

MERS Risk Assessment for Ambulance Services

1 Clinicians should additionally be alert to the possibility of atypical presentations in patients who are immunocompromised, atypical presentations may include absence of fever.

2 Testing should be according to local guidance for management of community acquired pneumonia. Examples of other aetiologies include *S. pneumoniae*, *L. pneumophila*, other recognised primary bacterial pneumonias, influenza and RSV. It is not necessary to wait for all test results for other pathogens before testing for MERS-CoV.

3 Bahrain, Iran, Iraq, Jordan, Kingdom of Saudi Arabia, Kuwait, Oman, Qatar, United Arab Emirates and Yemen

4 **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.

5 **A cluster** is defined as: 2 or more people with onset of symptoms in the same 14 day period and who are associated with a specific setting, such as a classroom, workplace, household, extended family, hospital or other residential institution.

CONTACT DETAILS

PUBLIC HEALTH MOH:
(OOH 0818 501999)

HSE E: 01 635 2145
HSE M: 057 935 9891
HSE MW: 061 483 338
HSE NE: 046 907 6412
HSE NW: 072 985 2900
HSE SE: 056 778 4142
HSE S: 021 492 7601
HSE W: 091 775 200

NIU:
01-830 1122 (Ask for ID
Consultant on call)

HPSC:
01-8561299

POSSIBLE CASE DEFINITIONS (1 or 2)

1. Any person with **severe acute respiratory infection** requiring admission to hospital with symptoms of fever ($\geq 38^{\circ}\text{C}$) 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))^{1,2}

AND at least ONE of the following exposures in the **14 days** before symptom onset:

- History of travel to, or residence in an area where infection with MERS-CoV could have been acquired³ (excluding short transit time <8hrs duration in an airport)
 - Close contact⁴ with a confirmed case of MERS-CoV infection while the case was symptomatic or with camels (including consumption of camel products)
 - Person is a healthcare worker based in a hospital setting in the at risk countries³ and caring for patients with severe acute respiratory infection (regardless of place of residence or history of travel or use of PPE.)
 - Part of a cluster⁵ of two or more epidemiologically linked cases requiring hospital admission, regardless of place of residence or history of travel, and not already explained by another infection or aetiology.
- OR**
2. A person with **acute influenza –like-illness (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.

YES

INITIAL ACTIONS

- ISOLATE PATIENT**
- Implement **STANDARD & AIRBORNE PRECAUTIONS**
- SURGICAL MASK** for patients with respiratory symptoms (if tolerated)
- Ambulance Control to **CONTACT NATIONAL ISOLATION UNIT (NIU) for REMOTE RISK ASSESSMENT**
- AMBULANCE CONTROL** to initiate direct phone contact between paramedics and NIU
- Ambulance control to **NOTIFY PUBLIC HEALTH of suspect case**

TRANSPORT patient to nearest **MERS RECEIVING HOSPITAL** based on advice from NIU

ATTENDING PATIENT ON AIRCRAFT:

AMBULANCE PERSONNEL should:

- In addition to Standard Precautions initiate **AIRBORNE PRECAUTIONS** before entering.
- DISTRIBUTE and COLLECT** Passenger Locator Cards for (i) Passengers in close contact with a suspected case⁴ (ii) crew serving the person or that section.
- FORWARD** these priority cards with report copy directly to **local PUBLIC HEALTH** Medical Officer of Health (MOH)
- REQUEST CABIN CREW** to: (i) Broadcast the Travel Health Alert Announcement (ii) Distribute and collect Passenger Locator Card from ALL OTHER passengers and crew (iii) Distribute a copy of the Travel Health Alert Announcement leaflet to all passenger and crew (iv) Send completed Passenger Locator Cards to the local Public Health MOH
- ALL WELL PASSENGERS** should then be allowed to **DISEMBARK**, using the nearest exit.

NO

MERS UNLIKELY

Transport to nearest
EMERGENCY DEPARTMENT

Standard Precautions (SP)

AIRBORNE PRECAUTIONS:

- **Gloves**
- **Long-sleeved gown** (single use/disposable preferable)
- **Eye protection** (face shield or goggles)
- **Respiratory protection** (FFP2 or FFP3 masks)
- **Respiratory hygiene** and cough etiquette