

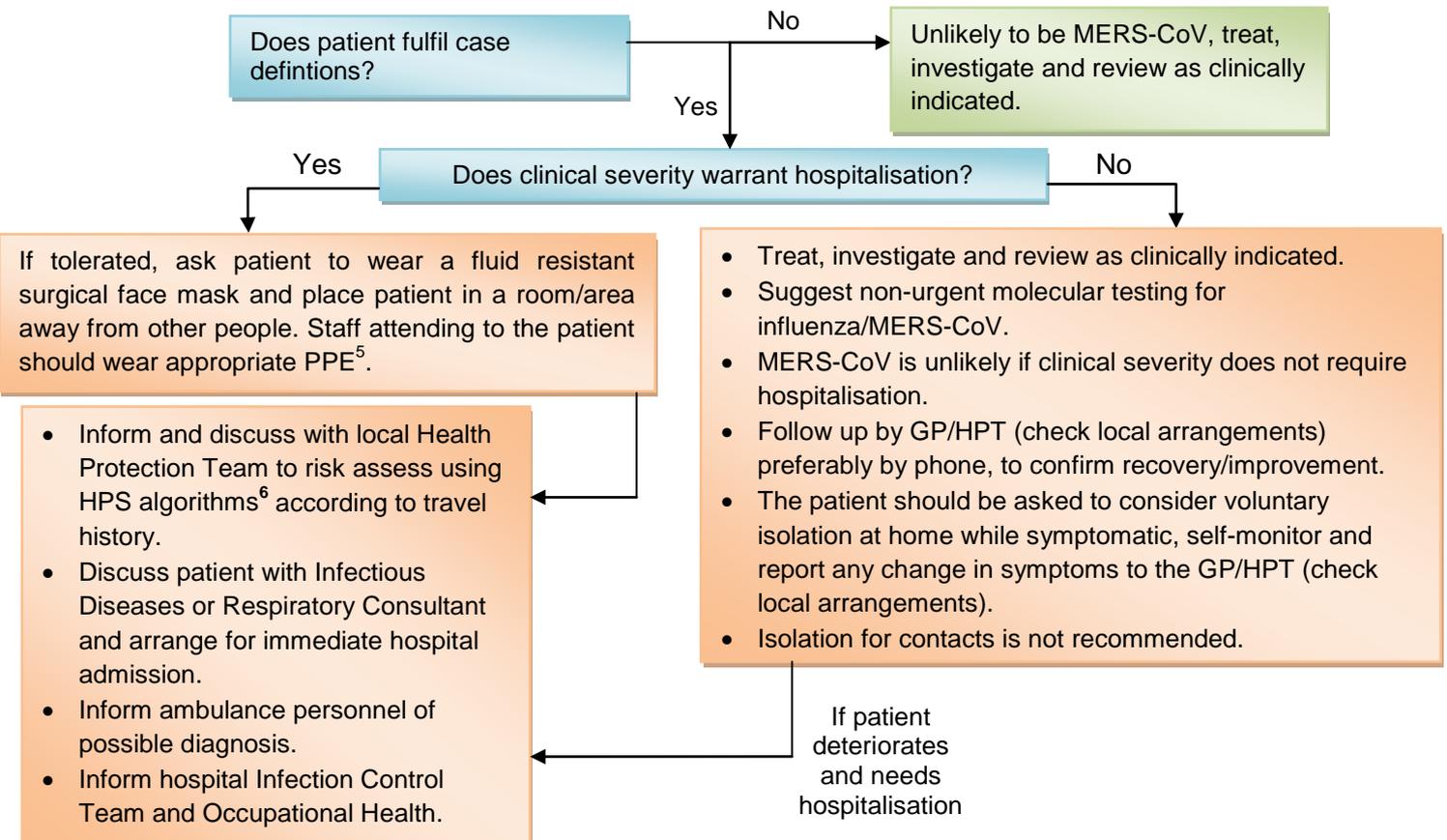
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Version: 6

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 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](#)