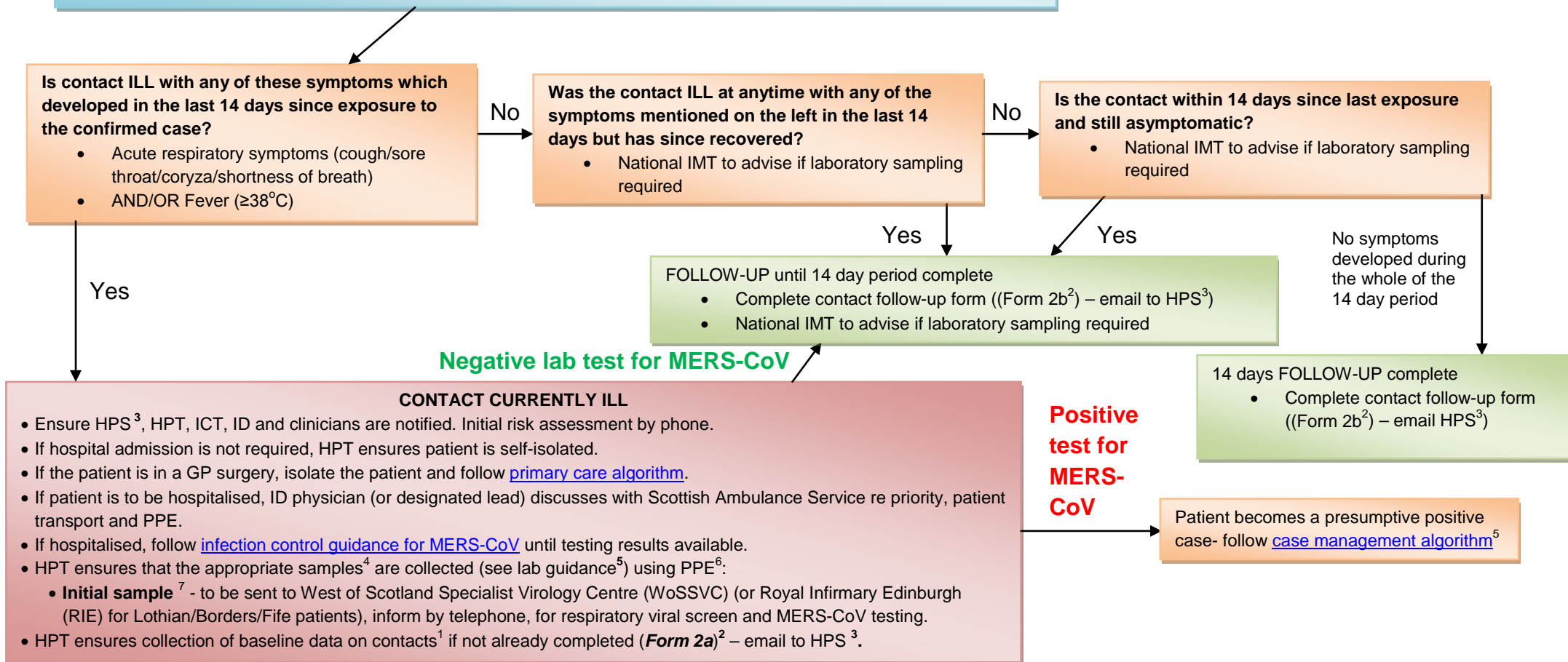


Middle East Respiratory Syndrome Coronavirus (MERS-CoV) CLOSE CONTACT ALGORITHM – Version 15 (based on PHE contact algorithm v17) – February 2019

CLOSE CONTACT¹ of a confirmed MERS-CoV case as advised by Incident Management Team (IMT)

- HPTs to collect baseline data on close contacts¹ (Form 2a²)- email to HPS³



¹ **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.

² Forms will be provided to the HPT by HPS on being alerted to a possible case.

³ Contact HPS by phone: 0141 300 1100 (day) or 0141 211 3600 (out of hours) and e-mail (NSS.HPSCoronavirus@nhs.net).

⁴ If there is no possibility of laboratory confirmation because the patient or samples are not available and the symptoms are not already explained by any other infection or aetiology, the symptomatic contact becomes a probable case (see [WHO interim recommendations](#) for further details)

⁵ For more information on lab guidance and other algorithms see: [HPS algorithms for MERS-CoV](#)

⁶ For guidance on Personal Protective Equipment (PPE) and infection control precautions, please refer to the [National Infection Prevention and Control Manual](#) and [Infection control guidance for MERS-CoV](#).

⁷ Initial sample: an upper respiratory tract sample (combined nose and throat viral swabs, or nasopharyngeal aspirate AND if obtainable, a lower respiratory tract sample (sputum, or an endotracheal tube aspirate if intubated).