Department of Health & Social Care

Alert Reference: CEM/CMO/2020/004
Date of issue: 7 February 2020

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 31st January 2020. Changes from the previous version are highlighted in blue font. The key changes are to the case definition. These include the expansion of geography for clinical case definition from mainland China to mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia and Macau; and the modification of the clinical case definition so that fever without any other symptoms is sufficient criteria for testing (if the patient has also travelled from or transited through the previously names countries in the previous 14 days). Alternative clinical diagnosis for fever in a returning traveller should be considered and tests performed at local NHS laboratories, according to published PHE guidance.

Novel Coronavirus: Advice for the NHS in England

You will be aware of the evolving situation regarding the novel coronavirus (2019-nCoV). As of 7th February 2020 it has been reported that around 31,479 people worldwide have been identified with respiratory infections caused by 2019-nCoV. Most reported cases are at the mild end of the spectrum.

As at 9am on 7th February 2020, the UK had 628 confirmed test results. Of these, three cases tested positive. The first two cases were announced on 31st January. The third was announced on 6th February.

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 636 cases in China.

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, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau 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 ask the patient to call NHS111 from their mobile (or GP landline if a mobile is unavailable). Primary care settings 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 safe ways of working, including appropriate personal protective equipment. They should review the Public Health England (PHE) guidance and ensure that they have considered how to operationalise this in conjunction with regional NHS England teams. Clinical criteria for assessment has been updated today in the light of emerging evidence from China and the south-east Asia region.**
- **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 home isolation with an appropriate risk assessment documented.**
- **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 attached pathway 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 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.

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 and Chief Scientific Adviser to the Department of Health and Social Care



Professor Sharon Peacock

PHE National Infection Service Director



Professor Stephen Powis

NHS England Medical Director