

MERS Risk Assessment for use in a Primary Care Setting

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:

- A. History of travel to, or residence in an area³ where infection with MERS-CoV could have been acquired (excluding short transit time in an airport that is <8hrs. duration)
- B. Close contact⁴ 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 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 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.

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

YES

STOP

1. **ISOLATE** patient in a **SIDE ROOM**
2. Initiate **STANDARD & AIRBORNE PRECAUTIONS**
3. Provide the patient with a surgical mask if tolerated
4. Explain the **NOW and the NEXT** to the patient

FITS TRAVEL and EXPOSURE CRITERIA and SYMPTOMS:

1. **REFER to HOSPITAL**—Inform ED/admitting team and IPC team **in advance**
2. **ALERT NATIONAL AMBULANCE SERVICE (NAS)** of suspected case of MERS if NAS transport required
3. **ALERT MOH PUBLIC HEALTH** of confirmed case so **Public Health actions** can be initiated without delay
4. Discard waste and decontaminate environment as per standard precautions

CONTACT DETAILS:

PUBLIC HEALTH (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

NAS: 999 or 112

CLEANING/DISINFECTION

- **CLEAN and DISINFECT** all patient care equipment used in accordance with the manufacturer's instructions.
- **WIPE SURFACES** in the examining room that have been in contact with the patient with a general purpose detergent and water followed by wiping with a **HYPOCHLORITE solution 1/10 dilution (1000 PPM)**