

**From the Chief Medical Officer  
Dr Michael McBride**

**HSS(MD)5/2020**



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

**FOR ACTION**

Chief Executives, Public Health Agency/Health and Social  
Care Board/HSC Trusts/ NIAS  
GP Medical Advisers, Health & Social Care Board  
All General Practitioners and GP Locums (for onward  
distribution to practice staff)  
OOHs Medical Managers (for onward distribution to staff)

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Your Ref:

Our Ref: HSS(MD)5/2020

Date: 31 January 2020

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

**UPDATED ADVICE - NOVEL CORONAVIRUS (2019-nCoV).**

***Action Required***

Chief Executives must ensure that this information is drawn to the attention of all clinical staff to enable them to respond accordingly

The HSCB must ensure that this information is cascaded to all General Practitioners and OOH facilities immediately.

**Please note key changes to the case definition**

1. This letter updates the advice sent on 24 January 2020. 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.
2. You will be aware of the evolving situation regarding the novel coronavirus (2019-nCoV). As of 30 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.

3. As of 9am on 31 January 2020, the UK had 192 completed test results. Of these, two cases tested positive.
4. 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 HSC 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 their GP. 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 have been updated today in the light of emerging evidence from China.**
- **Acute trusts should be prepared to undertake sampling and transport samples to PHE (Colindale) 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 the health protection team in Public Health Agency (PHA), in home isolation if appropriate. Testing should be discussed with the duty virologist in the Regional Virology Laboratory Belfast. Contact details noted below.**
- **If the novel coronavirus is detected, the patient will be transferred to an Airborne High Consequences Infectious Diseases Centre. The Health Protection Team (PHA) will undertake contact tracing and advise on management as more is known about this infection. Guidance will be updated.**

5. 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 in airborne isolation in an acute trust, followed by testing and a period of isolation (at home or in hospital) whilst awaiting the results.
6. 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](#)
7. 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

For general enquiries from the public, direct them to the PHA website (<https://www.publichealth.hscni.net/news/novel-coronavirus-2019-ncov>). Queries from members of the public who have returned from China in the past 14 days, or have been in contact with a confirmed case of novel Coronavirus can be directed to a dedicated helpline, on **0300 200 7885**, this service is available 24 hours day.

For health professionals, the health protection team at the Public Health Agency can be contacted via the Duty Room, on 0300 555 0119, or out-of-hours via ambulance control on 028 90404045. The duty virologist can be contacted via switchboard at the Royal Victoria Hospital, on 028 90240503.

Yours sincerely



**Dr Michael McBride**  
**Chief Medical Officer**

## Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
Assistant Director Public Health (Health Protection), Public Health Agency  
Director of Nursing, Public Health Agency  
Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)  
Directors of Pharmacy HSC Trusts  
Director of Social Care and Children, HSCB  
Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)  
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)  
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)  
Directors of Children's Services, HSC Trusts  
RQIA (*for onward transmission to all independent providers including independent hospitals*)  
Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)  
Regional Medicines Information Service, Belfast HSC Trust  
Regional Pharmaceutical Procurement Service, Northern HSC Trust  
Professor Donna Fitzsimons, Head of School of Nursing and Midwifery QUB  
Professor Sonja McIlpatrick, Head of School of Nursing, University of Ulster  
Caroline Lee, CEC  
Donna Gallagher, Open University  
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, UU  
Professor Carmel Hughes, Head of School, School of Pharmacy, QUB  
Professor Colin Adair, Director of the NI Centre for Pharmacy Learning and Development, QUB  
Joe Brogan, Assistant Director of Integrated Care, HSCB

This letter is available on the Department of Health website at  
<https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>