

# THE HEALTH PROTECTION AGENCY SITUATION REPORT (SitRep)

**Acute respiratory illness with possible link to Saudi Arabia**  
(NB; New information is highlighted in yellow)



## SitRep Number 01

Date: 23<sup>rd</sup> September 2012

Time: 1230h

Author: **Name Redacted**

Incident Director: John Watson

Lead Division: HPA Colindale

### Introduction

1. This SitRep provides an update using data as at 1230h on 23<sup>rd</sup> September 2012.
2. This SitRep is the HPA's reporting mechanism for level 3 and above incidents and is prepared for the Chief Executive and Directors of the HPA to summarise the current situation regarding HPA investigations into acute respiratory illness with possible link to Saudi Arabia.
3. An alert was posted on ProMED on 15<sup>th</sup> September 2012 by Dr Ali Mohamed Zaki at the Virology Laboratory of Dr Soliman Fakeeh Hospital, Jeddah, Saudi Arabia regarding a novel Coronavirus isolated from the sputum of a male patient aged 60 years old presenting with pneumonia associated with acute renal failure. The virus grows readily on Vero cells and LLC-MK2 cells producing CPE in the form of rounding and syncytia. Laboratory tests initiated 21<sup>st</sup> September 2012 in VRD on 4 respiratory samples (sputum, tracheal aspirate, nose swab and throat swab). All 4 samples negative for NL63, 229E and OC43 corona viruses (seasonal circulating human corona viruses). Lower respiratory tract samples (sputum and tracheal aspirate) both positive for generic pan corona virus detection, upper respiratory tract samples negative. In addition to this, HPA have been notified of a 49 year old male Qatari, previously well, became unwell in Qatar on 3<sup>rd</sup> September 2012 following travel to Mecca. He was admitted to hospital in ITU in Doha on 7<sup>th</sup> September 2012 with acute respiratory illness, clinical deterioration including acute renal failure precipitated an air ambulance transfer to London Clinic ITU (covered by UCL) on 11<sup>th</sup> September 2012. Further deteriorated and was admitted to St Thomas' ITU on 14<sup>th</sup> September 2012. Investigation through Porton fever service for causes of acute sepsis/infection appropriate to the Middle East, all of which negative. Patient continued to deteriorate over the next few days. A decision was made to conduct influenza testing at the respiratory virus unit at HPA Colindale, with upper and then lower respiratory tract samples. Samples tested between 17<sup>th</sup> September 2012 to 20<sup>th</sup> September 2012 were negative for influenza A (H1/H3/H1N1pdm09), B hMPV and RSV. Preliminary laboratory confirmation of unusual corona virus, with compatible clinical and microbiological picture of emerging corona viral infection described in the ProMED alert.

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Following the preliminary results, comparison of the sequence obtained from the UK patient with sequences obtained by the Erasmus Medical Centre in the Netherlands from post mortem lung tissue from a fatal case indicated 99.5% identity. The sequence information available so far in London and Rotterdam indicates a previously undescribed coronavirus related to known bat coronaviruses. Clinical material from possible suspect cases in the UK and the Netherlands is being handled at biosafety level 3 with virus culture under total biocontainment.

- The briefing will be updated daily until further notice. All changes from the previous briefing will be highlighted in yellow.

### Strategic Aim

- The aim of the HPA response to this incident is to instigate immediate steps to ensure that contacts of the cases have not been infected and that further transmission has not occurred.

### HPA Notification Status

- Using the check boxes, please indicate other organisations that the Agency has informed about the incident and whether this is for action or for information only. <If information is for action insert expected actions and outcomes.

	Action	Information
Department of Health	<input type="checkbox"/>	x
Home Office	<input type="checkbox"/>	<input type="checkbox"/>
Foreign and Commonwealth Office	<input type="checkbox"/>	<input type="checkbox"/>
Department for Environment, Food and Rural Affairs	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet Office	<input type="checkbox"/>	<input type="checkbox"/>
Civil Contingencies Secretariat	<input type="checkbox"/>	<input type="checkbox"/>
Devolved Administrations (please state)	<input type="checkbox"/>	<input type="checkbox"/>
European Centre for Disease Prevention and Control	<input type="checkbox"/>	x
SANCO	<input type="checkbox"/>	<input type="checkbox"/>
Science Partners (please state)	<input type="checkbox"/>	<input type="checkbox"/>
Food Standards Agency	<input type="checkbox"/>	<input type="checkbox"/>
Environment Agency	<input type="checkbox"/>	<input type="checkbox"/>
Nuclear Installations Inspectorate	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	x
The HPA is also sharing information with WHO and the Netherlands		

### Incident Status

- The incident is declared at level HPA IERP level 3.

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8. In this section provide details of whether the HPA is the lead for the incident or acting in a supporting role.
- |                                     |                          |
|-------------------------------------|--------------------------|
| HPA Leading within UK               | x                        |
| HPA Support to <insert lead agency> | <input type="checkbox"/> |

### HPA Response

#### Briefing HPA and DH

9. DH and HPA Executive Director on call have been alerted and will be provided with regular updates.

#### International Alerting

10. In line with the public information (see section on Public and Media Communications) compliance to the statutory public health alerting amongst national and international partners will commence after 12 noon on 23<sup>rd</sup> September 2012.

#### Guidance

11. Infection control at St Thomas' hospital has been instituted as recommended by HPA. HPA have advised that the general infection control principle for managing confirmed and suspected cases should be to follow established measures for the management of SARs cases.

#### Contact Tracing

12. Contacts of the cases, predominantly health care workers, are being followed up. Most of these contacts are already beyond the period (the incubation period) during which illness would be likely to have developed had they been infected. The key "at risk" groups have been identified as follows:
- a) Health care workers, including air ambulance staff
  - b) Identified family and friends who have had "unprotected contact" with a symptomatic patient.
13. Those persons who have had "unprotected contact" with a symptomatic patient within the last seven days (this is the working definition for the maximum incubation period) would be followed up for evidence of the development of symptoms.
14. Local contact tracing will be arranged through the London Health Protection Services.

#### Risk Assessment

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15. The risk assessment was reviewed at 1600h on 22<sup>nd</sup> September. The risk assessment concluded that this is a possible new serious emerging virus infection in London ITU with unknown transmission characteristics and virulence potential. It was agreed that until further evidence about the biological and epidemiological behaviour of this new virus becomes available our response should be based on the assumption that it would exhibit similar behaviour to the SARs virus.

### **Legal Issues**

16. None

### **Operational Issues**

17. None

### **Business Continuity Issues**

18. None

### **Forward Look Issues**

19. Consider any possible surge capacity issues regarding the HPS On Call Doctor service and the Porton Fever Service.

### **Escalation**

20. This incident is currently being managed as an IERP level 3 and escalation of the IERP level of this incident will be periodically reviewed between the Incident Director and the HPA Executive Director for HPS.

### **De-escalation**

21. The need for de-escalation will be reviewed regularly.

### **Public & Media Communications**

22. A reactive press statement has been prepared and will be published on the HPA website at 1400h on 23<sup>rd</sup> September 2012.

END.