

12th SAGE meeting on Wuhan Coronavirus, 3rd March 2020
Held in 10 Victoria Street

Summary:

1. SAGE discussed the impact of potential behavioural and social interventions on the spread of a Covid-19 epidemic in the UK, including the resulting public response. Going forward, agreement on the optimal timing of these interventions will be required.
2. NHS England confirmed it has sufficient information in relation to the reasonable worst case (RWC) scenario for operational planning.

Situation update:

3. PHE have implemented a surveillance and monitoring plan as per previous SAGE discussions.

ACTION: PHE to confirm level of disease surveillance already in place for next SAGE meeting (March 5).

Impact of potential interventions

4. SAGE reviewed non-clinical interventions to reduce and delay Covid-19 transmission, including their potential impact and behavioural science implications.
5. Adequate seroprevalence data and of behavioural data is required to track and assess effectiveness of these interventions in real time during an outbreak.
6. Social distancing for over-65s is likely to have a significant effect on overall deaths and peak demand for critical care beds, but will not significantly reduce overall transmission. This would be most effective for those living independently; it will be a challenge to implement this measure within communal settings such as care homes.
7. There is currently no evidence that cancelling large events would be effective.
8. There is likely to be geographical variation in the timing of localised peaks of the epidemic.
9. SAGE noted the importance of assessing the wider health implications of these interventions, e.g. the effect of self-isolation on mental health.

ACTION: SPI-M to provide timings for when interventions should be implemented for next SAGE meeting (March 5)

ACTION: SAGE participants to put basic confidence statements today around the evidence available for the impact of potential interventions.

Behavioural science considerations

10. Key to minimising barriers and facilitating compliance with the proposed interventions are communication, feasibility and equity.
11. Coherent and unambiguous communication, and suggesting replacement behaviours, will help increase compliance.
12. Encouraging positive behaviours as social norms can be powerful.
13. Many of the proposed measures will be easier to implement for those on higher incomes. Government should address this to avoid tension within communities and detrimental effects on compliance.
14. Unintended consequences should be considered – including potential alternative behaviours (e.g. people congregating elsewhere when events are cancelled).
15. Consideration should be given to how and when measures will be removed, and any impact this may have on the transmission of the disease (e.g. causing a second peak).