TACK ADVICE FOR CMO – UPDATE 8

Update from SAGE Meeting 05/03/2020: DO NOT CIRCULATE – TREAT IN CONFIDENCE

INFORMATION MAY NOT HAVE BEEN APPORVED BY COBR AT THE TIME OF DISTRIBUTION.

1. **EPIDEMIOLOGY**: SAGE discussion considered behavioural interventions, notable the paper from Imperial College. Current working model is to implement the following measures:
    a. **Case isolation in home**
    b. **Voluntary home quarantine**
    c. **Social distancing of over 65 of age**

    Agreement of implementing (and stepping down) measures will be discussed by COBR as to whether this is done nationally or at a local authority level (e.g. population 100k) Linked to ICU pick-up rate (1-5, 1 case in ICU approx. 50 cases in community) or at a National Level. Other measures will be considered as the epidemic progresses. Graph on page 8 of ICL paper is an important one to refer to for planning purposes.


Paper 3 - NPIs timing - Imperial.pdf


Paper 4 - LSHTM_optimal_timi


Paper 5 - Edinburgh - optimising time varyi

2. **PLANNING ASSUMPTIONS**: SAGE have recommended to now use COVID planning assumptions rather than pan-flu. Current document includes new information notably the age distribution of infected persons. This will help inform planning based on demographics.

    SAGE advice – no evidence of health impacts on unborn

    - Planning assumptions updated and all figures agreed at SAGE on 5.3.20.


INTERNAL VALID FROM 03.03.20 (Post

- **NHS Wales RWC Modelling Figures as of 05/03**


COVID_RWC_Demand%20Figures_V3_202

2.1 **Current Health Impacts for Wales using SAGE data [for sharing with NHS Planners and CCG]**

- Top Line Figures - based on RWC for Wales
- 1.55M Could be symptomatic during epidemic,
- 201.5K Hospitalised (9% non-invasive ventilation, 9% invasive ventilation)
- Infections on peak week 250K (symptomatic (155K) and asymptomatic)


COVID RWC Figures for NHS Wales v0.3_M