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Dear Colleague

NOVEL CORONAVIRUS IN A QATARI NATIONAL RECEIVING TREATMENT FOR A SEVERE RESPIRATORY ILLNESS IN LONDON

This is to advise you of a case of a novel coronavirus in a patient receiving treatment in a London hospital. On 22 September 2012 a novel coronavirus was identified in lower respiratory tract specimens of a previously well, adult male Qatari national receiving treatment for a severe respiratory illness in London.

Please see attached in the below annex the full alert from the Department of Health

Yours sincerely



**PROFESSOR DAME SALLY C DAVIES
CHIEF MEDICAL OFFICER
CHIEF SCIENTIFIC ADVISER**

ANNEX

NOVEL CORONAVIRUS IN A QATARI NATIONAL RECEIVING TREATMENT FOR A SEVERE RESPIRATORY ILLNESS IN LONDON

On 22 September 2012 a novel coronavirus was identified in lower respiratory tract specimens of a previously well, adult male Qatari national receiving treatment for a severe respiratory illness in London. The virus is virtually identical genetically to a novel coronavirus recently identified by Dutch researchers in a clinical sample from a Saudi Arabian national who was ill with pneumonia over three months ago. These are currently the only two known cases from whom this virus has been isolated.

Coronaviruses are causes of the common cold but also include the virus responsible for SARS. Strict respiratory isolation has been instituted around the current case and all personnel caring for the patient are wearing the appropriate personal protective clothing. Respiratory symptoms in the current case started in early September after a reported visit to Saudi Arabia. The patient was admitted to hospital in Qatar and, as symptoms worsened, was transferred to London by air ambulance on 11 September where he is now being treated in intensive care. Initial routine investigations revealed no cause for the illness but on 21 September, following a report in ProMED describing the identification of a novel human coronavirus, in a fatal respiratory illness in an adult Saudi Arabian national, specimens from the London patient were examined for coronavirus infection, and were found to be positive. Genetic characterisation of the virus revealed that it was virtually identical to the virus that caused the illness in the earlier case from Saudi Arabia.

In the light of the severity of the illness in the two confirmed cases and the novel nature of the virus, contacts of the cases, predominantly health care workers, are being contacted to ensure they are well and that further transmission has not occurred. Follow up of the contacts of the current case is underway; no illness due to this infection has been confirmed so far in this group. Many of these contacts are already likely to be beyond the incubation period (currently assumed to be seven days, based on what is known about other human coronavirus infections) when symptoms would have developed had they been infected. No other cases of confirmed or probable infection with this virus have been identified to date in the UK.

Information about these cases, and advice on the need to be vigilant for the possibility of further cases, has been developed for health care workers in the UK.

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/RespiratoryViruses/NovelCoronavirus/respinforprofnovelcoronavirussept2012/>

This information has also been shared with national and international authorities including the World Health Organisation and the European Centre for Disease Control. Further information will be shared as it becomes available.

The following case definition of a possible case is being used

- **Clinical criteria:**
- any person hospitalised with acute respiratory illness with fever (≥ 38 C) and cough
- **AND**
- **Epidemiological criteria:** Either
 - Close contact (i.e. prolonged face-to-face contact or a healthcare worker providing care to a confirmed or probable case) in the seven days before onset of illness with a confirmed or possible case of novel coronavirus infection while the case was ill
 - **OR**
 - Travelled to the Arabian Peninsula including Saudi Arabia in the seven days before onset of illness:

Clinicians are asked to be alert for patients who meet this case definition and to inform their local Health Protection Unit who will be able to assist in the risk assessment. HPUs will also advise on what samples should be taken and where these should be sent. Infection control measures should be instituted if a possible case is suspected. The HPA has developed infection control advice for the healthcare setting and this can be accessed at –

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/RespiratoryViruses/NovelCoronavirus>

Clinical queries about the management of potential cases of severe respiratory infections in people who have recently visited Saudi Arabia or Qatar should be directed in the first instance to the local infectious disease physician or microbiologist who are able to contact the HPA Imported Fever Service for further advice should this be needed – contact tel – 0844 7788990.

NHS Direct has been informed of the situation and it has been agreed that they will advise callers with severe respiratory symptoms and a history of recent travel to Saudi Arabia or Qatar to contact their GP or seek medical assessment elsewhere, and inform those assessing them that they have recently travelled to the Middle East.