

Message

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Sent: 13/03/2020 9:22:03 PM
To: [Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=34eea61ba1f0452aa736955db684551e- NR ; Name Redacted]
[Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d21258c9254e4e32942f15c21ee78f6f- NR ; Name Redacted]
[Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1097764f1b9d42289c8705d82d7990f0- NR ; Name Redacted]
[Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=33c978861876433ab6d859b3ce73bf0e- NR ; Name Redacted]
[Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0512ff460b384dfeab4d92c077321599- NR]; Covid-19spoc
[Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=dd11ee7c30cf47c29e3766cc78e99f5f-WN-CoVspoc]; Port Health Team
[Name Redacted] [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=712df6776d3c4000ba975c03e851a655-Port Health]; Reed, Emma
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Subject: RE: Urgent briefing clarification

This would have been the advice up to yesterday.

Now we have moved from containment to delay, and we expect many more cases, we pivot to maximum focus on making sure people who are ill get appropriate clinical care and cease to test routinely.

In effect we move from a confirmed clinical case to a presumed clinical case which is very common in large outbreaks – we essentially know that the predominant illness in a population with the relevant symptoms will be Covid-19. The advice/treatment for the individual remains the same (ie stay at home and isolate but also seek clinical care if symptoms don't resolve) so there is no real benefit in testing, and the infection transmission risks of sending a healthcare worker to test an infectious individual are removed so we keep our much needed healthcare professionals as free as possible from infection themselves.

Similarly we no longer contact trace – this is important in containment when we can track and trace first and second degree transmissions. However now we know they are arising in the community and the chains of transmission are much longer. Contact tracing will not now add benefit and so we use the time of the public health professionals to support other aspects of health and care system response.

We *would* test and/or contact trace in some specific situations – we will prioritise testing in our hospitals to make sure cases who are at risk of more significant illness have a confirmed diagnosis for clinicians to work with and to manage infection control appropriately; and we may in due course do some testing of frontline care staff to confirm they have the disease because we would then know they were safe to manage highly vulnerable patients in the future and to plan workforce resilience.

Happy to answer any other questions

Key points:

- this is a planned change in approach as part of the move from containment to delay
- all those for whom testing will be clinically beneficial will receive it

Jenny