

Review of whether COVID-19 (formerly Wuhan novel coronavirus) should continue to be classified as a High Consequence Infectious Disease in the UK

Four Nations HCID Definition and List Group

Outcome of discussions by correspondence, 16 March 2020

Participants

PHE: [Name] (Chair)
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(quorate)

Purpose

The Four Nations HCID Definition and List Group ('the Group') made an interim recommendation in January 2020 that COVID-19 should be classified as an airborne HCID. The recommendation was based on an assessment of whether the disease met some or all the HCID criteria, and a consensus opinion based on all the information available. The Group also stated that it would review the status if new information became available, which is now the case.

For each criterion, the original answer and rationale is provided, followed by a review statement.

Extant UK HCID criteria

- acute infectious disease
- typically has a high case-fatality rate
- may not have effective prophylaxis or treatment
- often difficult to recognise and detect rapidly
- ability to spread in the community and within healthcare settings
- requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely

Application of the UK HCID criteria to COVID-19

1. Acute infectious disease – YES

Epidemiological data are limited currently, but the implication from reports from China is that this is an acute infectious disease.

REVIEW 16 MARCH: Remains YES

2. Typically has a high case-fatality rate – UNCERTAIN

Too early to say as early days of outbreak and initial cases remain hospitalised, but appears to be capable of causing critical illness (e.g. 7/59 in one report, but it is not clear if these all had a non-seasonal coronavirus or WN-CoV detected or met the probable or confirmed case definitions being used in Wuhan). If WN-CoV causes hospitalisation and/or severe disease/critical illness, it is reasonable to also assume it could also cause fatalities.

REVIEW 16 MARCH: Revised to NO. Most current estimates are around 1% for whole populations, recognising that age-associated higher rates are seen, particularly in those over 70 years of age. The potential to cause morbidity is still recognised, including severe and critical illness in a proportion; again, this is mainly in older persons and those with underlying health problems.