

Dear Colleague

Novel Coronavirus (2019N-CoV) – Updated Information and Case Definition

1. You will be aware that in late December 2019, the People's Republic of China reported an outbreak of pneumonia due to unknown cause in Wuhan City, Hubei Province. In early January 2020, the cause of the outbreak was identified as a new coronavirus. This has now been named novel coronavirus (2019N-CoV), replacing earlier nomenclature which referred to its place of origin. While early cases were likely infected by an animal source in a 'wet market' in Wuhan, there is evidence that human-to-human transmission can also occur.
2. The World Health Organisation has declared a Public Health Emergency of International Concern. In light of the increasing number of cases in China and using existing and widely tested models, the four UK Chief Medical Officers consider it prudent for our governments to escalate planning and preparation in case of a more widespread outbreak.
3. For that reason, the UK Chief Medical Officers are advising an increase of the UK risk level from low to moderate. This does not mean we think the risk to individuals in the UK has changed at this stage, but that government should plan for all eventualities.
4. This morning Professor Chris Whitty, Chief Medical Officer for England confirmed two patients in England tested positive for coronavirus. To date, there have been no confirmed cases of coronavirus in Scotland.

**From the Chief Medical Officer
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For action

Chief Executives
NHS Boards Medical Directors
NHS Boards Directors of Public Health
Nurse Directors
NHS Boards Primary Care Leads
NHS Boards Infectious Disease Consultants
Consultant Physicians
General Practitioners
Practice Nurses
CPHMs
Accident and Emergency Departments
Virology Laboratories
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Health Protection Scotland
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Clinical Features

5. 2019N-CoV can cause respiratory illness of varying severity. Currently, there is no vaccine and no specific treatment for infection with the virus.

6. If the patient satisfies epidemiological and clinical criteria, they are classified as a possible case. As of 31st January, these are:

Epidemiological criteria

In the 14 days before the onset of illness:

- travel to mainland China (not including Hong Kong and Macao)

OR

- contact with confirmed cases of 2019N-CoV

Clinical criteria

- severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome

OR

- acute respiratory infection of any degree of severity (including at least one of: fever, shortness of breath or cough)

Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

- Fever and dry cough are the main symptoms in the early stage of illness and some patients may not progress to more severe illness. WHO reports that 25% of confirmed cases are severe.
- Dyspnoea is said to be common in hospitalised patients, while vital signs are reported to be generally stable at the time of admission. Older patients with underlying disease are more likely to progress to severe infection.
- A variety of abnormalities may be expected on chest X Rays, but bilateral lung infiltrates appear to be common similar to what is seen with other types of viral pneumonia.

Clinical and Laboratory Guidance for investigation and initial management

7. Health Protection Scotland have produced the following clinical and laboratory guidance for investigation and initial management of 2019N-CoV. These are being updated to reflect this new information:

- [Infection prevention and control: Infection control advice: Severe Respiratory Illness from novel or emerging pathogens](#)
- [Primary care: Wuhan novel Coronavirus \(WN-CoV\) guidance for Primary Care Management of patients presenting to primary care](#)
- [Secondary care: Wuhan novel Coronavirus \(WN-CoV\) Guidance for secondary care](#)

- [Health Protection Teams: Wuhan novel Coronavirus \(WN-CoV\) Guidance for Health Protection Teams \(HPTs\)](#)
- [HPS guidance for sampling and laboratory investigations: Wuhan novel coronavirus \(WN-CoV\) Guidance for sampling and laboratory investigations](#)

8. Further information and guidance can be found on the [HPS Website](#).

Advice for travellers

9. The Foreign and Commonwealth Office are advising against all travel to Hubei Province and all but essential travel to mainland China (not including Hong Kong and Macao).

10. Travellers to affected areas are advised to take simple precautions such as practising good hand, respiratory and personal hygiene and minimise contact with birds and animals as a further precaution. These precautions will also help avoid avian influenza which also circulates in China.

11. Chinese New Year celebrations officially begin on 25 January and end on 8 February 2020. A significant increase in travel is expected within, to, and from China.

12. Travel guidance for the public can be found on the Fit for Travel website specifically on the [China](#) page including advice for those travelling for Chinese New Year.

13. Information for health professionals advising travellers can be found on the relevant pages in [TRAVAX](#).

Action

14. NHS Boards must ensure that all front line health care professionals, including those in primary care and GP practices and travel health clinics have access to the above guidance and have a clear understanding of the management and investigation procedures for suspected cases of 2019N-CoV. NHS Boards should also cascade this letter to any non-NHS clinicians working in private health care settings if such establishments are located in their area.

15. We are now recommending that all travellers who develop relevant symptoms, however mild, within 14 days of returning from mainland China (not including Hong Kong and Macao), should self-isolate at home immediately and call their GP or in the out of hours period NHS24 on 111.

16. We are 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.

Yours sincerely

Catherine Calderwood

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