Mers CoV: NIERP Level 3 response with PHE national co-ordination - issues and actions

5th May 2015 - 19th June 2015

In May 2015, a core NICC was activated in response to MERS CoV cases in South Korea and the incident declared as a NIERP level 3. This was primarily to provide assurance that PHE and health partners had arrangements in place to be able to respond to any potential imported cases. Due to the short duration of the level 3 response a formal debrief was not carried out following the deescalation and closure of the NIERP level 3 response,. Instead, the national EPRR team in ERD have analysed the records from this incident and have pulled out the key issues to come out of this incident.

Response in England

What went well?

- PHE response was considered proportionate
- PHE response assumptions were generally in line with the WHO reports
- Assessment done at start of incident and PHE were prepared to respond to an imported case of MERS CoV.
- Good contact with and briefings for Ministers, Cabinet Office and No.10

What can be improved?

Teleconference procedure:

• Teleconferences would benefit from tighter adherence to the teleconference protocol, for example, participants consistently announcing their name before speaking

Serological testing:

- There appeared to be problems identified with sample transport in Birmingham 2013.
 - The report was not shared before this incident and therefore there was a risk that the same issues could arise.

Sampling in the community:

Sample taking and sample transport processes carried out need to be reviewed as part of
national protocols as the existing solution is to use ad hoc arrangements. It was identified
that a national solution is required for community testing issues (this has also been
identified as an issue by the Health Register planning group). This remains an unresolved
issue

Out-of-hours procedure for dissemination of CAS Alerts:

- Out-of-hours procedures needs revising
- Was delayed due to technical issues

International response

What went well?

Genetic data did not show anything unusual and it was highlighted that there are UK experts to advice on containment of an outbreak of MERS CoV

What needs to be improved?

Testing:

• Initial negative results followed by a positive result from later testing; indicates a need to review test thresholds

Data Discrepancies:

• There were discrepancies between the data supplied by the World Health Organisation and that provided by the South Korean Taskforce.