <David.Goulding@gov.wales>; Saeed-Edmonds, Samia (HSS - Planning) <Samia.Saeed-Edmonds@gov.wales>
Subject: IN CONFIDENCE: SAGE: Coronavirus update 3

Hi Frank, a difficult discussion to follow today due to numbers of people dialling in/out of the meeting.

However the main points of the discussion were:

- Rate of infection dropping off in China, suggesting containment measures are working (uncertain what will happen when measures are relaxed e.g. people return to work). Growth of outbreak in Japan.
- The Reasonable Worst Case for pan-flu still stands
- Whilst still uncertain the working CFR estimate is currently 0.4%
- Small amount of evidence to suggest children are less affected by illness. Unclear role in transmission.
- Small amount of evidence to suggest no significant impacts on late stage pregnancy (n=9)
- Virus components not detected (at later stages, as most analysis of positives has had delay in detection) in blood or urine, is detected in faeces.
- Environmental persistence studies are showing CoV to be more stable than influenza with a low residual risk on solid work surfaces after 48 hours, with a minimal risk considered to be at 72 hours. Routine disinfection works well.
- There is PHE decontamination guidance, I suspect based on pan-flu – Do we have this??
- Paper commissioned on how to maximise clinical trials opportunities, more to follow.
- Substantive discussion on modelling/projections at Thursday TC.
- Chris Whitty (and Patrick Valance) mentioned an NHS discussion on Monday, assume this is a separate NHS England group (or is it 4 CMOs meeting?). If not are we involved or sighted on NHS England CoV Planning Group?

I have included Samia in this e-mail trail so she is sighted for NHS Planning discussions.

Would it be possible to have a short meeting to discuss where we are??

Best wishes
Rob

From: Atherton, Frank (HSS - Chief Medical Officer) <Frank.Atherton@gov.wales>
Sent: 14 February 2020 08:20
To: Orford, Rob (HSS - Primary Care & Health Science) <Rob.Orford@gov.wales>
Cc: Lyons, Marion (DHSS - DHP - Public Health) <Marion.Lyons@gov.wales> **NR** (HSS - DHP Public Health) <NR@gov.wales>; Surman, Neil (HSS - DHP Public Health) <Neil.Surman@gov.wales>; Kamalan, Chrisan (HSS - DHP Public Health) <Chrisan.Kamalan@gov.wales>; Goulding, David (HSS - DHP Public Health) <David.Goulding@gov.wales>
Subject: RE: IN CONFIDENCE: SAGE: Coronavirus update

Thanks,

v. helpful readout.

We should share future updates on limited circulation to cc recipients within WG

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From: Orford, Rob (HSS - Primary Care & Health Science) <Rob.Orford@gov.wales>
Sent: 14 February 2020 07:56
To: Atherton, Frank (HSS - Chief Medical Officer) <Frank.Atherton@gov.wales>
Subject: IN CONFIDENCE: SAGE: Coronavirus update

Hi Frank

- SAGE is now sitting twice weekly and I will do my best to join these and update. I must say that the papers circulated from SPI-M-O are pretty good and the conclusions of the discussions are often aligned with the content of the papers. I believe Marion joins the SPI-M-O discussions so she will also have the most up-to-date information.
- The focus of yesterday's meeting was around school closures, delaying the spread and public behaviours. There was also a discussion on prisons.
- The discussion was focussed around the idea of either delaying or flattening the peak of the infection for the UK. There is considerable uncertainty in much of the data and again things like the ship in Yokahama will provide clearer outbreak information alongside information gleaned from the early cases in the UK. Quite a bit of work is going on to understand the likely kinetics of the outbreak and the impact of changing the peak (either flattening or have two) would have as the numbers under the curve would be the same (important for NHS demand/capacity modelling).
- If the disease is not already circulating in the UK, then efforts to contained the virus by US style entry screening coupled with contact tracing/self-isolation may slow the outbreak by a few weeks. More to follow on this.
- Restricting travel within the UK once an outbreak has been confirmed was considered to be more disruptive than helpful in delaying spread of the disease.
- Schools closures were discussed and whilst the data on the coronavirus was unclear closing schools has been shown to flatten or delay spread for pan-flu. The uncertainty arises from a lack of information on infection rates with children, so you can only assume they would spread the disease as they do with others. The longer duration of the illness though would require quite a few weeks closures, and might work best either side of a term end. Disruption of exams and selective closure of some years was also discussed. They noted some behaviour change Brighton Hove, where parents

may be self-isolating children. Also the idea of getting the outbreak out of way before the next flu season was considered. Longer school closures would also likely impact on NHS workforce. More to follow.

- Very little evidence on impact of cancelling mass gatherings e.g. football matches, considered to be an evidence free zone.
- Interesting discussion on behaviours most of which pointed to thought-through logical behaviour of most people, even if it isn't entirely rationale (e.g. buying goods from china, in case the products is contaminated) or isolating children from school, even though the actual risk is very low – this is driven by parents strong desire of wanting to protect children. In pan-flu most people were fairly sceptical (55%) about the impact. Indeed the need to be able to 'activate' people to take sensible approaches was considered more important. Behaviours will be driven by different factors associated with perceived risks (e.g. health, financial, emotional (e.g. family members)) and ability to take action, if action is achievable (e.g. I cannot self-isolate as I need to go to work). Panic is very rare. Civil unrest tends to be associated with underlying tensions e.g. ongoing issues with crime and disorder (think London riots)
- Prisons discussion was interesting as it presents different challenges, as would other types of social housing. Self-isolation in phase I being the key. Once phase II/III is reached and the disease spreads then the challenges are different and not insignificant.

I hope this is helpful, I'm in the office later if you wanted to discuss
Rob

From: Orford, Rob (HSS - Primary Care & Health Science)

Sent: 11 February 2020 12:22

To: Atherton, Frank (HSS - Chief Medical Officer) <Frank.Atherton@gov.wales>

Subject: SAGE: Coronavirus

Hi Frank, useful meeting today. You have these SAGE papers but attaching them again.

A minute of discussion will be shared but happy to discuss the points covered. Although different for a number of reasons and uncertainty in data (e.g. reproduction rate rates (2-3), doubling times (5 days), incubation period (2-14 days), serial interval (3-8 days) % asymptomatic(?), severe infections (2-3%? Based on SARS) mortality of severe (13-20%?), time to death for severe (15-40 days?), at risk populations (similar to SARS? Children?) – some of this data may come from isolated returnees or from cruise ships – which will firm up modelling.

The reasonable worst case scenario for pan-flu is being used for the time being. Wuhan looks to be passing peak infection rate, best guess that UK is 2-3 months behind.

I think there is another SAGE discussion on Thursday, will confirm. Areas to cover include advice for NHS workers, transport workers, mass gatherings – ensuring SAGE reads across to CMO/SPI-M-O actions/advice.

As I understand it Samia is chairing an NHS Wales Planning group, I am happy to contribute to this or other areas as required.

Best wishes
Rob