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. Jake 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: Jake Dunning <Jake.Dunning@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

I think that it would be helpful to explore tiered surge planning now, just in case (e.g. HCID treatment centres full -> ID hospitals take on surge –> general hospitals –> bigger pandemic measures); if you and CMO agree, perhaps this is this something that NHSE and the Airborne HCID Clinical Network Lead could be asked to take on/advise on?

Jake