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

# dhmeannacht na Seirbhí

#### **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 <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.

#### **POSSIBLE CASE DEFINITIONS (1 or 2)**

1. Any person with severe acute respiratory infection requiring admission to hospital with symptoms of fever (≥3°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)<sup>1,2</sup>

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

- History of travel to, or residence in an area<sup>3</sup> where infection with MERS-CoV could have been acquired excluding short transit <8hrs duration in an airport)
- B. Close contact <sup>4</sup> 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 countries<sup>3</sup> 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 cluster<sup>5</sup> 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 <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

- ISOLATE—STANDARD & AIRBORNE PRECAUTIONS
- RISK ASSESSMENT by ID Clinician/Microbiologist
- DISCUSS with the National Isolation Unit (NIU)

**NVRL CONFIRMATION TEST POSITIVE** 

- 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

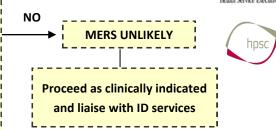
NVRL INITIAL TEST POSITIVE

NVRL inform ID Clinician/Microbiologist

Discuss with NIU, decision to transfer patient to NIU rests with the NIU ID Consultant on—call

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.



### 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

NVRL initial test negative NOT A CASE Proceed as clinically indicated

NVRL confirmatory test negative NOT A CASE Proceed as clinically indicated