Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
PRIMARY CARE ALGORITHM

Algorithm for the assessment and initial management in primary care of travellers presenting with febrile respiratory illness returning from an area where infection with MERS-CoV could have been acquired in the 14 days before symptom onset.

For a POSSIBLE CASE, patients must fulfil the conditions in the Clinical and Exposure conditions (i.e. Clinical 1 AND Clinical 2 OR Clinical 3 AND EITHER Exposure 1 OR Exposure 2 OR Exposure 3 OR Exposure 4)

| Clinical 1 | Fever ≥ 38°C or history of fever **AND** |
| Clinical 2 | Lower respiratory tract symptoms (cough or shortness of breath) or clinical signs of lower respiratory tract infection **OR** |
| Clinical 3 | Other severe/life-threatening illness suggestive of an infectious process **OR** |
| Exposure 1 | History of travel to, or residence in an area where infection with MERS-CoV could have been acquired in the 14 days before symptom onset **OR** |
| Exposure 2 | Close contact during the 14 days before onset of illness with a confirmed case of MERS-CoV infection while the case was symptomatic **OR** |
| Exposure 3 | Healthcare worker based in ICU caring for patients with severe acute respiratory infection, regardless of history of travel or use of PPE **OR** |
| Exposure 4 | Associated with a cluster of two or more epidemiologically linked cases requiring ICU admission within a two week period regardless of history of travel |

If tolerated, ask patient to wear a fluid resistant surgical face mask and place patient in a room/area away from other people. Staff attending to the patient should wear appropriate PPE.

- Treat, investigate and review as clinically indicated.
- Suggest non-urgent molecular testing for influenza/MERS-CoV.
- MERS-CoV is unlikely if clinical severity does not require hospitalisation.
- Follow up by GP/HPT (check local arrangements) preferably by phone, to confirm recovery/improvement.
- The patient should be asked to consider voluntary isolation at home while symptomatic, self-monitor and report any change in symptoms to the GP/HPT (check local arrangements).
- Isolation for contacts is not recommended.

If patient deteriorates and needs hospitalisation:

- Inform and discuss with local Health Protection Team to risk assess using HPS algorithms according to travel history.
- Discuss patient with Infectious Diseases or Respiratory Consultant and arrange for immediate hospital admission.
- Inform ambulance personnel of possible diagnosis.
- Inform hospital Infection Control Team and Occupational Health.

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1 **MERS-CoV area**, as of 24/12/2015: Bahrain, Jordan, Iraq, Iran, Kingdom of Saudi Arabia, Kuwait, Oman, Qatar, United Arab Emirates and Yemen – see [map](#) and [UK Risk Assessment](#)
2 **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 at any time during the illness after onset in a household or other closed setting.
3 **PPE**: fluid resistant (type IIR) surgical face mask, disposable plastic apron and gloves (and eye protection if there is likelihood of splash or spray from patient care intervention. A correctly fitted filtering face piece respirator (FFP3) should be worn when performing any aerosol generating procedures. For further guidance, please refer to the [National Infection Prevention and Control Manual](#).
4 For more information on MERS-CoV see: [HPS algorithms for MERS-CoV](#)