

February 2019

Version: 6

Algorithm for the assessment and initial management in **primary care of travellers** presenting with **febrile respiratory illness returning from an area¹** where infection with **MERS-CoV** could have been acquired in the **14 days before symptom onset**.

For a **POSSIBLE CASE**, patients must fulfil the conditions 1, 2 OR 3.

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

AND AT LEAST ONE OF:

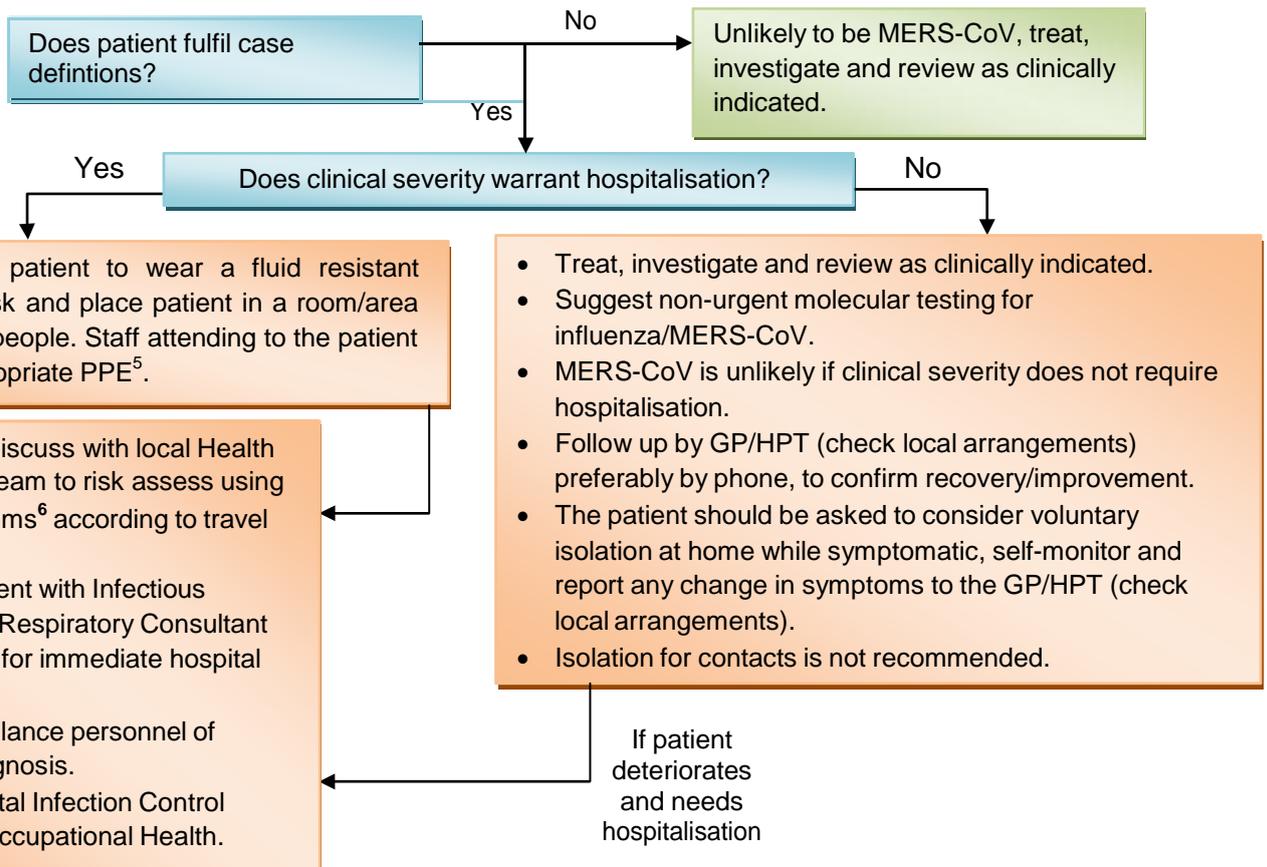
- history of travel to, or residence in an area² where infection with MERS-CoV could have been acquired in the 14 days before symptom onset³
- close contact⁴ during the 14 days before onset of illness with a symptomatic confirmed case of MERS-CoV infection
- person is a healthcare worker based in ICU caring for patients with severe acute respiratory infection, regardless of history of travel or use of PPE⁵
- associated with a cluster of two or more epidemiologically linked cases requiring ICU admission within a two week period, regardless of history of travel

2 Acute influenza-like-illness symptoms (ILI), **plus** contact with camels, camel environments or consumption of camel products (e.g raw camel milk, camel urine) **OR** contact with a hospital, in an affected country² in the 14 days prior to onset.

ILI is defined as sudden onset of respiratory infection with measured fever of $\geq 38^{\circ}\text{C}$ and cough

3 Acute respiratory illness (ARI) plus contact with a confirmed case of MERS-CoV in the 14 days prior to onset.

ARI is defined as sudden onset of respiratory infection with at least of one of : shortness of breath, cough or sore throat.



1 - MERS-CoV area: Bahrain, Jordan, Iraq, Iran, Kingdom of Saudi Arabia, Kuwait, Oman, Qatar, United Arab Emirates and Yemen – see [map](#) and [UK Risk Assessment](#)

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

3 – Please consider testing for Legionnaires' disease if indicated

4. Contact definitions (from date of illness onset in index case and throughout their symptomatic period): A) Health and social care workers: workers who provided direct clinical or personal care or examination of a symptomatic confirmed case or was within 2m of a symptomatic case or had direct contact with body fluids from a symptomatic case, for any length of time. B) Household or close contact: any person who has had prolonged face-to-face contact (>15 minutes) with a symptomatic confirmed case any time during the illness after onset in a household or other closed setting.

5. PPE: fluid resistant (type IIR) surgical face mask, disposable plastic apron and gloves (and eye protection if there is likelihood of splash or spray from patient care intervention). A correctly fitted filtering face piece respirator (FFP3) should be worn when performing any aerosol generating procedures. For further guidance, please refer to the [National Infection Prevention and Control Manual](#)

6. For more information on MERS-CoV see: [HPS algorithms for MERS-CoV](#)