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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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- Viral haemorrhagic fever: ACDP algorithm and guidance on management of patients (/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients)
- Imported fever service (IFS) (/guidance/imported-fever-service-ifs)
- Ebola: sample testing advice for laboratory staff (/government/publications/ebola-sample-testing-advice-for-laboratory-staff)

Definition of HCID

In the UK, a high consequence infectious disease (HCID) 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 HCIDs 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 HCIDs are spread by respiratory droplets or aerosol transmission, in addition to contact routes of transmission

List of high consequence infectious diseases

A list of HCIDs has been agreed by a joint UK Health Security Agency (UKHSA) and NHS England HCID 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 (CCHF)	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 (MVD)	Pneumonic plague (Yersinia pestis)
Severe fever with thrombocytopaenia syndrome (SFTS)	Severe acute respiratory syndrome (SARS)*

*No cases reported since 2004, but SARS remains a notifiable disease under the International Health Regulations (2005), hence its inclusion here

**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.

The list of HCIDs will be kept under review and updated by UKHSA if new HCIDs emerge that are of relevance to the UK.

Status of COVID-19

As of 19 March 2020, COVID-19 is no longer considered to be a high consequence infectious disease (HCID) in the UK. There are many diseases which can cause serious illness which are not

- + 2 more
- Avian influenza: guidance, data and analysis (/government/collections/avian-influenza-guidance-data-and-analysis) and MERS-CoV: clinical management and guidance (/government/collections/middle-east-respiratory-syndrome-coronavirus-mers-cov-clinical-management-and-guidance)

Detailed guidance

- Crimean-Congo haemorrhagic fever: origins, reservoirs, transmission and guidelines (/guidance/crimean-congo-haemorrhagic-fever-origins-reservoirs-transmission-and-guidelines)
- Ebola and Marburg haemorrhagic fevers: outbreaks and case locations (/guidance/ebola-and-marburg-haemorrhagic-fevers-outbreaks-and-case-locations)
- Lassa fever: origins, reservoirs, transmission and guidelines (/guidance/lassa-fever-origins-reservoirs-transmission-and-guidelines)
- Marburg virus disease: origins, reservoirs, transmission and guidelines (/guidance/marburg-virus-disease-origins-reservoirs-transmission-and-guidelines)
- Monkeypox: background information (/guidance/monkeypox)
- + 3 more
- Viral haemorrhagic fevers: origins, reservoirs, transmission and guidelines (/guidance/viral-haemorrhagic-fevers-origins-reservoirs-transmission-and-guidelines), Nipah virus: epidemiology,

classified as HCIDs.

The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID 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 HCID 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 HCID.

The World Health Organization (WHO) continues to consider COVID-19 as a Public Health Emergency of International Concern (PHEIC), therefore the need to have a national, coordinated response remains and 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 HCID treatment centres only. All healthcare workers managing possible and confirmed cases should follow the updated national infection and prevention (IPC) guidance for COVID-19 (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control), which supersedes all previous IPC guidance for COVID-19. This guidance includes instructions about different personal protective equipment (PPE) ensembles that are appropriate for different clinical scenarios.

HCIDs in the UK

HCIDs, including viral haemorrhagic fevers (VHFs), 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 HCIDs 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, EVD, CCHF, MERS and monkeypox. The vast majority of these patients acquired their infections overseas, but rare incidents of secondary transmission of MERS and monkeypox have occurred in the UK.

HCID risks by country

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

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

Monthly summaries of global HCID events

UKHSA's epidemic intelligence activities monitor global HCID events.

outbreaks and guidance (/guidance/nipah-virus-epidemiology-outbreaks-and-guidance), and Plague: epidemiology, outbreaks and guidance (/guidance/plague-epidemiology-outbreaks-and-guidance)

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 (IPC) measures are required for suspected and confirmed HCID cases, in all healthcare settings (specialist and non-specialist).

IPC guidance appropriate for suspected and confirmed cases of Lassa fever, EVD, CCHF, MVD, 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).

IPC guidance for MERS, avian influenza, Nipah virus infection, monkeypox and pneumonic plague, can be found in the relevant UKHSA guidance listed below.

Links to relevant UKHSA guidance for healthcare professionals

- avian influenza (https://www.gov.uk/government/collections/avian-influenza-guidance-data-and-analysis)
- MERS (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)
- VHF, including Ebola (https://www.gov.uk/government/collections/viral-haemorrhagic-fevers-epidemiology-characteristics-diagnosis-and-management)
- severe fever with thrombocytopaenia syndrome (SFTS) (https://www.gov.uk/guidance/severe-fever-with-thrombocytopaenia-syndrome-sfts-epidemiology-outbreaks-and-guidance)
- Andes hantavirus (https://www.gov.uk/guidance/andes-hantavirus-epidemiology-outbreaks-and-guidance)

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

Contact HCIDs

There are 2 principal Contact HCID 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 HCID cases is provided by the Royal Liverpool Hospital and the Royal Hallamshire Hospital, Sheffield.

Airborne HCIDs

There are 5 interim Airborne HCID Treatment Centres in England. Adult and paediatric services are provided by 7 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)
- Sheffield Teaching Hospitals NHS Foundation Trust (adult service only)

Case transfer arrangements

Hospital clinicians seeking to transfer confirmed HCID cases, or discuss the transfer of highly probable HCID cases, should contact the NHS England EPRR 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 (NaTHNaC) provides travel health information about a number of HCIDs, for healthcare professionals and travellers. Advice can be accessed via the Travel Health Pro website (https://travelhealthpro.org.uk/).

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1. 12 May 2021
   Added link to Andes hantavirus guidance.
2. 22 April 2021
   Added link to page on severe fever with thrombocytopaenia syndrome (SFTS).
3. 19 April 2021
   Updated 'Status of COVID-19' section.
4. 17 June 2020
   Added Sheffield Teaching Hospitals NHS Foundation Trust to the list of airborne HCID treatment centres in England.
5. 21 March 2020
   Added explanation of the removal of COVID-19 from the list of HCIDs in the UK.
6. 16 January 2020
   Added Wuhan novel coronavirus

7. 13 May 2019
   Amended the definitions for HCID.
8. 17 April 2019
   Added explanation for inclusion of avian influenza H5N6 as an HCID.
9. 30 January 2019
   Added link to information on HCID risks by country.
10. 22 October 2018
    First published.

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