**Important General Information**

* This study protocol is for use only on emerging pathogens of public health interest as designated by ISARIC, currently novel coronavirus MERS-CoV, influenza A/H7N9 & A/H5N1, and Ebolavirus.
* The protocol is designed to be used in a variety of clinical settings, many of which will not have capacity to handle multiple biological samples in a BSL3 facility.
* To allow for differing laboratory capacities and local resources, there are several tiers of intensity to the protocol. This includes tier 0 where clinical data is collected but no biological samples are taken purely for research. In tier 0 the expectation is only to use residual samples i.e. material that is surplus to clinical need. Tier 0 may be most suitable for some highly pathogenic highly infective Viral Haemorrhagic Fever viruses such as Ebolavirus classified at BSL4. There are other tiers of intensity that do require capacity for BSL3 sample handling, such as exist in many tertiary settings.
* It is expected that most patients recruited to this protocol will in time be transferred to tertiary centres that do have full BSL3 capacity for sample handling. We are keen to recruit to this study at primary admission and prior to potential clinical deterioration so as to enable sampling after transfer and retention of valuable residual clinical material taken early in the course of disease that would other wise be destroyed.
* NO ADDITIONAL BIOLOGICAL SAMPLING is expected for cases with proven or suspected infection with any of the viral haemorrhagic fever viruses (e.g. ebolavirus) outside of High Level Isolation Units (HLIU), currently The Royal Free Hospital, London and The Royal Hospital, Liverpool. Prior to transfer to a HLIU these patients should be managed for research purposes on tier 0 of this protocol i.e. only clinical data will be collected and residual routine clinical material is only retained for research where there is capacity to do so. Study coordinators will support the Trust in safe transfer of any residual clinical material from enrolled patients to BSL4 facilities. Once admitted to a HLIU, biological sampling may be conducted in accordance with tier 0, 1 or 2 according to the patient’s and attending physician’s discretion.
* Implementation of this protocol must include discussions with those responsible for laboratory services as well as the local clinical staff.
* Great care must be exercised to ensure the safety of staff and others when dealing with novel and emerging pathogens where little is known about transmissibility and/or virulence. Strict adherence to sample collection, handling and biosafety protocols is essential. There are well established protocols for handling samples from patients with the current pathogens of interest. Should other emerging infections be included in the protocol at a later date, Trusts should follow the usual sources of advice, such as ACDP and PHE, who will provide information to support a local risk assessment and SOP. The BSL recommendations may change during an emerging infection event.
* Like all studies, activity should only proceed after a local risk assessment both in the clinical setting and the laboratory environment.