Department of Health & Social Care

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Chief Medical Officer Alert
Novel coronavirus

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

This letter updates the advice sent on 25th February 2020. Changes from the previous version are highlighted in blue font. There is one key change which is to the geographic component of the case definition. **Advice for NHS organisations is as follows:**

Novel Coronavirus: Advice for the NHS in England

- It is essential that an accurate travel history is obtained from all patients with acute respiratory infections, using any one of the following: cough or fever or shortness of breath to help identify potential cases.
- If you have returned from these specific areas **in the last 14 days,** you should call NHS111 and self-isolate even if you do not have symptoms:
  - Iran
  - Specific lockdown areas in Northern Italy as designated by the Government of Italy
  - Special care zones in South Korea as designated by the Government of the Republic of South Korea
  - Hubei province (as previously noted)
- If you have returned from these areas **in the last 14 days** and develop symptoms, however mild, you should self-isolate at home immediately and call NHS111. You do not need to self-isolate if you have no symptoms.
  - **Italy (the whole of the country, except areas which are listed above)**
  - China (except Hubei province which is listed above)
  - Hong Kong
  - Macau
  - Taiwan
  - Japan
  - Malaysia
  - Republic of Korea (except areas which are listed above)
  - Singapore
  - Thailand
  - Vietnam
  - Cambodia
  - Laos
  - Myanmar
- Those who have returned from previously identified geographic areas within the past 14 days and develop symptoms, however mild, should self-isolate at home immediately and call NHS111.
- Local pathways are being established, working with NHS 111 to assess returning travellers from these areas and develop community pathways for individuals who are clinically stable and meet the clinical and geographic components of the case definition.

- We recommend that travellers with fever returning from these countries should still have a clinical assessment in order to assess for other important diseases, using appropriate PPE if carrying out a face-to-face consultation.

The attached pathway outlines the initial assessment questions to identify a patient who may require isolation and testing. All 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 using safe ways of working, agreed by the NHS, followed by testing and a period of isolation (at home or in hospital) whilst awaiting the results and for certain high risk geographic areas until 14 days after their return.

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,

Professor Chris Whitty

Chief Medical Officer for England

Professor Sharon Peacock

PHE National Infection Service Director

Professor Stephen Powis

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