STAG-IH Telephone Conference on nCoV2019 situation

Date: 05 February 2020

Attendance:
- **STAG-IH members**: Juliet Bedford, Delia Enria, Johan Giesecke, David Heymann (Chair), Cliff Lane, Ziad Memish, Myoung-don Oh, Anne Schuchat, Lothar Wieler.
- **WHO**: Tedros Ghebreyesus, Bernard Schwartlander, Bruce Aylward, Mike Ryan, Sylvie Briand, Guenael Rodier, Scott Pendergast, Maria Van Kerkhove, Rosamund Lewis, Boris Pavlin, Stéphane Hugonnet, Tom Grein, Corinne Ponce, Sophia Kabir, Kaat Vandemaele, STAG-IH Secretariat (Nikki Shindo, Margaux Mathis).

Agenda
1. Overview of the situation
2. Response strategies
3. Q&A
4. Strategy switch
5. Summary and Closure

Minutes

1. **Overview of the situation (Maria Van Kerkhove)**

As of 05 February 2020

**Epidemiology**
- Globally 24,554 laboratory confirmed cases and 491 deaths
- Outside of China, 191 cases from 24 countries. 31 cases did not have travel history to China but are close contacts of confirmed cases of 2019-nCoV or Chinese tourists from Wuhan.
- There is human-to-human transmission but around cases / people who have travel history to China.
- We are trying to understand delays between disease onset and travel from China. All countries have been requested to provide this type of information and quite comprehensive information around cases – this is an obligation under the IHR (2005).

**Clinical features**
- This will be discussed in detail next Tuesday 11 February
- As of 4 Feb, 2788 patients are reported as severe (14%) and an additional 425 people (2%) have died; 14% reported as severe

**Transmission features**
- 54 full genomes sequences available
- As the animal source has not been identified, it is possible that spillover events are still occurring
- Incubation period estimated range 1-12.5 days, median 5-6 days (WHO guidance includes 14 days)
Laboratory

- Different tests are used in different countries. The laboratory network is making tests/assays available and also making a comparison between different tests.

2. Response strategies (Sylvie Briand)

- STAG-IH is asked to provide advice on current WHO and Member States strategies, and on the key activities to put in place in the coming days
- Where we stand currently:
  - The epicentre is Hubei province (90% of cases) – strategy is containment for elimination with very strong measures put in place. It seems that number of new cases is declining.
  - Spread in other provinces. Number of cases is increasing. The strategy is also containment for elimination although we cannot determine all chains of transmission. There is evidence of limited community transmission.
  - Exported cases in 24 countries – all chains can be traced. Strategy is also containment for elimination.
  - No reported cases in other places: we hope that this is the reality and not because of poor surveillance. Many countries now have the capacity to test for nCoV2019 and will be able to detect cases.
- Situation is rapidly evolving. The world is on high alert so are the media: more than 40,000 publications every day in the media which may lead to panic and infodemic.

3. Q&A

- China might be facing a shortage of lab tests? We are not aware of shortage.
- The case definition in China has been updated on January, 27th. It still includes pneumonia but not as a must.
- To be able to assess effectiveness of containment measures, we need more information on:
  - Epicurve for onset of symptoms (to assess new infections and trend)
  - Serological studies
  - Performance of PCR tests
  - Serial data on virus shedding
  - Infectiousness of the virus
  - Transmission of the virus: some information is worrisome:
    - Some people are shedding large amount of the virus
    - Virus has been isolated from upper respiratory tract
  - Situation in China and especially Hubei province
  - Asymptomatic “cases”:
    - Real asymptomatic cases or prodrome? Mild disease?
    - Can they shed the virus and to what extent? What is the impact on overall transmission?
    - The term asymptomatic should be used with caution (subclinical infection)
- Repatriated cohorts from Wuhan are interesting to study and can provide a lot of information:
  - Germany: 126 people quarantined in military structure. 2 tested positive. Lab tests are conducted regularly.
  - USA: 174 repatriated. All nCoV2019 negative.
  - Prevalence in evacuees could give an idea of prevalence in overall population.
- Travel advice: the situation is rapidly evolving, and we regularly update information products. As of now, we lack evidence to change our current travel advice but could change them quickly if the situation evolves.
- Impact on health system:
Hubei province: situation seems to be manageable. The new hospital are being opened with isolation facilities.

Shanghai: number of cases is increasing so is the % of severe cases. Not all of them have been linked so there may be community transmission.

Hong-Kong: the situation is similar as Shanghai’s: it seems that community transmission is ongoing.

- Social sciences: need to look at:
  - Health seeking behaviors.
  - Different situations (and public reactions) between urban and rural areas.

4. Strategy switch (Guenael Rodier)

- A document is in development regarding confinement vs mitigation (management of the consequences) and when to switch strategy.
- Current strategy (confinement/containment) seems right to apply to an unknown disease but how sustainable? It has tremendous human, political, social and financial costs. We need to define clear evidence-based criteria to know when to switch from confinement to management of consequences. Many factors need to be taken into consideration:
  - Social acceptance / public reactions
  - Cost / impact on travel and trade
  - Severity of disease
  - Geographical spread
  - Number of cases
  - Disease epidemiology
  - Existing and anticipated future pharmaceutical countermeasures
  - Risks associated with transmission
  - Current Strategic Response Plan
  - ...
- Ongoing development of measurable indicators and thresholds that would be used to trigger the strategy switch. This work builds on the work done for influenza.
- STAG-IH is asked to review the document.

5. Summary and Closure (Chair)

1. STAG-IH agrees that the containment approach that is being used in China is justified based on current information and should continue, to include:
   a. Intensive source control in the epicentre in China, i.e., isolation of patients and persons testing positive for the virus, contact tracing and health monitoring, and use of other active public health control interventions; and
   b. Active surveillance and response at all other sites where outbreaks are occurring in China, understanding that there is insufficient information to assess the efficacy and direct/indirect costs of the vigorous containment measures being used.

2. Routine containment activities should continue to be implemented around sites outside China where there are infected persons, and these sites should be intensively studied to provide information on transmissibility, means of transmission, and natural history of infection with regular, daily if possible, reporting to WHO as requested by the DG in his recent communication.
3. Intensified surveillance for possible infections should be strengthened in all countries using a WHO-recommended surveillance case definition.

4. Response measures should be monitored for effectiveness and social acceptance.

5. The WHO Secretariat should continue to develop a framework for response with clear criteria that might signal a shift in containment strategies, including such additional measures as travel recommendations. Examples of criteria include change of transmission pattern or geographic location (e.g., community transmission and/or identification of a case in a LIC or fragile state with weak surveillance capacity).

Any corrections, feedback, please contact STAG-IH Secretariat:
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