Annex A

Internal email chain between Scottish Government Officials:

From: Brown GJ (Gareth) <Gareth.Brown@gov.scot>
Sent: 17 February 2016 14:33
To: [redacted]; **[redacted]**; **[redacted]**; **[redacted]**; **[redacted]**;
Cc: Calderwood C (Catherine; **[redacted]**
Subject: RE: MERS-CoV exercise in England - actions emerging

[redacted]

Thanks. A very helpful read out. As you know I see MERS-CoV as more of a public health risk than Ebola (or Zika). Content with the suggestions below for leads. I agree we need to think about questions of quarantine and that is not an easy issue as we will **[redacted].**

The question of how we get alerts out to front-line doctors is a perennial one. It's true for CMO letters, and probably true of alerts that HPS issue as well. I am not sure if there is an easy answer to this and it may just be that we have to flood the airwaves with the same message if and when we need to do. Or maybe we need to invent a new class of CMO letter – a super CMO letter that everyone must pay attention to. But I suspect all that would happen is that over time every CMO letter would end up that sort of letter.

[redacted] might have a view from CMO secretariat.

Gareth Brown
Acting Head of Health Protection Division | Population Health Improvement Directorate
Scottish Government |Tel: **[redacted]** |Mob: **[redacted]**

From: [redacted]@gov.scot
Sent: 16 February 2016 18:17
To: [redacted]; **[redacted]**; **[redacted]**; **[redacted]**; Brown GJ (Gareth)
Cc: Calderwood C (Catherine); **[redacted]**
Subject: MERS-CoV exercise in England - actions emerging

All

I attended a DH MERS-CoV exercise yesterday, which was well attended by senior health figures from England, including CMO, the DH CSO, a director from DH, **[redacted]**, **[redacted]** and **[redacted]** from NHS England, **[redacted]** and **[redacted]** from PHE as well as more operational level representation. Very interesting to see the CMO/DH/PHE/NHSE dynamics in action.

This was an exercise organised at CMO England's request to look specifically at the English response to a MERS outbreak.

At the end of the exercise, CMO England identified a number of pieces of work she wanted taken forward. While I don't have a strong sense of the timescales against these, some could be useful to

Scotland and some could have an impact for us even if they aren't necessarily the approach we'd prefer. I've set beside each one my view on who is in the lead, and suggested that there are some which we don't need to prioritise. Grateful for views on this though. I am feeding back to HPS separately as they will have a keen interest. At this stage I think the key thing is to be linking in to English counterparts where we do have an interest.

1. PPE - PHE to ensure that there are clear instruction on PPE for dealing with MERS (nb PHE and Scottish guidance already exists) and produce a training video. [No SG activity required, HPS may look to use training materials produced]

2. Novel Treatments – CMO England suggested that there may need to be more sleeping contracts for clinical trials for MERS. [No Scottish action needed]

3. Standard Treatments – DH CSO to look at how to peer review PHE's list of what treatments work and which don't, possibly ACDP. [SMO lead].

4. Ethics – Group to be convened to look at the ethics of who limited doses of new treatments would be given to. [No Scottish action needed.]

5. High Risk Contacts definition – CMO England questioned PHE's definition of a close contact being face to face contact for 15 mins, and whether that's sufficiently precautionary. CSO to review this, possibly using ACDP. [SMO and Health Protection lead]

6. Quarantine – CMO England wants more work done on the options (including self-isolation), the evidence for and again, and cost-benefits. There was a lot of conversation about this in the course of the day, and there are significant (logistical, legal and financial) implications for Scotland if England were keen to put in place plans to support quarantining asymptomatic contacts in response to significant infectious disease concerns. [Health protection lead]

7. ECMO – more analysis request of the cost benefits, particularly what the impact is for cardiac surgery etc. if a high proportion of the beds are being used/offered/considered for MERS patients. [Health Resilience watching brief?]

8. Community sampling – there were a number of discussions during the day about whether a MERS contact who became unwell should have samples taken in the community (i.e. at home) if possible, or should be transferred to hospital. By the end of the day there was a view that there should be no community sampling, instead HART transfer to hospital for assessment and tests. England I think will update guidance, Scotland may need to consider if this is an appropriate approach for us, particularly in more rural areas. [Health protection, Health resilience, SMO]

9. Web-tool – PHE to share their online database designed to collect data about MERS patients and contacts with CSO (and others) for review. [No SG interest]

10. Engagement with clinicians – there was some discussion about how centrally issued guiadance/letters doesn't always (and in the words of one person "Never") actually get to from line staff. **[redacted]** described how as part of the High Consequence Infectious Diseases programme in England they're considering options, and a promising one is exploring texting doctors key messages. NHS England to explore further. [Not sure who in SG this sits with]

11. Asymptomatic unwell people – following discussions during the day, there was consensus that asymptomatic individuals requiring health care should be treated as though infected, and therefore staff looking after them would require PPE. Guidance likely to be updated. [SMO, Health resilience, health protection interest]

12. Learning from South Korea –**[redacted]** in DH seems to have good links with South Korea, so there were various questions asked about that outbreak that he will ask and feedback on. [No Scottish role.]

13. High Risk Contacts – CMO England asked for a FAQs leaflet to be produced for these contacts. [Health protection watching brief]

There were a few other things raised in the course of the day which may emerge as actions in the exercise report – we should get to see that in due course. I suspect that some of these will be picked up through the High Consequence Infectious Disease programme that is underway in England. We're expecting to a get a formal invite for Scottish involvement in that soon, and can consider how SG interacts with it in due course.

[redacted]

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Email from Scottish Government Official to UK Government Official:

From: **[redacted]**@gov.scot
Sent: 29 April 2016 16:46
To: **[redacted]** <**[redacted]**@dh.gsi.gov.uk>
Subject: Exercise ALICE Report

[redacted]

I was just wondering if you have a report from Ex ALICE which you would be able to share with the SG? Some of the issues that came up, and particularly some of the things affecting PHE guidance will also have implications for Scotland, and I'm keen to make sure we're sighted/on the front foot where possible.

[redacted]

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