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

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Version: 4
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 1, 2 OR 3.

1. Any person with severe acute respiratory infection requiring admission to hospital AND Fever ≥ 38°C or history of fever, and cough plus evidence of pulmonary parenchymal disease (e.g. clinical or radiological evidence of pneumonia or Acute Respiratory Distress Syndrome (ARDS))
   AND AT LEAST ONE OF:
   - 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
   - Close contact during the 14 days before onset of illness with a symptomatic confirmed case of MERS-CoV infection
   - Healthcare worker based in ICU caring for patients with severe acute respiratory infection, regardless of history of travel or use of PPE
   - Associated with a cluster of two or more epidemiologically linked cases requiring ICU admission within a two week period, regardless of history of travel

2. Acute influenza-like illness symptoms (ILI), plus contact with camels or consumption of camel products OR contact with a hospital, in an affected country in the 14 days prior to onset.
   ILLI is defined as sudden onset of respiratory infection with measured fever of ≥38°C and cough

3. Acute respiratory illness (ARI) plus contact with a confirmed case of MERS-CoV in the 14 days prior to onset.
   ARI is defined as sudden onset of respiratory infection with at least one of: shortness of breath, cough or sore throat.

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.

- 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.

If patient deteriorates and needs hospitalisation
- 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.

1 - MERS-CoV area, as of 24/08/2018: Bahrain, Jordan, Iraq, Iran, Kingdom of Saudi Arabia, Kuwait, Oman, Qatar, United Arab Emirates and Yemen – see map and UK Risk Assessment
2 - Clinicians should additionally be alert to the possibility of atypical presentations in patients who are immunocompromised.
3 - Please consider testing for Legionnaires’ disease if indicated
4. 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.
5. 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.
6. For more information on MERS-CoV see: HPS algorithms for MERS-CoV