Message

From: Gavin Dabrera [/O=PUBLIC HEALTH ENGLAND/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=GAVIN DABRERAE74]
Sent: 01/03/2016 2:23:47 PM
To: 'Wight, Ailsa' [ailsa.wight@dh.gsi.gov.uk]; 'Tunbridge, Graeme' [Graeme.Tunbridge@dh.gsi.gov.uk]; Name Redacted [Name Redacted]@dh.gsi.gov.uk]
CC: Nick Phin [nick.phin@phe.gov.uk]; Richard Pebody [richard.pebody@ukhsa.gov.uk]; Name Redacted [Name Redacted]@dh.gsi.gov.uk]
Subject: RE: middle east respiratory syndrome coronavirus - notifications

Thanks we can provide a written note for justification if needed.

We may need a little notice about the intended dates for those changes, so that our information systems can be updated as appropriate.

Kind regards

Gavin

From: Wight, Ailsa [mailto:ailsa.wight@dh.gsi.gov.uk]
Sent: 01 March 2016 14:20
To: [See recipients listed above]
Cc: [See recipients listed above]
Subject: RE: middle east respiratory syndrome coronavirus - notifications

Great minds! We are already thinking along the same lines and have raised the issue with our lawyers, who advise it should be fairly straightforward to add to the relevant regs. We hope there will be time for legal to do that during 16-17. WE will need to involve you in the process (justification etc) and also in publicising any change later on, so will keep in touch on progress over coming months.

Nick
Just fyi, we'll probably add CPE (and possibly other aspects of AMR) to the lab list too. Who is the best contact in PHE for that?

Bw
ailsa

Department of Health

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From: Gavin Dabrera Irrelevant & Sensitive
Sent: 01 March 2016 14:00
To: Wight, Ailsa; Tunbridge, Graeme
Cc: Nick Phin; Richard Pebody
Subject: middle east respiratory syndrome coronavirus - notifications

Dear Ailsa and Graeme

I trust this email finds you well

As you will be aware, over three years have now passed since the first UK case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was imported and as disease activity continues in the Middle East there is unlikely to be any significant reduction in the overall risk in the medium term.

As just one part of our broad MERS-CoV preparedness efforts, we have emphasised the need for prompt effective infection prevention and control measures, not only for confirmed cases but also for possible cases while MERS-CoV test results are awaited. The aim of this is to prevent wider nosocomial spread and therefore, hospital-related outbreaks. To achieve this, PHE health protection teams have been informed when testing has been agreed so that infection control advice can be provided quickly. These efforts have been greatly aided by the provision of MERS-CoV testing by PHE regional microbiology laboratories, which facilitates timely information flow to PHE health protection teams.

This testing will continue to be available in the future. However, we are aware that CE-marked commercial testing kits are now available for human diagnostic laboratories to be used. There is now the very real possibility that diagnostic MERS-CoV testing could occur in the near future outside of PHE laboratories. This would potentially circumvent the established information flows from PHE regional microbiology laboratories.

To address these new developments, we would recommend that MERS-CoV becomes a notifiable disease and a notifiable causative agent. This would address this problem by ensuring that registered medical practitioners have a duty to notify a possible MERS-CoV case on clinical suspicion. This would enable the local PHE health protection team to intervene early to ensure adequate MERS-CoV infection control procedures were in place. Notifiable causative agent status would provide additional reassurance that local positive results are reported appropriately and such specimens are referred onwards to the reference laboratory for confirmation.

These recommended changes would not only enable public health action but also provide assurance that we would be able to meet our surveillance and reporting commitments as per the International Health Regulations.

I would be grateful if you would be able to advise us of your views on the above recommendations, and what the next steps might be if you agree with these.

Thanks in advance for your help with this matter

Kind regards

Gavin Dabrera

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Irrelevant & Sensitive

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