

## **MERS** - PUBLIC HEALTH Investigation of a Close Contact of a Confirmed Case



#### **Standard Precautions (SP) BASELINE BASELINE** Contact CURRENTLY ILL Contact NOT CURRENTLY ILL within 14 DAYS of EXPOSURE **AIRBORNE PRECAUTIONS:** (acute respiratory symptoms; Regional Department of PUBLIC HEALTH to: **Gloves** fever, cough) within **COLLECT** baseline data on close contacts<sup>1</sup> 14 DAYS of EXPOSURE. Long-sleeved gown (single SEND form to HPSC (via encrypted email to HPSC—healthprotectionhpsc@hse.ie) use/disposable preferable) Baseline clotted blood sample should be taken on anyone who fulfils the close contact criteria<sup>1</sup> Treat as SYMPTOMATIC **Eve protection** (face shield (See box below for information on Baseline Clotted Blood Sample) CONTACT<sup>2</sup> or goggles) **Respiratory protection** (FFP2 or FFP3 masks) Respiratory hygiene and cough etiquette Contact becomes ILL within 14 DAYS of last exposure Contact remains SYMPTOM FREE TREAT as SYMPTOMATIC within 14 days of last exposure CONTACT

### SYMPTOMATIC CONTACT

- 1. TREAT as possible case
- 2. ENSURE patient SELF-ISOLATES if hospital admission NOT required
- 3. INFORM HPSC by phone and encrypted email
- 4. COLLECT baseline data send close contact form via encrypted email to HPSC
- 5. If HOSPITALISED, follow **STANDARD & AIRBORNE PRECAUTIONS** until results available
- ENSURE lab samples<sup>3</sup> to NVRL are collected using **STANDARD & AIRBORNE PRECAUTIONS.** Phone NVRL in advance. These tests include:
- Nose and throat swabs in viral transport media (VTM);
- Sputum
- Baseline clotted blood sample

If POSITIVE for MERS, patient becomes CONFIRMED CASE

(complete the case form and send to HPSC via encrypted email)

#### 1. Close contact is defined as:

- Prolonged face-to-face contact (>15 minutes) with a symptomatic confirmed case in a household or other closed setting OR
- Healthcare worker who provided direct clinical or personal care or examination of a symptomatic confirmed case OR
- Hospital visitor, to a possible/confirmed case. Contacts will be identified following a risk assessment.
- 2. NB: 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) <a href="https://www.who.int/csr/disease/coronavirus">https://www.who.int/csr/disease/coronavirus</a> infections/InterimRevisedSurveillanceRecommendations nCoVinfection 03Dec12.pdf
- 3. MERS-CoV guidance available at: http://www.hpsc.ie/hpsc/A-Z/Respiratory/CoronavirusInfections/Guidance/

## FOLLOW-UP Should be taken ASA

Complete contact form

follow-up 14 DAYS

after last exposure

If required ensure

since baseline

clotted blood sample is

taken at least 21 DAYS

NEGATIVE

for MERS

Should be taken ASAP and ideally within 7 DAYS

# FOLLOW-UP CLOTTED BLOOD SAMPLE

**BASELINE CLOTTED BLOOD** 

At least 21 DAYS after baseline sample

If more than 28 days have passed since exposure, only a single serological sample is required.

NB: serological samples are not required for children under 5 years.