Helath Protection Scotland

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
CLOSE CONTACT ALGORITHM – Version 14 (based on PHE contact algorithm v16) – June 2015

CLOSE CONTACT 1 OF A CASE POSITIVE FOR MERS-CoV

Contact IS CURRENTLY ILL with acute respiratory symptoms (fever or cough) or with severe acute illness that requires hospitalisation that developed WITHIN 14 DAYS OF EXPOSURE to confirmed case:

- Ensure HPS 4, HPT, ICT, ID and clinicians are notified. Initial risk assessment by phone.
- If hospital admission is not required, HPT ensures patient is self-isolated.
- If the patient is in a GP surgery, isolate the patient and follow primary care algorithm.
- If patient is to be hospitalised, ID physician (or designated lead) discusses with Scottish Ambulance Service re priority, patient transport and PPE.
- If hospitalised, follow infection control guidance for MERS-CoV until testing results available.
- HPT ensures that the appropriate samples are collected (see lab guidance 5) using PPE 5:
  - Initial sample 7 - to be sent to West of Scotland Specialist Virology Centre (WoSSVC) (or Royal Infirmary Edinburgh (RIE) for Lothian/Fife patients), warn by telephone, for respiratory viral screen and MERS-CoV testing.
  - Baseline clotted blood sample - to be sent to PHE Microbiology Colindale - see lab guidance 5.
- HPT ensures collection of baseline data on contacts 1 if not already completed (Form 2a) 3 - email to HPS 4.
- If POSITIVE for MERS-CoV - becomes a WoSSVC/RIE UpE lab test positive case – follow case management algorithm 5.

Contact IS NOT CURRENTLY ILL with acute respiratory symptoms or with severe acute illness that requires hospitalisation, that developed within 14 days of exposure to confirmed case:

- HPT collects baseline data on close contacts 1 (Form 2a) 3 – email to HPS 4.
- Contact should self-monitor, record daily temp and report any symptoms to the GP/HPT (check local arrangements).
- HPT ensures contact baseline clotted blood sample is collected and sent to PHE Microbiology Colindale – see lab guidance 5.

Contact becomes ill with acute respiratory symptoms (fever or cough), or with severe acute illness that requires hospitalisation, within 14 days since last exposure to confirmed case.

Contact remains free of respiratory symptoms and free of severe acute illness that requires hospitalisation in 14 days since last exposure to confirmed case.

SYMPTOMATIC CONTACT 6

- HPT completes contact follow-up form (Form 2b) 3 14 days since last exposure – email to HPS 4.
- HPT ensures clotted blood sample is taken at least 7 days after the baseline sample. If more than 28 days have passed since exposure, only a single serological sample is required.
- NB: serological samples are not required from children under 5yrs.

FOLLOW UP

Negative for MERS-CoV

- HPT completes contact follow-up form (Form 2b) 3 14 days since last exposure – email to HPS 4.
- HPT ensures clotted blood sample is taken at least 21 days since baseline sample and sent to PHE Microbiology Colindale – see lab guidance 5.

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1 Contact definitions (from date of illness onset in index case and throughout their symptomatic period): A) Health and social care workers: workers who provided direct clinical or personal care or examination of a symptomatic confirmed case or within close vicinity of an aerosol generating procedure AND who was not wearing appropriate/recommended PPE at the time. B) Household or close contact: any person who has had prolonged face-to-face contact (>15 minutes) with a symptomatic confirmed case any time during the illness after onset in a household or other closed setting.

2 If there is no possibility of laboratory confirmation because the patient or samples are not available and the symptoms are not already explained by any other infection or aetiology, the symptomatic contact becomes a probable case (see WHO interim recommendations for further details).

3 Forms will be provided to the HPT by HPS on being alerted to a possible case.

4 Contact HPS by phone: 0141 300 1100 (day) or 0141 211 3600 (out of hours) and e-mail (NSS.HPSCoronavirus@nhs.net).

5 For more information on lab guidance and other algorithms see: HPS algorithms for MERS-CoV.

6 For guidance on Personal Protective Equipment (PPE) and infection control precautions, please refer to the National Infection Prevention and Control Manual and Infection control guidance for MERS-CoV.

7 Initial sample: lower respiratory tract specimen (i.e. Bronchoalveolar lavage (BAL) or induced sputum) AND a duplicate set of nose and throat swabs in viral transport media (VTM) AND acute serum.