

Message

From: Van Tam, Jonathan [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D29C846FC8FA4678B419C6F0DC3836F3-JVANTAM]
Sent: 21/01/2020 10:51:19
To: Response [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5f332169bc34abca69aeb90c911e06e-EPD]
CC: Cavanagh, Cheryl [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=07dcacc8e17648f9865ff40561ec4923-CCavanag]; [Name Redacted]
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=915c0e033919434699877394a6dbd27e [NR]; Dodds, Kevin
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=de217b42bf93443b9ace02930082ad6c-KDodds]; Reed, Emma
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=173f921982a14676bd2ddede2616bc10-EReed2]; Whitty, Chris
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0b3ee62e0ca04e978730b14f9b416a1e-Whitty, Chr]; [Name Redacted]
[/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0ec6dd97afd94ca7954617810d162314 [NR]
Subject: FW: OFFICIAL: HCID

Passing in for consideration. [NR] making an offer. I think we should accept and commission this.

Basically the classification of the organism suggest that the right placing for confirmed cases is indeed one of the four designated HCID units.

However if surge is required, and airborne HCID can be managed on a standard IDU (that has negative pressure – they all do) according to a surge plan and the classification of the organism does not need to change to allow for this.

At present we only have an Ebola surge plan (for a contact HCID as opposed to an airborne HCID)

JVT

From: [Name Redacted] [Name Redacted] <[Name Redacted]@phe.gov.uk>
Sent: 21 January 2020 09:53
To: Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Subject: OFFICIAL: HCID

OFFICIAL

JVT,

As mentioned on our call just now, there is no agreed requirement to stop calling a disease an HCID, in order for confirmed cases to be managed outside HCID centres. Management in specific HCID treatment centres is (deliberately) not part of the agreed definition/criteria for HCID; we do have a line in guidance saying confirmed cases should be transferred to HCID treatment centres, but that could easily be changed when an agreed surge trigger is met. Personally, I would want to maintain the HCID label if it became more widespread, to maintain appropriate IPC precautions and general levels of clinical concern/awareness around the new disease, as long we still think it meets the stated criteria.

HCID centres info including HCID criteria and the lists of commissioned treatment centres for contact and airborne HCIDs: <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>

NHSE commissioning specs for the HCID treatment centres: <https://www.england.nhs.uk/wp-content/uploads/2018/10/Airborne-high-consequence-infectious-diseases-service-specification-adults.pdf>