### POSSIBLE CASE

Any person with severe acute respiratory infection requiring admission to hospital:
- with symptoms of fever (≥ 38°C) or history of fever, and cough **AND**
- with evidence of pulmonary parenchymal disease (e.g., clinical or radiological evidence of pneumonia or acute respiratory distress syndrome (ARDS)) **AND**
- not explained by any other infection or aetiology

**AND AT LEAST ONE OF**
- history of travel to, or residence in an area where infection with MERS-CoV could have been acquired in the 14 days before symptom onset **OR**
- close contact during the **14 days** before onset of illness with a confirmed case of MERS-CoV infection while the case was symptomatic **OR**
- healthcare worker based in ICU caring for patients with severe acute respiratory infection, regardless of history of travel or use of PPE **OR**
- part of a cluster of two or more epidemiologically linked cases within a two-week period requiring ICU admission, regardless of history of travel

### Meets possible case definition

- Local clinician/microbiologist
  - clinical risk assessment to be undertaken in conjunction with health protection team and duty microbiologist/virologist at local PHE public health laboratory
  - ensure full PPE* is worn (see [infection control advice](#))
  - notify local PHE [health protection team (HPT)] and local PHE laboratory
  - ensure appropriate samples are collected and sent to both the designated PHE MERS-CoV testing lab and local PHE lab – contact local lab for advice
  - if a cluster is suspected, establish if there is an epidemiological link between cases
  - inform PHE Colindale by email at respiratory.lead@phe.gov.uk (during weekends contact the duty doctor between 9am-9pm) and enter case details on HPZone (Infection and [unlisted managed context](#): MERS-CoV)
  - collect possible case dataset ([Form 1](#)) – email to PHE Colindale (respiratory.lead@phe.gov.uk)

- PHE health protection
  - ensure full PPE* is worn (see [infection control advice](#))
  - inform local PHE laboratory
  - send residual material urgently to PHE reference laboratory (RVU) for confirmatory testing – see [laboratory guidance](#)
  - inform local PHE HPT, source hospital/GP, PHE reference laboratory (RVU)
  - inform PHE Colindale by email or contact the duty doctor if out of hours
  - identify and collate list of close contacts** – email to PHE Colindale

### PHE testing laboratory result positive for MERS-CoV (presumptive positive)

- Reference laboratory result **Negative for MERS-CoV**

### DISCARD

### Reference laboratory result positive for MERS-CoV = confirmed case

* Full personal protective equipment (PPE): correctly fitted high filtration respirator (FFP3), gown, gloves and eye protection

### FOLLOW UP

- **Clinician/microbiologist (RVU)**
  - ensure appropriate sequential follow-up samples are taken after discussion with the PHE Colindale incident control team, and sent to PHE reference laboratory. See [laboratory guidance](#)
- **PHE HPT**
  - complete confirmed case follow-up [Form 1b](#) 14-21 days since Form 1a completed – email to PHE Colindale

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