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Guidance

High consequence infectious diseases (HCID)

Guidance and information about high consequence infectious diseases and their management in England.

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Status of COVID-19

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious diseases ($\underline{\text{HCID}}$) in the UK.

The 4 nations public health <u>HCID</u> group made an interim recommendation in January 2020 to classify COVID-19 as an <u>HCID</u>. This was based on consideration of the UK <u>HCID</u> criteria about the virus and the disease with information available during the early stages of the outbreak. Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK <u>HCID</u> criteria. They have determined that several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.

The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion that COVID-19 should no longer be classified as an <u>HCID</u>.

The need to have a national, coordinated response remains, but this is being met by the government's COVID-19 response (https://www.gov.uk/coronavirus).

Cases of COVID-19 are no longer managed by <u>HCID</u> treatment centres only. All healthcare workers managing possible and confirmed cases should follow the updated national infection and prevention (<u>IPC</u>) guidance for COVID-19 (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control), which supersedes all previous <u>IPC</u> guidance for COVID-19. This guidance includes instructions about different personal protective equipment (<u>PPE</u>) ensembles that are appropriate for different clinical scenarios.

Definition of HCID

In the UK, a high consequence infectious disease (<u>HCID</u>) is defined according to the following 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

Classification of HCIDs

HCIDs are further divided into contact and airborne groups:

- contact <u>HCIDs</u> are usually spread by direct contact with an infected patient or infected fluids, tissues and other materials, or by indirect contact with contaminated materials and fomites
- airborne <u>HCIDs</u> are spread by respiratory droplets or aerosol transmission, in addition to contact routes of transmission

List of high consequence infectious diseases

A list of <u>HCIDs</u> has been agreed by a joint Public Health England (<u>PHE</u>) and NHS England <u>HCID</u> Programme:

Contact HCID	Airborne HCID
Argentine haemorrhagic fever (Junin virus)	Andes virus infection (hantavirus)
Bolivian haemorrhagic fever (Machupo virus)	Avian influenza A H7N9 and H5N1
Crimean Congo haemorrhagic fever (<u>CCHF</u>)	Avian influenza A H5N6 and H7N7
Ebola virus disease (EVD)	Middle East respiratory syndrome (MERS)
Lassa fever	Monkeypox
Lujo virus disease	Nipah virus infection
Marburg virus disease (<u>MVD</u>)	Pneumonic plague (Yersinia pestis)
Severe fever with thrombocytopaenia syndrome (SFTS)	Severe acute respiratory syndrome (<u>SARS</u>)*

^{*}No cases reported since 2004, but <u>SARS</u> remains a notifiable disease under the International Health Regulations (2005), hence its inclusion here

The list of <u>HCIDs</u> will be kept under review and updated by <u>PHE</u> if new <u>HCIDs</u> emerge that are of relevance to the LIK

HCIDs in the UK

<u>HCIDs</u>, including viral haemorrhagic fevers (<u>VHFs</u>), are rare in the UK. When cases do occur, they tend to be sporadic and are typically associated with recent travel to an area where the infection is known to be endemic or where an outbreak is occurring. None of the <u>HCIDs</u> listed above are endemic in the UK, and the known animal reservoirs are not found in the UK.

As of February 2020, 2019, the UK has experience of managing confirmed cases of Lassa fever, <u>EVD</u>, <u>CCHF</u>, <u>MERS</u> and monkeypox. The vast majority of these patients acquired their infections overseas, but rare incidents of secondary transmission of <u>MERS</u> and monkeypox have occurred in the UK.

HCID risks by country

For health professionals wishing to determine the \underline{HCID} risk in any particular country, an A to Z list of countries and their respective \underline{HCID} risk is available.

See <u>HCID</u> country risks (https://www.gov.uk/guidance/high-consequence-infectious-disease-country-specific-risk)

Monthly summaries of global **HCID** events

<u>PHE</u>'s epidemic intelligence activities monitor global <u>HCID</u> events. These are published in a monthly summary (https://www.gov.uk/government/publications/high-consequence-infectious-diseases-monthly-summaries).

Infection prevention and control in healthcare settings

Specific infection prevention and control (<u>IPC</u>) measures are required for suspected and confirmed <u>HCID</u> cases, in all healthcare settings (specialist and non-specialist).

<u>IPC</u> guidance appropriate for suspected and confirmed cases of Lassa fever, <u>EVD</u>, <u>CCHF</u>, <u>MVD</u>, Lujo virus disease, Argentinian haemorrhagic fever, Bolivian haemorrhagic fever and SFTS, is available in the ACDP guidance (https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients).

<u>IPC</u> guidance for <u>MERS</u>, avian influenza, Nipah virus infection, monkeypox and pneumonic plague, can be found in the relevant <u>PHE</u> guidance listed below.

Links to relevant PHE guidance for healthcare professionals

^{**}Human to human transmission has not been described to date for avian influenza A(H5N6). Human to human transmission has been described for avian influenza A(H5N1), although this was not apparent until more than 30 human cases had been reported. Both A(H5N6) and A(H5N1) often cause severe illness and fatalities. Therefore, A(H5N6) has been included in the airborne HCID list despite not meeting all of the HCID criteria.

- avian influenza (https://www.gov.uk/government/collections/avian-influenza-guidance-data-and-analysis)
- <u>MERS</u> (https://www.gov.uk/government/collections/middle-east-respiratory-syndrome-coronavirus-mers-cov-clinical-management-and-guidance)
- monkeypox (https://www.gov.uk/guidance/monkeypox)
- Nipah virus infection (https://www.gov.uk/guidance/nipah-virus-epidemiology-outbreaks-and-guidance)
- plague (https://www.gov.uk/guidance/plague-epidemiology-outbreaks-and-guidance)
- <u>VHF</u>, including Ebola (https://www.gov.uk/government/collections/viral-haemorrhagic-fevers-epidemiology-characteristics-diagnosis-and-management)

Specialist advice for healthcare professionals

The Imported Fever Service (IFS) (https://www.gov.uk/guidance/imported-fever-service-ifs) provides 24-hour, 7-days a week telephone access to expert clinical and microbiological advice. Hospital doctors across the UK can contact the IFS after discussion with the local microbiology, virology or infectious disease consultant.

Hospital management of confirmed **HCID** cases

Once an <u>HCID</u> has been confirmed by appropriate laboratory testing, cases in England should be transferred rapidly to a designated <u>HCID</u> Treatment Centre. Occasionally, highly probable cases may be moved to an <u>HCID</u> Treatment Centre before laboratory results are available.

Contact HCIDs

There are 2 principal Contact <u>HCID</u> Treatment Centres in England:

- the Royal Free London High Level Isolation Unit (HLIU)
- the Newcastle Royal Victoria Infirmary HLIU.

Further support for managing confirmed contact <u>HCID</u> cases is provided by the Royal Liverpool Hospital and the Royal Hallamshire Hospital, Sheffield.

Airborne HCIDs

There are 4 interim Airborne <u>HCID</u> Treatment Centres in England. Adult and paediatric services are provided by 6 NHS Trusts:

- Guy's and St Thomas' NHS Foundation Trust (adult and paediatric services)
- Royal Free London NHS Foundation Trust, with a paediatric service provided by Imperial College Healthcare NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust, with a paediatric service provided by Alder Hey Children's NHS Foundation Trust
- Newcastle upon Tyne Hospitals NHS Foundation Trust (adult and paediatric services)

Case transfer arrangements

Hospital clinicians seeking to transfer confirmed <u>HCID</u> cases, or discuss the transfer of highly probable <u>HCID</u> cases, should contact the NHS England <u>EPRR</u> Duty Officer. It is expected that each case will have been discussed with the Imported Fever Service (https://www.gov.uk/guidance/imported-fever-service-ifs) before discussing transfer.

Travel health advice for HCIDs

The National Travel Health Network and Centre (<u>NaTHNaC</u>) provides travel health information about a number of <u>HCIDs</u>, for healthcare professionals and travellers. Advice can be accessed via the Travel Health Pro website (https://travelhealthpro.org.uk/).

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1. 21 March 2020

Added explanation of the removal of COVID-19 from the list of HCIDs in the UK.

2. 16 January 2020

Added Wuhan novel coronavirus

3. 13 May 2019

Amended the definitions for HCID.

4. 17 April 2019

Added explanation for inclusion of avian influenza H5N6 as an HCID.

5. 30 January 2019

Added link to information on HCID risks by country.

6. 22 October 2018

First published.

Related content

- High consequence infectious disease: country specific risk (https://www.gov.uk/guidance/high-consequence-infectious-disease-country-specific-risk)
- COVID-19: investigation and initial clinical management of possible cases (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases)
- COVID-19: guidance for sampling and for diagnostic laboratories (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories)
- Viral haemorrhagic fevers: epidemiology, characteristics, diagnosis and management (https://www.gov.uk/government/collections/viral-haemorrhagic-fevers-epidemiology-characteristics-diagnosis-and-management)
- Avian influenza: guidance, data and analysis (https://www.gov.uk/government/collections/avian-influenza-guidance-data-and-analysis)
- MERS-CoV: clinical management and guidance (https://www.gov.uk/government/collections/middle-east-respiratory-syndrome-coronavirus-mers-cov-clinical-management-and-guidance)

Detailed guidance

- Crimean-Congo haemorrhagic fever: origins, reservoirs, transmission and guidelines (https://www.gov.uk/guidance/crimean-congo-haemorrhagic-fever-origins-reservoirs-transmission-and-guidelines)
- Ebola and Marburg haemorrhagic fevers: outbreaks and case locations (https://www.gov.uk/guidance/ebola-and-marburg-haemorrhagic-fevers-outbreaks-and-case-locations)
- Lassa fever: origins, reservoirs, transmission and guidelines (https://www.gov.uk/guidance/lassa-fever-origins-reservoirs-transmission-and-guidelines)
- Marburg virus disease: origins, reservoirs, transmission and guidelines (https://www.gov.uk/guidance/marburg-virus-disease-origins-reservoirs-transmission-and-guidelines)
- Monkeypox (https://www.gov.uk/guidance/monkeypox)
- + 3 more
- Viral haemorrhagic fevers: origins, reservoirs, transmission and guidelines (https://www.gov.uk/guidance/viral-haemorrhagic-fevers-origins-reservoirs-transmission-and-guidelines), Nipah virus: epidemiology, outbreaks and guidance (https://www.gov.uk/guidance/nipah-virus-epidemiology-outbreaks-and-guidance), and Plague: epidemiology, outbreaks and guidance (https://www.gov.uk/guidance/plague-epidemiology-outbreaks-and-guidance)

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