



Chief Medical Officer Alert

Novel coronavirus

Message for all clinical staff encountering patients with respiratory infections arrived from overseas

This alert updates the advice sent on 23rd January 2020. Changes from the previous version are highlighted in blue font. Key changes are to the case definition. These include the expansion of geography for clinical case definition from Wuhan to all of mainland China; and the inclusion of fever and removal of sore throat from the clinical case definition.

Novel Coronavirus: Advice for the NHS in England

You will be aware of the evolving situation regarding the novel coronavirus (2019-nCoV). As of 30th January 2020 it has been reported that around 7816 people worldwide have been identified with respiratory infections caused by 2019-nCoV. Most reported cases are at the mild end of the spectrum.

As of 9am on 31st January 2020 the UK had 192 confirmed test results. Of these, two cases tested positive.

The severity of the infections ranges from mild symptoms of upper respiratory tract infection (with or without fever) to fulminant pneumonia requiring hospitalisation and advanced respiratory support, and the disease has sadly proved fatal in 170 cases in China. The annual Chinese New Year celebrations have just occurred; this typically involves the mass movement of people both within and outside China and has likely amplified transmission.

Advice for NHS organisations is as follows:

- It is essential that an accurate travel history is obtained from all patients with acute respiratory infections to help identify potential cases.
- We are now recommending that all travellers who develop relevant symptoms, however mild, within 14 days of returning from mainland China, should self-isolate at home immediately and call NHS 111. We are already recommending that travellers from Wuhan and Hubei province should self-isolate for 14 days, even if they do not have symptoms, due to the increased risk from that area.
- Primary care practices are asked to identify possible cases, isolate them immediately, and seek specialist advice from a microbiologist, virologist or infectious disease physician at your local trust. They are not expected to undertake any clinical assessment or sampling. [Guidance for primary care can be found here.](#)
- All acute trusts are expected to assess possible cases of novel coronavirus using appropriate isolation facilities. [They should review the Public Health England \(PHE\) guidance](#) and ensure that they have considered how to operationalise this. [Clinical criteria for assessment has been updated today in the light of emerging evidence from China.](#)
- Acute trusts should be prepared to undertake sampling and transport samples to PHE for testing as well as making arrangements for such patients to be identified immediately and isolated according to the PHE guidance, or in discussion with PHE, in home isolation if appropriate.
- If the novel coronavirus is detected, the patient will be transferred to an Airborne High Consequences Infectious Diseases centre. PHE will undertake contact tracing and advise on management as more is known about this infection. Guidance will be updated.

The pathway circulated with this alert outlines the initial assessment questions to identify a patient who may require isolation and testing. All primary and secondary healthcare providers should make arrangements for such patients to be identified immediately and isolated according to the PHE guidance. The current patient pathway is for assessment in airborne isolation in an acute trust, followed by testing and a period of isolation (at home or in hospital) whilst awaiting the results.

PHE in collaboration with the NHS has published guidance covering the following:

[Initial assessment and investigation of cases](#)

[Infection prevention and control and guidance](#)

[Guidance on diagnostics](#)

[Guidance for primary care](#)

The four key principles to bear in mind in community settings are to:

- **Identify** possible cases as soon as possible
- **Isolate** to prevent transmission to other patients and staff
- Avoid direct physical contact unless wearing **appropriate personal protective equipment**
- Get **specialist advice** from a local microbiologist, virologist or infectious disease physician at your local trust

Yours sincerely



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