Dear Colleague

Novel Coronavirus infection (COVID-19) – Updated case definition, notification under health risk state and arrangements for testing.

This letter updates the CMO letter issued on 31 January 2020.

The main purpose is to update you on the very recent changes to the case definition and therefore criteria for testing.

Case definition:
1. As of 6th February 2020 following the advice of the Scientific Advisory Group for Emergencies (SAGE) the UK Chief Medical Officers have updated the case definition to include:

Geographical criteria
In the 14 days before the onset of illness:

- Travel to or transit through: mainland China, Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan or Thailand
OR
- Contact* with a confirmed case of COVID-19

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 shortness of breath or cough (with or without fever)
OR
- Fever with no other symptoms

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
Travel Clinics
Directors of Pharmacy
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NHS Health Scotland
NHS 24

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Contact* with a case is defined as:
- Living in the same household

OR

Contact* with a case is defined as:
- Living in the same household

OR
- direct contact with the case or their body fluids or their laboratory specimens, or in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case

OR
- direct face to face contact with a case, for any length of time

OR
- being within 2 metres of the case for any other exposure not listed above, for longer than 15 minutes

OR
- being otherwise advised by a public health agency that contact with a confirmed case has occurred

Thus:
Fever without any other symptoms is sufficient criteria for testing (if the patient has also travelled from or transited through the previously named areas 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 HPS guidance.

2. This is a rapidly evolving and fluid situation, further updates to the risk areas will be updated on the HPS website. Guidance issued by HPS will be updated to reflect any changes in our understanding of COVID-19. Public facing information is available through NHS Inform.

Health Risk State

3. Under the provisions of the Public Health etc. (Scotland) Act 2008 (2008 Act) (part 2 section 14) COVID-19 should be regarded as a health risk state and reported as per the notification requirements of section 14 of the 2008 Act.

Testing Arrangements

4. Timely sampling of possible cases of COVID-19 is critical in managing the spread of the virus. All health boards must ensure that plans are in place for timely assessment and testing of people with possible COVID-19. Whilst it is recognised that this may prove difficult, the expectation is that health boards should test wherever possible within 24 hours of presentation to facilitate contact tracing should a test result be positive. It is for each health board to determine how this is achieved according to local environment and circumstances.

Action

5. Health boards must ensure that all front line health care professionals, including those in primary care and GP practices, travel health clinics, Dental Practices and community based health professionals are aware of the updated case definition, have access to guidance produced by HPS and have a clear understanding of the management and investigation procedures for suspected cases of COVID-19. 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.

6. Health Boards should ensure that all registered medical practitioners within their area are aware of the notification requirements for COVID-19 under part 2 section 14 - Health risk states: duties on registered medical practitioners of the 2008 Act.

7. Health boards must ensure that they have measures in place to allow them, to collect samples from possible cases within 24 hours of initial assessment.

Yours sincerely

_Catherine Calderwood_

**DR CATHERINE CALDERWOOD**