

From the Chief Medical Officer
Dr Michael McBride

HSS(MD) 6/2015

For Action: Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/NIAS

Please see attached full addressee list



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Your Ref:
Our Ref: HSS(MD) 6/2015
Date: 5 June 2015

Dear Colleague

UPDATE ON MERS CORONAVIRUS INFECTION

Action required

- . **Chief Executives in HSC Trusts should ensure this letter is cascaded to all clinicians to whom patients may present with respiratory symptoms.**
- . **The HSCB should cascade this letter to all GPs, Locums and staff in Out of Hours centres.**
- . **Clinicians should notify the Public Health Agency Duty Room of any persons in whom a diagnosis of MERS CoV (Middle Eastern Respiratory Syndrome Coronavirus) is being considered. The Public Health Duty Room may be contacted by telephone on 0300 555 0119 during the hours of 09:00 – 17:00 Monday to Friday. If outside of these hours, contact Belfast Ambulance Control on 028 9040 4045 and ask for the on-call Public Health doctor.**
- . **Diagnostic samples for MERS CoV should be sent to the Regional Virus Laboratory, Kelvin Building, RVH site. Contact the laboratory to discuss sampling and transport using the duty virologist phone 07889 086946 Monday – Friday 9 – 6 or out of hours ask for virology on-call via RVH switchboard.**

1. The purpose of this letter is to inform you that there is currently an outbreak of MERS Coronavirus (MERS-CoV) in South Korea. This has been triggered by a person who had returned from travel to the Middle East, and associated with nosocomial transmission following their hospitalisation. One of the secondary cases from the South Korean outbreak subsequently travelled to Hong Kong and the Chinese mainland.

2. It is important to note that **the potential risk to the UK population remains low** but I would like to remind you of the need to remain vigilant, including the **importance of eliciting a travel history** from patients presenting with sudden and unexplained severe febrile illness.
3. I also want to update you on the current global situation of human infection with MERS-CoV and the outbreak in South Korea in particular. Should the patient indicate that they have travelled from any of the affected countries in the Middle East as outlined by PHE (see footnote), advice should be sought from the local infectious disease physician or microbiologist who can arrange prompt testing through the Regional Virology Laboratory. Advice on appropriate Personal Protective Equipment (PPE) and management including respiratory isolation of the patient whilst the test is being carried out is also available from PHA.
4. The Hajj Pilgrimage is also due to start soon, so I attach the latest guidance for potential pilgrims for your information. The full alert, including further information about the South Korean outbreak, is given in the attached annex.

Yours sincerely



DR MICHAEL MCBRIDE
Chief Medical Officer

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422717/Algorithm_case_v2_4-13Mar2015.pdf

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This letter is available on the DHSSPS website at
www.dhsspsni.gov.uk/index/phealth/professional/cmo_communications.htm
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Circulation List

Executive Medical Director/Director of Public Health, Public Health Agency (*for onward distribution to all relevant public health staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Family Practitioner Service Leads, Health and Social Care Board (*for cascade to all GPs and GP Locums, and GP Out of Hours services*)
All General Practitioners and GP Locums (*for cascade to all GPs and GP Locums and GP Out of Hours services*)
All General Practitioners and GP Locums (*for onward distribution to practice staff*)
GP Medical Advisers, Health and Social Care Board
Medical Directors, HSC Trusts (*for onward distribution to all Consultants in Critical Care, A&E Doctors, ID Physicians, General Medicine, Respiratory Medicine, Microbiologists, Virologists*)
Medical Director, NI Ambulance Service
Director of Nursing and AHPs, Public Health Agency
Nursing Directors, HSC Trusts
RQIA (*for onward transmission to all independent hospitals/clinics*)
Universities Student Health Services
Occupational Health Departments Boards/Trusts
NICS Occupational Health
Dr T Black, Chair, NIGPC
Prof Scott Brown, RCGP

GLOBAL SITUATION ON MERS CORONAVIRUS INFECTION (MERS-CoV)

As of 03 June, there have been 1,179 laboratory-confirmed cases reported to WHO, including at least 442 deaths. Indigenous MERS-CoV cases have been detected only in the Middle East (Saudi Arabia, United Arab Emirates, Jordan, Qatar, Oman, Kuwait, Yemen, Lebanon and Iran). MERS cases have also been detected in other geographic areas with primary cases having travel connections to the Arabian Peninsula: in Europe (Turkey, Austria, United Kingdom, Germany, France, Italy, Greece and the Netherlands), in Africa (Tunisia and Algeria), in Asia (Malaysia and Philippines) and in the Americas (USA).

MERS-CoV is considered a zoonotic virus that can lead to secondary infections among people. Most infections have occurred in the Middle East and among them, many community-acquired infections are thought to be associated with direct or indirect contact with infected dromedary camels. Once a person is infected and is symptomatic, the person can transmit infection to others. In no location has community wide transmission been observed. While human-to-human transmission has been observed in households in affected countries, most human cases reported to date have resulted from human-to-human transmission in health care settings. Suboptimal infection prevention and control in health care settings can result in large numbers of secondary cases.

Outbreak in South Korea

On 20 May 2015, the South Korean Centers for Disease Control and Prevention reported a case of MERS-CoV in a 68-year-old man with recent travel history to the Middle East. The man had a travel history including Bahrain, United Arab Emirates, the Kingdom of Saudi Arabia and Qatar.

As of 4 June 2015, South Korea has reported 35 cases, of which two have died. This number includes an individual who was infected in South Korea who travelled to mainland China via Hong Kong and was diagnosed in China.

This is the largest outbreak of MERS-CoV outside the Middle East. Since the identification of the first laboratory confirmed case, aggressive contact tracing has been in place and as of 03 June 2015, 1369 contacts are being followed and are in quarantine or isolation either at home or in state run facilities. Consistent application of adequate infection and prevention and public health measures has stopped transmission in previous clusters.

Implications

Health care providers in the UK are reminded to remain vigilant for recent travellers returning from the Hajj, South Korea and all areas affected by the virus (ie the Middle East - Saudi Arabia, United Arab Emirates, Jordan, Qatar, Oman, Kuwait, Yemen, Lebanon and Iran) who develop a severe unexplained respiratory illness. Clinicians are reminded that MERS-CoV infection should be considered even with atypical signs and symptoms, especially in people with diabetes, renal failure, chronic lung disease, and immunocompromised persons. In addition, unexplained clusters of

severe respiratory infection should be investigated, particularly if they occur in the health care setting.

Staff in health care may be contacted about:

- Patients with a severe respiratory illness of unknown origin and who have recently returned from the Middle East or other affected countries;
- The practical arrangements for sampling and following up contacts;
- What samples should be taken from cases and contacts and where samples should be sent;
- Infection control guidance for cases and contacts.

Recommendations

Staff in health care should ensure (i) they are aware of and understand the current situation (as outlined above) in anticipation of any possible queries and (ii) that a **travel history** is obtained from any patients presenting with a sudden and unexplained febrile illness, particularly with unusual respiratory symptoms.

Clinical enquiries about potential cases of severe respiratory infection in people who have recently visited affected country, should be directed to the local infectious disease physician or microbiologist who can arrange testing through the Regional Public Health England (PHE) laboratory.

- The algorithm for Investigation and public health management of possible cases of severe acute respiratory illness associated with Middle East respiratory syndrome coronavirus (MERS-CoV) is available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422717/Algorithm_case_v24-13Mar2015.pdf

This was updated in March 2015, and is under regular review, so please ensure that you are using the most up-to-date version.

- Guidance for the management of persons returning from the Middle East and presenting in primary care with febrile respiratory illness:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360643/MERSCoV_PrimaryCare_algorithm.pdf

- Infection control guidance and guidance on the management and investigation of cases and contacts is available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361569/MERS-CoV_infection_control.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422713/Algorithm_contact_v16.pdf

- Information is also available for microbiologists and virologists on the PHE webpage on novel coronavirus. The UK regional screening and referral pathway and

algorithm for sampling, handling and transport of material for novel coronavirus investigations, update 1 April 2015, are available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/423607/Referral_of_samples_MERS_CoV_Internal_v18.pdf

Respiratory specimens from cases under investigation should be obtained from the lower respiratory tract for diagnosis where possible.

References/ Sources of information

For the latest pre-travel information, healthcare professionals should visit the relevant NaTHNaC country information pages.

- WHO update 1 June 2015:

<http://www.who.int/csr/don/01-june-2015-mers-korea/en/>

- PHE webpage for MERS-CoV:

<https://www.gov.uk/government/collections/middle-east-respiratory-syndromecoronavirus-mers-cov-clinical-management-and-guidance>

- WHO has published the on infection prevention and control of epidemic-and pandemic prone acute respiratory infections in health care:

http://www.who.int/csr/bioriskreduction/infection_control/publication/en/

- The most recent advice issued to Hajj pilgrims by NaTHNaC

https://www.nathnac.org/pro/factsheets/pdfs/Hajj_Umrah.pdf