- 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 <u>A cluster</u> 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)

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

NIU:

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

HPSC:

01-8561299

MERS Risk Assessment for Ambulance Services

POSSIBLE CASE DEFINITIONS (1 or 2)

Any person with severe acute respiratory infection requiring admission to hospital with symptoms of 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)^{1,2}

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

- A. History of travel to, or residence in an area where infection with MERS-CoV could have been acquired ³ (excluding short transit time <8hrs duration in an airport)
- B. Close contact ⁴ with a confirmed case of MERS-CoV infection while the case was symptomatic or with camels (including consumption of camel products)
- **C.** 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.)

D. 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 an other infection or aetiology.

2. A person with <u>acute influenza –like-illness (ILI)</u> **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

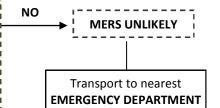
- 1. ISOLATE PATIENT
- 2. Implement STANDARD & AIRBORNE PRECAUTIONS
- 3. **SURGICAL MASK** for patients with respiratory symptoms (if tolerated)
- 4. Ambulance Control to CONTACT NATIONAL ISOLATION UNIT (NIU) for REMOTE RISK ASSESSMENT
- 5. **AMBULANCE CONTROL** to initiate direct phone contact between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



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

Feidhmeannacht na Seirb





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

ATTENDING PATIENT ON AIRCRAFT:

AMBULANCE PERSONNEL should:

- In addition to Standard Precautions initiate AIRBORNE PRECAUTIONS before entering.
- B. **DISTRIBUTE** and **COLLECT** Passenger Locator Cards for (i) Passengers in close contact with a suspected case ⁴ (ii) crew serving the person or that section.
- C. FORWARD these priority cards with report copy directly to local PUBLIC HEALTH Medical Officer of Health (MOH)
- D. **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
- E. ALL WELL PASSENGERS should then be allowed to DISEMBARK, using the nearest exit.