

Middle East Respiratory Syndrome (MERS) Risk assessment for use in a HOSPITAL SETTING

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/ FAX 01-8561299
healthprotectionhpsc@hse.ie

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.

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 area³ where infection with MERS-CoV could have been acquired excluding short transit <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 an other 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.

NO

MERS UNLIKELY

Proceed as clinically indicated and liaise with ID services

STANDARD PRECAUTIONS (SP)

STANDARD & 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

YES

- **ISOLATE—STANDARD & AIRBORNE PRECAUTIONS**
- **RISK ASSESSMENT** by ID Clinician/Microbiologist
- **DISCUSS** with the National Isolation Unit (NIU)
- **INFORM PUBLIC HEALTH** (Medical Officer of Health) who will risk assess for any epi-links and inform HPSC of possible case. (CASE form to be completed by PUBLIC HEALTH and sent to HPSC via encrypted email or fax)
- **INFORM NVRL** and **SEND** nose and throat swabs in viral transport media (VTM) and sputum sample

NVRL initial test negative
NOT A CASE
Proceed as clinically indicated

NVRL INITIAL TEST POSITIVE

- **NVRL** to inform ID Clinician/Microbiologist
- **ID Clinician/Microbiologist** to manage patient according to IPC advice
- **Discuss with NIU**, decision to transfer patient to NIU rests with the NIU ID Consultant on-call

NVRL confirmatory test negative
NOT A CASE
Proceed as clinically indicated

NVRL CONFIRMATION TEST POSITIVE

- **Clinician/Microbiologist** to send sequential follow-up samples after discussion with NIU and NVRL.
- **PUBLIC HEALTH** to complete confirmed case form (CASE Form outcome section on p4) **14-21 days after 1st exposure** and send to HPSC via encrypted email or fax.