Novel coronavirus (COVID-19)
Guidance for health protection teams
Version 6.1

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Before use check the HPS COVID-19 page to verify this is the latest publication.
## Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td>23/01/20</td>
<td>First publication</td>
</tr>
<tr>
<td>V2.0</td>
<td>24/01/20</td>
<td>revised contact details in Appendix 1</td>
</tr>
<tr>
<td>V3.0</td>
<td>31/01/20</td>
<td>revised with updated case definition and new nomenclature</td>
</tr>
<tr>
<td>V4.0</td>
<td>02/02/20</td>
<td>Revised definition of contact with a case</td>
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<tr>
<td>V5.0</td>
<td>07/02/20</td>
<td>Amended to align with updated case definition and contact definition issued by PHE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>on 06/02/20</td>
</tr>
<tr>
<td>V5.1</td>
<td>07/02/20</td>
<td>Small amendment to contact definition</td>
</tr>
<tr>
<td>V6.0</td>
<td>13/02/20</td>
<td>Amendment to epidemiological criteria of case definition to clarify that travel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>includes transit through a country</td>
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<td></td>
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<td>Update to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• actions to take when informed of a case presenting in primary care</td>
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<tr>
<td></td>
<td></td>
<td>• actions to take when informed of a case presenting in secondary care</td>
</tr>
<tr>
<td>V6.1</td>
<td>24/02/2020</td>
<td>2019-nCoV changed to COVID-19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addition of</td>
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<tr>
<td></td>
<td></td>
<td>• actions to take when informed of asymptomatic contacts of possible or confirmed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cases</td>
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<tr>
<td></td>
<td></td>
<td>• actions to take when informed of symptomatic contacts of possible cases</td>
</tr>
<tr>
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<td>• section on isolation while awaiting test results</td>
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<td>• section on clinical and public health management of confirmed cases</td>
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<td>• section on further information</td>
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<td>• appendix on safe forms of transport to hospital</td>
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Investigation and initial clinical management of possible cases

The case definition being used across the UK reflects our current understanding from the epidemiology available and will likely be subject to change as new information emerges. Please note that the previous nomenclature for 2019-nCoV has now been replaced with COVID-19.

Possible case definition

If the patient satisfies epidemiological and clinical criteria, they are classified as a possible case.

- **Epidemiological criteria**
  
  In the 14 days before the onset of illness:
  
  - **Travel to a risk area.** This includes transit through a risk area, of any length of time. Up-to-date risk areas can be found at [COVID-19 risk areas](#)
  
  - **contact** * with a confirmed case of COVID-19 (see definition below)

- **Clinical criteria**
  
  - severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome
  
  - acute respiratory infection of any degree of severity, including at least one of shortness of breath or cough (with or without fever)

- **fever with no other symptoms**

* **contact** with a case is defined as:
  
  - living in the same household
  
  - direct contact with the case or their body fluids or their laboratory specimens
  
  - being in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case
  
  - direct or face to face contact with a case, for any length of time
  
  - being within 2 metres of the case for any other exposure not listed above, for longer than 15 minutes
  
  - being otherwise advised by a public health agency that contact with a confirmed case has occurred
Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

An assessment for avian influenza risk factors should also be carried out for every individual that has travelled to China in the 10 days prior to onset of fever and lower respiratory tract symptoms. See avian influenza guidance.

Symptomatic individuals who report exposure to a possible case require further discussion with the Health Protection Team to determine whether they should follow management as for a possible case.

Any individual reporting contact with a confirmed case of COVID-19, even if asymptomatic, should be reported to the local Health Protection Team.

Guidance for Health Protection Teams (HPTs)

Actions for local HPTs

- Where the HPT is informed of a possible case presenting in primary care then:
  - Ensure the patient has been isolated and advise the GP to follow the primary care guidance in the HPS COVID-19 page.
  - Contact the local on-call infection specialist (ID physician or microbiologist / virologist) to discuss and agree further actions.
  - If the patient is to be brought in to the hospital or other healthcare setting for testing, liaise with the GP and the local infection specialist to ensure the patient is transported appropriately to the hospital (see Appendix 1)

- Where the HPT is informed of a possible case presenting in secondary care then:
  - Confirm that the patient has been isolated and appropriate PPE is being used in line with infection prevention and control guidance for severe respiratory illness from novel or emerging pathogens.
  - Advise the secondary care physician to follow the secondary care guidance in the in the HPS COVID-19 page
  - If the secondary care physician is not the local infection specialist, then ensure that secondary care clinician has contacted their local infection specialist (ID physician or microbiologist / virologist).
  - If the possible case meets the criteria for a severe case (defined as requiring high dependency unit of intensive care unit support), then:
    - Identify household and those healthcare contacts who will require to self-isolate pending results of testing in the possible case. See separate contact tracing guidance on SHPIR for details.
    - Start to gather information on other contacts since symptom onset, in preparation for contact tracing should the possible case test positive.
• Where the HPT is informed of an **asymptomatic contact of a confirmed case** then:
  
  o consider whether self-isolation +/- active or passive follow up is required. See separate contact tracing guidance on [SHPIR](#) for details.
  
  o If the individual reports that they are a contact of a confirmed case in another country, then notify HPS. HPS will seek to obtain information on the confirmed case via the UK national focal point.

• Where the HPT is informed of a **symptomatic contact of a possible case** then advise isolation and consider whether testing required or if this can wait for result of testing in the possible case.

• **If possible case definition is met for COVID-19:**
  
  o Notify HPS by email as part of daily routine reporting
  
  o Mark as ‘clinically notified’ on HPZone
  
  o There is no need to notify HPS by telephone. However, HPS can be contacted for specific advice on individual cases as required:
    
    ▪ **Office hours:**
      
      • HPS coronavirus incident management team, 0141 300 1414.
    
    ▪ **Out of hours:**
      
      • HPS On Call - 0141 211 3600.

  o **Complete the Minimum Data Set Form** and send to [nss.hpscoronavirus@nhs.net](mailto:nss.hpscoronavirus@nhs.net). The form is available on [SHPIR](#).

  o Enter **possible case details on to the HPZone** system using:
    
    ▪ ‘COVID-19’ as an infection
    
    ▪ ‘COVID-19’ as a context

  o **Consider convening a PAG** to coordinate further investigation and management.

  o Communicate negative test results to HPS by email as part of daily routine reporting.
Isolation while awaiting test results

If the patient is clinically well they may be considered for home-isolation whilst awaiting test results. This should be decided on a case-by-case basis in discussion between the local HPT and the attending clinician.

This will require risk assessment of the home environment to determine if it is suitable for home-isolation and provision of written advice to the patient and other household members. See separate home isolation guidance on SHPIR for details.

If suitable arrangements for home isolation cannot be made, then the patient will need to be admitted to hospital for isolation pending test results.

Test results

The specialist virology centre will report all COVID-19 results to the referring local Duty Microbiologist/Virologist. The local microbiologist/virologist will report to the requesting clinician and the local HPT.

The specialist virology centre, on provision of the results, will discuss with the clinician whether repeat sampling is required or whether the patient can be removed from isolation.

In general, for patients who have received a negative COVID-19 test result and who are suitable for discharge (or are already in home isolation), the following will apply:

For those people returning from Hubei province, including Wuhan

If patients receive a negative COVID-19 test result, but remain within their 14-day observation period, they should remain in self-isolation until the end of these 14 days.

If they develop new symptoms or their existing symptoms worsen within their 14-day observation period, they should call their GP or NHS24*.

For those people returning from anywhere else in China or other risk areas

If people receive a negative COVID-19 test result, they should remain in self-isolation until either their symptoms resolve or until the end of their 14-day observation period, whichever is shorter.

If they develop new symptoms or their existing symptoms worsen within their 14-day observation period, they should call their GP or NHS24*.

*Patients should have a repeat COVID-19 test if their clinical symptoms worsen or new symptoms develop within their 14-day observation period. The observation period refers to 14 days since they were last in a risk area.

For healthcare workers returning from a risk area

Please see separate guidance: Guidance for healthcare providers: healthcare workers who have travelled to a risk area for COVID-19.
For those people who are contacts of confirmed cases of COVID-19

If people receive a negative COVID-19 test result, they should remain in self-isolation and under follow-up of the local health protection team until the end of their 14-day observation period. See separate contact tracing guidance for details.

Clinical management of confirmed cases

Clinical management of confirmed cases in Scotland will be discussed and agreed on a case-by-case basis in consultation with the national Airborne HCID Treatment Units in England.

Public Health management of confirmed cases

On receipt of a presumptive positive\(^1\) test result the local HPT should:
- Ensure patient has been informed of result
- Inform HPS – HPS will inform SG and PHE
- Inform others as per local incident management plan
- Convene an urgent IMT to manage the local response to the incident.

The existing national IMT chaired by HPS will coordinate the national aspects of the response.

Further information

Further Information for health professionals can be found on the [HPS COVID-19 page](#) and on [SHPIR](#).

Information for the general public and travellers returning from at-risk areas can be found on [NHS Inform](#)

Pre-travel guidance can be found on [fitfortravel](#) for the public, and on [TRAVAX](#) for health professionals.

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\(^1\) WoSSVC/Edinburgh SVC will report positive results as ‘presumptive positive’ pending confirmation at PHE Colindale.
Appendix 1: Safe forms of transport to hospital

The overall aim is to ensure others are not exposed to a potentially infectious patient, when the patient travels from their home / other accommodation / GP surgery to the hospital for testing.

The following principals should be followed:

- Public transport and taxis are not acceptable.
- Walking to hospital is not acceptable.
- If the patient is driving their own car, and is well enough, they may drive to the hospital providing the hospital is aware and has arranged to meet them and ensure a secure route from the car to an isolation room (no waiting in communal areas).
- If the patient is accompanied by someone with their own car and it is determined that that person has already had significant exposure, they may drive the patient if they are content with this arrangement.
- If none of the above are possible, the Scottish Ambulance Service (SAS) should be contacted to arrange transport. Inform the SAS that the patient is under investigation for COVID-19 and appropriate infection control measures must be applied. SAS will be able to advise on arrangements for transporting possible cases to hospital for assessment.
# Appendix 2: Contact details for local Health Protection teams

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Office Hours Telephone Number</th>
<th>Out of Hours Telephone Number</th>
<th>Ask for Public Health On Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>01292 885858</td>
<td>01563 521 133</td>
<td>Crosshouse Hospital switchboard</td>
</tr>
<tr>
<td>Borders</td>
<td>01896 825560</td>
<td>01896 826 000</td>
<td>Borders General switchboard</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>01387 272 724</td>
<td>01387 246 246</td>
<td></td>
</tr>
<tr>
<td>Fife</td>
<td>01592 226435</td>
<td>01592 643355</td>
<td>Victoria Hospital switchboard</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>01786 457 283 Ask for CPHM on call</td>
<td>01324 566000 Ask for CPHM on call</td>
<td></td>
</tr>
<tr>
<td>Grampian</td>
<td>01224 558520</td>
<td>0345 456 6000</td>
<td></td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>0141 201 4917</td>
<td>0141 211 3600</td>
<td>Gartnervel switchboard</td>
</tr>
<tr>
<td>Highland</td>
<td>01463 704886</td>
<td>01463 704000</td>
<td>Raigmore switchboard</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>01698 858232</td>
<td>01236 748 748</td>
<td>Monklands switchboard</td>
</tr>
<tr>
<td>Lothian</td>
<td>0131 465 5429/5422</td>
<td>0131 536 1000</td>
<td>Edinburgh Royal switchboard</td>
</tr>
<tr>
<td>Orkney</td>
<td>01856 888034</td>
<td>01856 888 000</td>
<td>Balfour Hospital switchboard</td>
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<tr>
<td>Shetland</td>
<td>01595 743340</td>
<td>01595 743000</td>
<td>Gilbert Bain switchboard</td>
</tr>
<tr>
<td>Tayside</td>
<td>01382 596 976/987</td>
<td>01382 660111</td>
<td>Ninewells switchboard</td>
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<tr>
<td>Western Isles</td>
<td>01851 704704</td>
<td>01851 708033</td>
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